



Published in final edited form as:

Psychol Violence. 2020 January ; 10(1): 110–119.

Sexual Violence, Stalking, and Intimate Partner Violence by Sexual Orientation, United States

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Abstract

Objectives: The objective of this study is to assess the prevalence of sexual violence, stalking, and intimate partner violence (IPV) across sexual orientation groups among U.S. adults.

Method: From 2010 to 2012, national probability samples ($n = 41,174$) of English- or Spanish-speaking noninstitutionalized U.S. adults were interviewed to assess the prevalence of violence and injury as part of the National Intimate Partner and Sexual Violence Survey. National estimates across sexual orientation groups were compared.

Results: Compared with heterosexual women, both bisexual women and lesbians experienced more contact sexual violence (CSV) and noncontact unwanted sexual violence by any perpetrator. In addition, bisexual women experienced more stalking by any perpetrator, IPV, and IPV-related impact than did heterosexual women. Compared with lesbians, bisexual women reported more CSV and stalking by any perpetrator, IPV, and IPV-related impact. Compared with heterosexual men, both bisexual and gay men experienced more CSV and noncontact unwanted sexual violence, and gay men experienced more stalking. Although there were no detected statistically

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significant differences in the prevalence of IPV overall, gay men did report more IPV-related impacts compared with heterosexual men.

Conclusion: Results reveal a significantly elevated burden of violence experienced by certain sexual minorities.

Keywords

NISVS; sexual orientation; sexual violence; stalking; intimate partner violence

Intimate partner violence (IPV), sexual violence (SV), and stalking victimization are serious public health issues that negatively impact women and men (Black et al., 2011; Breiding et al., 2014). In the United States, 23 million women (19.1%) have been raped, more than 19 million (15.8%) have been stalked, and 45 million (37.3%) have experienced some form of contact sexual violence (CSV), physical violence (PV), and/or stalking by an intimate partner (IP) at some point in their lives (Smith et al., 2017). In addition, almost 1.7 million men (1.5%) have been raped, 6.8 million (5.9%) have been made to penetrate someone else, 6.1 million (5.3%) have experienced stalking, and 35 million (30.9%) have experienced some form of CSV, stalking, and/or PV in the context of an intimate relationship during their lifetimes (Smith et al., 2017). However, victims of these types of violence do not represent a homogenous group. Certain demographic subgroups are more likely to experience IPV, SV, and stalking than do others. Researchers have recently begun to examine the national prevalence of these types of violence among sexual minorities. Walters, Chen, and Breiding (2013) found that lesbian, gay, and bisexual (LGB) men and women experienced equal or greater amounts of IPV, SV, and stalking when compared with their heterosexual counterparts. Bisexual women had a significantly higher prevalence of IPV (rape, PV, and/or stalking), rape and other forms of SV, and stalking when compared with heterosexual women (Walters et al., 2013). In addition, lesbians and gay men experienced equal or greater levels of SV and IPV compared with heterosexual women and men, respectively (Walters et al., 2013).

Beyond the actual experience of IPV, the impact of these types of violence can be lifelong. The initial impact of IPV may require legal, housing, and crisis or advocacy services (Gordon, 1996). Health impacts of IPV include negative physical health outcomes ranging from acute trauma and injury to chronic neurological, gastrointestinal, and reproductive health disorders (Campbell, 2002; World Health Organization, 2013). Numerous mental health consequences are also associated with IPV, such as fear, depression, posttraumatic stress disorder (PTSD), anxiety, and substance abuse (Campbell, 2002). Sexual violence can result in sexually transmitted infection and pregnancy and is associated with poorer pregnancy outcomes, such as delays in seeking prenatal care, preterm birth, low birth weight, and neonatal death (Campbell, 2002; Chambliss, 2008). As a result of the many health outcomes mentioned and their associated loss of productivity and income, the population economic burden of IPV in the United States were estimated to be nearly \$3.6 trillion over victim's lifetimes (Peterson et al., 2018).

Less research has been conducted on the effect of violence on sexual minorities compared with heterosexuals, but some studies have examined the impact. Walters et al. (2013) found

that one in three bisexual women were injured as a result of rape, PV, and/or stalking by an IP compared with one in seven heterosexual women. More bisexual women who experienced these types of violence in their lifetimes reported being concerned for their safety and having symptoms of PTSD compared with heterosexual women (Walters et al., 2013). The purpose of this study was to add to previous research by reporting nationally representative prevalence estimates of SV, stalking, and IPV and their impact among lesbian, gay, bisexual, and heterosexual men and women in the United States. Using data collected from the 2010 to 2012 National Intimate Partner and Sexual Violence Survey (NISVS), the authors intended to fill critical gaps in the current knowledge of violence victimization experienced by U.S. adults across sexual orientation. New information to be presented in this study includes gay and bisexual men's experiences of rape and its subtypes, being made to penetrate someone else, and sexual coercion; lesbians' experience of sexual coercion; and stalking victimization for all sexual orientation groups. In addition, these data further reveal IPV-related impacts experienced by lesbians, gay men, and bisexual men and women.

Historically, the field of study of interpersonal violence (including IPV, SV, and stalking) has been focused primarily on women and men without regard to sexual orientation. The first academic scholarship that focused on IPV among sexual minorities was published in the early 1980s (Ristock, 2002). Although the early body of research comprised mostly of nongeneralizable studies using special samples, many studies have produced consistent results. Renzetti (1989) conducted one of the first studies focused on lesbian IPV, which was based on a nationwide self-selected sample of 100 battered lesbians, and found that lesbians appear to have lower rates of PV by an IP but higher rates of emotional abuse. Using a modified Conflict Tactic Scale, Greenwood, et al. (2002) found that the rates of lifetime physical or sexual partner violence victimization were substantially higher among urban men who had sex with men when compared with a national study of heterosexual men.

Blosnich and Bossarte (2009) used data from the Behavioral Risk Factor Surveillance System to compare victimization of IPV experienced by same-sex and opposite-sex couples. They concluded that women in same-sex relationships reported more physical and verbal IPV than men in opposite-sex relationships did. In a study of sexual assault among both lesbians and gay men using "snowball sampling" through gay/lesbian organizations, pride events, and other community contacts, Waldner-Haugrud and Gratch (1997) revealed that 55% of gay men and 50% of lesbians in their sample reported experiencing unwanted penetration. In 1999, the National Violence Against Women Survey showed that more than 20% of men and 35% of women living with a same-sex partner had experienced IPV compared with 7% of men and 20% of women living with an opposite-sex partner (Tjaden, Thoennes, & Allison, 1999).

In the last decade, research in the area of interpersonal violence among lesbian, gay, bisexual, and transgender (LGBT) individuals has grown considerably. Several recent studies showed that relative to heterosexuals, sexual minority women and men were at heightened risk for lifetime SV victimization and that prevalence of victimization experiences varied substantially across sexual orientation groups (Hughes, McCabe, Wilsnack, West, & Boyd, 2010; Rothman, Exner, & Baughman, 2011). The California Health Interview Survey showed that bisexual women were three times more likely to

experience IPV in their lifetimes compared with heterosexual women and that gay men were more than twice as likely to experience these forms of violence compared with heterosexual men (Goldberg & Meyers, 2013). In a study using the Massachusetts Behavioral Risk Factor Surveillance System, Conron, Mimiaga, and Landers (2010) reported that bisexual women were more likely to experience IPV than heterosexual women did. Rothman et al. (2011) published a systematic review that showed that LGB individuals were at increased risk for lifetime SV victimization compared with heterosexuals. In a study of victims of violent crimes seeking care in emergency rooms, LGBT victims reported greater rates of sexual assault when compared with heterosexual victims (Cramer, McNeil, Holley, Shumway, & Boccellari, 2012). In addition, Edwards et al. (2015) concluded in a study of college students that sexual minority students had a significantly higher 6-month incidence rate of sexual assault compared with heterosexual students.

Scholarly focus on stalking victimization among LGBT individuals has been limited. However, the research that has been done shows that LGBT individuals experience more stalking than heterosexuals do. In a recent college sample (data collected from eight New England universities), 53.1% of sexual minority students experienced unwanted pursuit compared with 36.0% of heterosexual students (Edwards et al., 2015). Langenderfer-Magruder, Walls, Whitfield, Kattari, and Ramos (2017) analyzed data collected from an anonymous group of adults in Colorado and found that transgender, bisexual, and queer individuals had the highest prevalence of lifetime stalking victimization.

In a systematic review of men who had sex with men, Buller, Devries, Howard, and Bacchus (2014) found that men who had sex with men and who were victims of IPV were more likely to display depressive symptoms, use substances, be HIV-positive, and engage in unprotected anal sex. Sexual minorities may not disclose their victimization experiences and seek out formal services (e.g., advocacy services, law enforcement protection, legal services, rape crisis centers, or domestic violence shelters) due to the concern of homophobia and fear of discrimination or of not being believed (Elliot, 1996; Finneran & Stephenson, 2013; Girshick, 2002; Kulkin, Williams, Borne, de la Bretonne, & Laurendine, 2007; National Coalition of Anti-Violence Programs, 2014; Walters & Lippy, 2016). Therefore, the impact of IPV on sexual minorities may look very different from the impact on heterosexual victims and could potentially be underreported depending on how it is measured.

Although the Walters et al. (2013) report was the first to present nationally representative data on lifetime experiences of SV, stalking, and IPV by sexual orientation, national estimates on violence victimization across sexual orientation groups were limited due to sample size constraints using NISVS 2010 data alone. For example, there was no information about gay and bisexual men's experiences of rape, being made to penetrate someone else, or being stalked. In addition, because of the limited sample size and the statistically unstable estimates, the Walters et al. (2013) report was unable to provide estimates on completed or forced penetration, sexual coercion, or stalking experienced by lesbians and bisexual women, or numerous IPV-related impact measures for males across all sexual orientations.

To gain a better understanding of violence victimization and the impacts on victims, the objective of the current study was to report prevalence estimates of various forms of violence victimization among U.S. adults by sexual orientation and to provide estimates of IPV-related impacts not previously available. Specifically, this research inquiry was to:

1. Provide national estimates and comparisons of lifetime victimization of SV, stalking, and IPV across all sexual orientation groups and to
2. Examine the differential measured impacts related to lifetime CSV, PV, and/or stalking perpetrated by an IP across all sexual orientation groups.

Method

The NISVS was informed by the National Violence Against Women Survey (cosponsored by the National Institute of Justice and the Centers for Disease Control and Prevention [CDC]). In addition, CDC convened an expert panel to provide recommendations on the design and content of the survey measures. Survey instruments were cognitively and pilot tested. More information about the development of the NISVS instrument can be found in the study by Black et al. (2011). As an ongoing random-digit-dial telephone (landline and cellular phone) surveillance system, NISVS collects data from noninstitutionalized English- or Spanish-speaking adults (aged 18 or older) in all 50 states and the District of Columbia. Analyses were based on 41,174 completed interviews that were collected during the 2010 to 2012 survey administrations. The weighted response rates over the 3-year period ranged from 27.5% to 33.6%; the weighted cooperation rates ranged from 80.3% to 83.5%. For more information about NISVS, refer to the 2010 to 2012 NISVS State Report (Smith et al., 2017).

The measurement of sexual orientation used in the NISVS survey is the respondent's self-identification of his or her sexual orientation. Each respondent was asked, "Do you consider yourself to be ... heterosexual or straight, gay or lesbian, or bisexual?" If the response was "transgender," the response was recorded, but that response option was not read aloud by the interviewer. Of the 2010 to 2012 NISVS sample, 32,512 respondents reported their sexual orientation. Among women, 17,104 self-identified as heterosexual, 438 as bisexual, and 291 as lesbian; among males, 14,059 self-identified as heterosexual, 235 as bisexual, and 385 as gay. Respondents ($n = 8,662$) who did not report their sexual orientation were not included in the analysis. Over the 3 years, five respondents self-identified as transgender.

Violence victimization measures were constructed using respondent reports to a broad range of behaviorally specific questions on SV, IPV, and stalking. The number of questions for each form of violence depends on how the respondent answered previous questions. In general, the stem of all violence victimization questions was "How many people ever..." Respondents received additional follow-up questions if they reported having experienced violence.

Sexual violence included both unwanted noncontact sexual experiences (e.g., verbal harassment) and CSV. Contact SV included completed or attempted physically forced rape or being made to penetrate someone else, completed alcohol or drug facilitated rape or being

made to penetrate someone else, sexual coercion, and other unwanted sexual contact such as kissing or fondling. Stalking was defined as having experienced at least two stalking tactics (e.g., receiving unwanted phone calls, flowers, or presents and being watched or followed) or a single stalking tactic at least two times by the same perpetrator. In addition, victims must have reported either feeling very fearful or believing that they or someone close to them would be harmed or killed as a result of these tactics. IPV was a composite of CSV, stalking, and PV (e.g., slapping, pushing or shoving, beating, burning, and using a gun or knife on the victim) perpetrated by a current or former IP (cohabiting or noncohabiting sexual or romantic partners).

Victims were asked about impacts related to IPV. The impacts measured include fear, concern for safety, symptoms of PTSD, injury, need for medical care, need for housing services, need for victim's advocate services, need for legal services, contacting a crisis hotline, missing at least 1 day of work or school, contracting a sexually transmitted infection, and, for women only, pregnancy. The impact questions were specific to individual perpetrators and referred to SV, PV, stalking, or other forms of violence by an IP, where the respondent had at least one measured impact at some point in his or her life in the relationship.

The prevalence estimate for a given type of victimization is the weighted percentage of the respective population that experienced the particular type of violence *at least once*. For example, a victim of both being made to penetrate someone else and unwanted sexual contact was included in each of these subtypes of CSV, yet the victims were counted only once in the composite measure of CSV prevalence. All analyses were conducted using SUDAAN (Version 11.01, Research Triangle Institute, 2013) to account for the complex survey design.

For every reported estimate, two statistical reliability criteria were satisfied: (a) The relative standard error was less than or equal to 30%, and (b) the victim count for a type of violence was greater than 20. These criteria have been implemented consistently in all NISVS publications by the authors and were chosen with reference to the statistical reliability criteria used in other national surveys. Any estimates that were statistically unstable were not reported. Statistical comparisons of statistically stable estimates were made across sexual orientation groups. The power of detecting a difference was a function of the group-specific effective sample sizes and the magnitude of the effect being tested. A significant difference was determined when the complex sample *t* test $p < .05$.

Results

Women

Sexual violence.—Bisexual women had a significantly higher lifetime prevalence of all forms of SV when compared with heterosexual women. Respectively for bisexual and heterosexual women, the prevalence estimates were 68.8% and 36.0% for any CSV, 46.1% and 18.7% for completed or attempted rape, 33.3% and 14.0% for completed or attempted forced penetration, 28.2% and 8.8% for alcohol or drug facilitated penetration, 33.2% and 12.8% for sexual coercion, 50.4% and 27.4% for unwanted sexual contact, and 55.5% and 31.5% for noncontact unwanted sexual experience (Table 1).

Similarly, bisexual women had a significantly higher lifetime prevalence of several forms of SV when compared with lesbians. The prevalence estimates for lesbians were 46.3% for any CSV, 24.7% for rape, 18.0% for completed or attempted forced penetration, and 17.6% for sexual coercion (Table 1). Compared with heterosexuals, lesbians had significantly higher lifetime prevalence for any CSV, unwanted sexual contact (39.7%), and for noncontact unwanted sexual experience (47.1%).

Stalking.—Bisexual women reported a significantly higher lifetime stalking victimization compared with heterosexual women: 31.9% and 15.6% for lifetime prevalence (Table 1), respectively. Bisexual women also reported significantly higher prevalence of lifetime stalking victimization when compared with lesbians (19.5%). Differences of lifetime estimates of stalking tactics were not detected between bisexual and heterosexual women victims except for unwanted emails, instant messages, or social media (28.1% vs. 13.0%) and threats of physical harm (78.4% vs. 67.2%), for which bisexual women had higher estimates (Table 2). Approximately three quarters of heterosexual and bisexual female victims reported receipt of an unwanted text or voice message. Lifetime stalking tactics experienced are reported only for heterosexual and bisexual female victims because lifetime estimates for lesbians were statistically unstable.

Intimate partner violence.—Bisexual women had significantly higher lifetime prevalence estimates of all forms of IPV compared with heterosexual women (Table 3): respectively, 59.8% and 37.2% for any CSV, PV, and/or stalking by an IP, 35.2% and 16.4% for CSV, 50.2% and 32.4% for PV, 21.0% and 9.7% for stalking, and 43.5% and 27.6% for at least one form of IPV-related impact. Furthermore, bisexual women had significantly higher lifetime prevalence of any CSV, PV, and/or stalking by an IP when compared with lesbians (46.3%), higher prevalence for CSV relative to lesbians (19.4%), and higher prevalence for at least one form of IPV-related impact in their lifetimes compared with lesbians (30.7%).

Among female lifetime IPV victims, 74.2% of heterosexual, 72.7% of bisexual, and 66.3% of lesbians reported at least one IPV-related impact (data table not shown). During their lifetimes, significantly more female heterosexual than bisexual IPV victims reported needing legal services (22.6% and 13.3%, respectively). Differences across sexual orientation groups were not detected for other forms of IPV-related impact.

Men

Sexual violence.—Bisexual men consistently had a significantly higher lifetime prevalence of all reportable forms of SV compared with heterosexual men. Respectively, for bisexual and heterosexual men, lifetime prevalence estimates were 39.0% and 16.8% for any CSV, 11.3% and 1.1% for rape, 13.3% and 6.1% for being made to penetrate someone else, 12.7% and 5.1% for being made to penetrate someone else while under the influence of alcohol or drugs, 15.3% and 5.6% for sexual coercion, 25.6% and 10.6% for unwanted sexual contact, and 29.2% and 12.8% for noncontact unwanted sexual experiences (Table 4).

The prevalence estimates of all reportable forms of SV for gay men were also significantly higher than those for heterosexual men. As presented in Table 4, for gay men, 37.7%

experienced CSV; 14.5%, rape; 9.7%, completed or attempted forced penetration; 9.4%, completed alcohol/drug-facilitated penetration; 11.5%, being made to penetrate someone else; 6.5%, completed or attempted forced made to penetrate someone else; 15.9%, sexual coercion; 26.5%, unwanted sexual contact; and 33.3%, noncontact unwanted sexual experiences. Differences in estimates comparing bisexual men with gay men were not detected.

Stalking.—Gay men reported significantly higher prevalence of stalking when compared with heterosexual men. In their lifetimes, 11.4% of gay men, 5.2% of heterosexual men, and 6.9% of bisexual men experienced stalking (Table 4). Lifetime stalking tactics experienced are not presented because lifetime estimates for bisexual and gay men were not statistically stable.

Intimate partner violence.—When looking at lifetime IPV among men by sexual orientation, the only statistically significant difference detected was when comparing gay men with heterosexual men. Contact SV by an IP was reported by 14.3% of gay men compared with 7.1% of heterosexual men, and any CSV, PV, and/or stalking with an IPV - related impact was reported by 18.1% of gay men compared with 11.4% of heterosexual men (Table 5).

Among male victims who experienced CSV, PV, and/or stalking by an IP during their lifetimes, 35.7% of heterosexual, 37.0% of bisexual, and 51.5% of gay men reported at least one IPV-related impact; differences were significant when comparing gay men with heterosexual men (data not shown). Gay men had a significantly higher prevalence compared with heterosexual men of having been fearful (37.9% and 17.8%, respectively), having been concerned for their safety (38.4% and 16.1%, respectively), experiencing any of the measured PTSD symptoms (32.1% and 16.3%, respectively), and having been injured (23.5% and 11.0%, respectively). Gay men also had a significantly higher prevalence of having been concerned for their safety when compared with bisexual men (22.0%). Differences in other lifetime IPV-related impact measures between gay men and bisexual men were not detected.

Discussion

By synthesizing 3 years of NISVS data, this research inquiry fills important gaps in national estimates of various forms of violence victimization among U.S. adult men and women and furthers the understanding of IPV-related impacts across sexual orientation groups. Specifically, new data reveal SV victimization as experienced by gay and bisexual men as well as IPV-related impacts reported by men of all sexual orientations. The current research shows that SV, stalking, and IPV continue to be significant public health issues and that not all groups experience these types of violence equally. These findings are consistent with previous research, albeit some based on localized data, that LGB individuals experience a higher prevalence of various forms of violence compared with heterosexual individuals (Armstrong et al., 2018; Edwards et al., 2015; Goldberg & Meyers, 2013; Langenderfer-Magmder et al., 2017; Walters et al., 2013; Waters, Jindasurat, & Wolfe, 2016).

This study shows that bisexual women bore the heaviest lifetime burden of SV, stalking, and IPV with and without measured impact across female sexual orientation groups. It is unclear why bisexual women experienced a higher prevalence of violence compared with heterosexual women. Some previous research suggested that a widespread distrust toward bisexual individuals and the stereotypical belief that bisexual individuals were incapable of being in a monogamous relationship may be contributing factors of the heavy burden of IPV experienced by bisexual individuals (Armstrong et al., 2018; Hansen & Evans, 1985; Klesse, 2011).

A clear pattern of differential victimization was also observed across male sexual orientation groups, with gay and bisexual men disclosing a significantly higher prevalence in all reportable forms of lifetime SV. Gay men also reported more stalking and IPV with impact compared with heterosexual men.

This study furthers our understanding by revealing national estimates of IPV-related impact measures for male IPV victims by sexual orientation. Gay IPV victims reported significantly higher lifetime experiences relative to heterosexual men of any IPV-related impact, being fearful, concerned for safety, having symptoms of PTSD, and suffering an injury. Historically, shelters and other agencies have not recognized the impact of IPV, SV, or stalking among men by sexual orientation (Armstrong et al., 2018; Walters & Lippy, 2016). In addition, sexual minorities may not be aware of available services or feel comfortable seeking services for reasons including fear of homophobia and biphobia (Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006; Kanuha, 1990).

Research Implications

This study provides evidence of bisexual women's elevated experiences of IPV, SV, and stalking and adds to a small body of knowledge on bisexual women's victimization experiences (Conron et al., 2010; Goldberg & Meyer, 2013; Walters et al., 2013). Research focusing on gaining a better understanding of these disparities, the risk and protective factors, and the underlying causes or associated characteristics of bisexual women's victimization experiences is important for the primary and secondary prevention of these types of violence. Prior research has shown that the perpetrators of violence against bisexual women were mainly male (Goldberg & Meyer, 2013; Tjaden et al., 1999; Walters et al., 2013). More research is needed to study whether one's sexual orientation based on a traditional gender presentation, sexual activity, or the sex of a partner is associated with bisexual women's high prevalence of violence victimization.

Effective violence prevention strategies need evidence-based research. Although the national level data reported in this study unveil the heavy burden of violence victimization borne by U.S. men and women across sexual orientations, the remaining unknowns place an urgency on establishing more timely and novel methods to improve data collection and to conduct more in-depth research to inform future prevention actions. Currently, little is known about the context in which violence toward LGBT individuals occurs. In addition, no national-level data systems surveil the prevalence of SV, stalking, and IPV experienced by other gender and sexual minorities, such as transgender women and men. A more vigorous research plan including components that identify the unique manifestation of violence and

impact experiences of gender and sexual minorities is important for understanding the burden of violence within these populations. The assumption that sexual and gender minorities experience violence in the same way as heterosexual women and men do may be inaccurate. Without a full understanding of the similarities and differences between LGBT individuals and heterosexuals, understanding the needs of victims or developing effective violence prevention strategies to reduce or eliminate the burden of violence on these populations is unlikely.

The short- and long-term negative impacts of these types of violence on LGBT victims have yet to be fully explored. Although many measured IPV-related impacts on victims by sexual orientation were examined, these measures could be a subset of more comprehensive indicators of IPV-related impact experienced across the different sexual orientation groups. Although frequently reported IPV-related impacts regardless of sexual orientation included fearfulness and concern for safety, other indicators of IPV-related impacts differed across sex and sexual orientation groups, suggesting that IPV victims with different sexual orientation may have experienced impacts dissimilarly. These complex aspects of victimization experiences by sex and sexual orientation call for future data collection and research to take into account sex- and sexual orientation-specific impact measures to capture the full scope of IPV-related impact on LGBT victims. Additional research to examine the availability of resources to help victims and to assess whether the needs of victims are met is also essential for informing intervention activities. Further investigation using findings from the current study and other research based on the NISVS system and other data to ascertain the social, economic, and other contextual factors (such as the number of perpetrators, nonintimate perpetrator types, the onset of violent acts, and victim support network) could yield useful information for evaluating existing prevention programs, victim support, and for developing more efficient intervention efforts.

Limitations

Findings in this study are subject to several limitations. First, although multiple strategies were implemented to facilitate survey participation, response rates were lower than desired. Note that for NISVS, a graduated consent process was implemented to allow building rapport between the interviewer and respondent, thus increasing the likelihood of gaining the respondent's trust and decreasing nonparticipation. In addition, respondents knew about the violence victimization topics only after they had agreed to take the survey. It appears unlikely that concern for safety might have played a role in any randomly selected individual's decision to participate in the interview. It is unclear whether any selected individual's propensity to participate was related to the individual's sexual orientation. However, the high cooperation rates show that most respondents chose to participate in the interview once contact was made and eligibility determined. Although the response rate is an important indicator of survey quality, studies have shown that there is not necessarily a direct proportional relationship between a survey's response rate and the accuracy of survey results (Curtin, Presser, & Singer, 2000; Keeter, Kennedy, Dimock, Best, & Craighill, 2006; Choung et al., 2013).

Second, in spite of efforts to build rapport between interviewers and respondents, some respondents may have been reluctant to disclose or felt restricted in disclosing their victimization experiences, potentially leading to underreporting of violence victimization experiences. Another limitation is that the sexual orientation question was asked toward the end of the survey, so some respondents may not have stayed in the interview to report their orientation. As a result, the victimization experiences for respondents who did not disclose their sexual orientation have not been included in the analyses. In addition, whether the sexual orientation reported was the same as that when the victimization occurred is unclear.

This study was also limited by its inability to report on the experiences of transgender victims. Because only five respondents volunteered “transgender” as a response, estimating the experiences of transgender individuals was infeasible. In addition, even though data across 3 years were combined, some subgroup sample sizes were still insufficient for providing statistically stable estimates, accentuating the need for more data collection for future research.

Another potential limitation is that the response categories of sex (male and female) were left up to the interpretation of the respondent with no clarification given, therefore making it impossible to identify respondents as cisgender. There are several ways to measure sexual orientation (i.e., sexual identification, sexual attraction, and sexual acts). The NISVS survey used only sexual identification to measure sexual orientation. A multidimensional measurement of sexual orientation could potentially be more reliable than only focusing on this one aspect.

Readers should note that the current study reports prevalence estimates by sexual orientation but does not control for demographic or other potential confounding factors. In addition, this article does not provide information regarding perpetrators. Future research should consider controlling for potential confounding factors and examine victimization in light of perpetrator characteristics (e.g., perpetrator type and sex of perpetrator) to gain further understanding of SV, stalking, and IPV across sexual orientation at the national and state levels.

Prevention and Policy Implications

An updated awareness in the disparities of violence victimization and the high proportion of negative IPV-related impacts among victims of IPV emphasizes the critical need to strengthen prevention efforts and could help lay the foundation for providing victim support services that take into consideration the vulnerability across sexual orientation groups. Previous research shows that in addition to experiencing elevated levels of IPV and its related impacts, LGB individuals may also face unique barriers to seeking and receiving help when victimized. Many LGB victims may not recognize the violence they have experienced in their relationships as IPV (Ristock, 2002; Walters, 2011). The common social narratives around IPV, victim support services, and messaging of IPV-related impacts are focused on heterosexuals. LGB victims may not see themselves as victims or may not find services that have traditionally served heterosexuals appropriate for themselves. Thus, they may not seek the types of services accessible to heterosexual women and men (Girshick, 2002; Kulkin et al., 2007; Turell, 2000). If an LGB victim recognizes the violence he or she

is experiencing as IPV, he or she may still be reluctant to seek services because seeking services for IPV may require individuals to disclose their sexual orientation. The fear of disclosure is a major barrier for some victims because they may feel that once they disclose their sexual orientation to law enforcement, a crisis center, shelter workers, or medical professionals, their victimization may be disregarded. In addition, they may fear rejection, discrimination, or harassment (Donnelly & Kenyon, 1996; Girshick, 2002; Lundy & Leventhal, 1999; National Coalition of Anti-Violence Programs, 2014; Poorman, 2001; Potoczniak, Mourot, Crosbie-Burnett, & Potoczniak, 2003; Renzetti, 1989, 1992; Walters, 2011). These findings indicate the importance of culturally sensitive and inclusive services, including shelters and crisis centers, that are meant to serve all victims of SV, stalking, and IPV, and particularly for those who carry the greatest burden of violence victimization. Furthermore, health-care providers should engage in culturally sensitive and patient-centered care, creating an environment in which all persons feel supported to share health-care-relevant information such as sexual minority status and violence victimization history.

Primary prevention is key to ending SV, stalking, and IPV (Foshee et al., 2004, 2005; Miller et al., 2013). The CDC has released a series of technical packages, including packages focused specifically on SV and IPV prevention (Basile et al., 2016; Niolon et al., 2017) to help communities make use of the best available evidence for violence prevention. The strategies described in these packages are meant to be a tool for communities to make decisions about which prevention strategies are likely to be most helpful to the populations they serve. The strategies and approaches in these technical packages can be adapted and evaluated with LGBT persons to address the unique issues specific to the LGBT populations.

CDC emphasizes starting prevention at an early age because many people experience SV, stalking, and IPV before their 18th birthday (Smith et al., 2017). LGB individuals are no exception. A recent report using Youth Risk Behavioral Survey data showed that LGB students in Grades 9 through 12 experienced higher prevalence of SV and dating violence when compared with heterosexual students (Kann et al., 2016). For example, 21.1% of lesbian and bisexual female students reported being physically forced to have sexual intercourse compared with 8.8% of female heterosexual students. Among male students, 19.9% of gay and bisexual men experienced physical dating violence in the last 12 months compared with 6.2% of heterosexual men (Kann et al., 2016). These findings show the need to include more comprehensive prevention strategies for interventions that target adolescents. SV, stalking, and IPV are experiences that can affect individuals regardless of sexual orientation. Thus, including all groups in research agendas and prevention efforts is important. Although significant social changes have taken place in recent years toward equality and inclusion for LGBT individuals, there is still progress to be made in preventing violence. There are clear, critical implications for preventing violence against LGBT individuals (Walters et al., 2013), including ensuring access to protection, victim support services and resources, and implementing strong data systems for monitoring and evaluation. Promoting nonviolent social norms and reducing homophobia and transphobia are key elements to include in violence-prevention programs. Coordinated monitoring, research translation and dissemination, and implementation of evidence-supported actions are essential to reduce the burden of violence across sexual orientation groups.

Acknowledgments

The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention. We thank Sharon Smith and Marcie-jo Kresnow-Sedacca for their helpful suggestions.

References

- Armstrong GS, Branch KA, Cwick JM, Dretsch E, Jones TR, Khan S, ... Spraitz J (2018). Contemporary issues in victimology: Identifying patterns and trends. Lanham, MD: Lexington Books.
- Basile KC, DeGue S, Jones K, Freire K, Dills J, Smith SG, & Raiford JL (2016). STOP SV: A technical package to prevent sexual violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, ... Stevens MR (2011). National Intimate Partner and Sexual Violence Survey (NISVS) summary report 2010. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Blosnich JR, & Bossard RM (2009). Comparisons of intimate partner violence among partners in same-sex and opposite-sex relationships in the United States. *American Journal of Public Health*, 99, 2182–2184. 10.2105/AJPH.2008.139535 [PubMed: 19834003]
- Bornstein DR, Fawcett J, Sullivan M, Senturia KD, & Shiu-Thornton S (2006). Understanding the experiences of lesbian, bisexual and trans survivors of domestic violence: A qualitative study. *Journal of Homosexuality*, 51, 159–181. 10.1300/J082v51n01_08 [PubMed: 16893830]
- Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, & Merrick MT (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization — National Intimate Partner and Sexual Violence Survey, United States, 2011. *Morbidity and Mortality Weekly Report*, 63, 1–18. [PubMed: 24402465]
- Buller AM, Devries KM, Howard LM, & Bacchus LJ (2014). Associations between intimate partner violence and health among men who have sex with men: A systematic review and meta-analysis. *PLoS Medicine*, 11, e1001609 10.1371/journal.pmed.1001609 [PubMed: 24594975]
- Campbell JC (2002). Health consequences of intimate partner violence. *The Lancet*, 359, 1331–1336. 10.1016/S0140-6736(02)08336-8
- Chambliss LR (2008). Intimate partner violence and its implication for pregnancy. *Clinical Obstetrics and Gynecology*, 51, 385–397. 10.1097/GRF.0b013e31816f29ce [PubMed: 18463468]
- Choung RS, Locke GR III, Schleck CD, Ziegenfuss JY, Beebe TJ, Zinsmeister AR, & Talley NJ (2013). A low response rate does not necessarily indicate non-response bias in gastroenterology survey research: A population-based study. *Journal of Public Health*, 21, 87–95. 10.1007/s10389-012-0513-z
- Conron KJ, Mimiaga MJ, & Landers SJ (2010). A population-based study of sexual orientation identity and gender differences in adult health. *American Journal of Public Health*, 100, 1953–1960. 10.2105/AJPH.2009.174169 [PubMed: 20516373]
- Cramer RJ, McNeil DE, Holley SR, Shumway M, & Boccillari A (2012). Mental health in violent crime victims: Does sexual orientation matter? *Law and Human Behavior*, 36, 87–95. 10.1037/h0093954 [PubMed: 22471413]
- Curtin R, Presser S, & Singer E (2000). The effects of response rate changes on the index of consumer sentiment. *Public Opinion Quarterly*, 64, 413–428. 10.1086/318638 [PubMed: 11171024]
- Donnelly DA, & Kenyon S (1996). “Honey, we don’t do men” gender stereotypes and the provision of services to sexually assaulted males. *Journal of Interpersonal Violence*, 11, 441–448. 10.1177/088626096011003009
- Edwards KM, Sylaska KM, Barry JE, Moynihan MM, Banyard VL, Cohn ES, ... Ward SK (2015). Physical dating violence, sexual violence, and unwanted pursuit victimization: A comparison of incidence rates among sexual-minority and heterosexual college students. *Journal of Interpersonal Violence*, 30, 580–600. 10.1177/0886260514535260 [PubMed: 24923891]

- Elliot M (1996). Shattering illusions: Same-sex domestic violence In Renzetti CM & Miley CH (Eds.), *Violence in gay and lesbian domestic partnerships* (pp. 1–8). New York, NY: The Haworth Press, Inc.
- Finneran C, & Stephenson R (2013). Gay and bisexual men’s perceptions of police helpfulness in response to male-male intimate partner violence. *The Western Journal of Emergency Medicine*, 14, 354–362. 10.5811/westjem.2013.3.15639 [PubMed: 23930149]
- Foshee VA, Bauman KE, Ennett ST, Linder GF, Benefield T, & Suchindran C (2004). Assessing the long-term effects of the Safe Dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health*, 94, 619–624. 10.2105/AJPH.94.4.619 [PubMed: 15054015]
- Foshee VA, Bauman KE, Ennett ST, Suchindran C, Benefield T, & Linder GF (2005). Assessing the effects of the dating violence prevention program “safe dates” using random coefficient regression modeling. *Prevention Science*, 6, 245–258. 10.1007/s11121-005-0007-0 [PubMed: 16047088]
- Girshick LB (2002). No sugar, no spice reflections on research on woman-to-woman sexual violence. *Violence Against Women*, 8, 1500–1520. 10.1177/107780102237967
- Goldberg NG, & Meyer IH (2013). Sexual orientation disparities in history of intimate partner violence: Results from the California Health Interview Survey. *Journal of Interpersonal Violence*, 28, 1109–1118. 10.1177/0886260512459384 [PubMed: 23008053]
- Gordon JS (1996). Community services for abused women: A review of perceived usefulness and efficacy. *Journal of Family Violence*, 11, 315–329. 10.1007/BF02333420
- Greenwood GL, Relf MV, Huang B, Pollack LM, Canchola JA, & Catania JA (2002). Battering victimization among a probability-based sample of men who have sex with men. *American Journal of Public Health*, 92, 1964–1969. 10.2105/AJPH.92.12.1964 [PubMed: 12453817]
- Hansen CE, & Evans A (1985). Bisexuality reconsidered: An idea in pursuit of a definition. *Journal of Homosexuality*, 11, 1–6. 10.1300/J082v11n01_01
- Hughes T, McCabe SE, Wilsnack SC, West BT, & Boyd CJ (2010). Victimization and substance use disorders in a national sample of heterosexual and sexual minority women and men. *Addiction*, 105, 2130–2140. 10.1111/j.1360-0443.2010.03088.x [PubMed: 20840174]
- Kann L, Olsen EO, McManus T, Harris WA, Shanklin SL, Flint KH, ... Zaza S (2016). Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9–12— United States and selected sites, 2015. *Morbidity and Mortality Weekly Report Surveillance Summaries*, 65, 1–202. 10.15585/mmwr.ss6509a1
- Kanuha V (1990). Compounding the trip jeopardy: Battering in lesbian of color relationships. *Women and Therapy*, 9, 169–184. 10.1300/J015v09n01_10
- Keeter S, Kennedy C, Dimock M, Best J, & Craighill P (2006). Gauging the impact of growing nonresponse on estimates from a National RDD Telephone Survey. *Public Opinion Quarterly*, 70, 759–779. 10.1093/poq/nfl035
- Klesse C (2011). Shady characters, untruthworthy partners and promiscuous sluts: Creating bisexual intimacies in the face of heteronormativity and biphobia. *Journal of Bisexuality*, 11, 227–244. 10.1080/15299716.2011.571987
- Kulkin HS, Williams J, Borne HF, de la Bretonne D, & Laurendine J (2007). A review of research on violence in same-gender couples: A resource for clinicians. *Journal of Homosexuality*, 53, 71–87. 10.1080/00918360802101385 [PubMed: 18689192]
- Langenderfer-Magruder L, Walls NE, Whitfield DL, Kattari SK, & Ramos D (2017). Stalking victimization in LGBTQ adults: A brief report. *Journal of Interpersonal Violence*. Advance online publication. 10.1177/0886260517696871
- Lundy S, & Leventhal B (1999). *Same-sex domestic violence: Strategies for change*. Newbury Park, CA: Sage.
- Miller E, Tancredi DJ, McCauley HL, Decker MR, Virata MCD, Anderson HA, ... Silverman JG (2013). One-year follow-up of a coach-delivered dating violence prevention program: A cluster randomized controlled trial. *American Journal of Preventive Medicine*, 45, 108–112. 10.1016/j.amepre.2013.03.007 [PubMed: 23790995]

- National Coalition of Anti-Violence Programs. (2014). Lesbian, gay, bisexual, transgender, queer and HIV-affected intimate partner violence in 2013. New York, NY: 2010 New York City Gay & Lesbian Anti-Violence Project, Inc.
- Niolon PH, Kearns M, Dills J, Rambo K, Irving S, Armstead T, & Gilbert L (2017). Preventing intimate partner violence across the lifespan: A technical package of programs, policies, and practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Peterson C, Kearns MC, McIntosh WL, Estefan LF, Nicolaidis C, McCollister KE, ... Florence C (2018). Lifetime economic burden of intimate partner violence among U.S. adults. *American Journal of Preventive Medicine*, 55, 433–444. 10.1016/j.amepre.2018.04.049 [PubMed: 30166082]
- Poorman PB (2001). Forging community links to address abuse in lesbian relationships. *Women and Therapy*, 23, 7–24. 10.1300/J015v23n03_02
- Potoczniak MJ, Mourot JE, Crosbie-Burnett M, & Potoczniak DJ (2003). Legal and psychological perspectives on same-sex domestic violence: A multisystemic approach. *Journal of Family Psychology*, 17, 252–259. 10.1037/0893-3200.17.2.252 [PubMed: 12828021]
- Renzetti CM (1989). Building a second closet: Third party responses to victims of lesbian partner abuse. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 38, 157–163. 10.2307/583669
- Renzetti CM (1992). *Violent betrayal: Partner abuse in lesbian relationships*. Newbury Park, CA: Sage 10.4135/9781483325767
- Research Triangle Institute. (2013). SUDAAN (Release 11.0.1) [Computer Software]. Research Triangle Park, NC: Research Triangle Institute.
- Ristock JL (2002). *No more secrets: Violence in lesbian relationships*. New York, NY: Routledge.
- Rothman EF, Exner D, & Baughman AL (2011). The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: A systematic review. *Trauma, Violence and Abuse*, 12, 55–66. 10.1177/1524838010390707
- Smith SG, Chen J, Basile KC, Gilbert LK, Merrick MT, Patel N, ... Jain A (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 state report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Retrieved from <https://www.cdc.gov/violenceprevention/nisvs/summaryreports.html>
- Tjaden P, Thoennes N, & Allison CJ (1999). Comparing violence over the life span in samples of same-sex and opposite-sex cohabitants. *Violence and Victims*, 14, 413–425. 10.1891/0886-6708.14.4.413 [PubMed: 10751048]
- Turell SC (2000). A descriptive analysis of same-sex relationship violence for a diverse sample. *Journal of Family Violence*, 15, 281–293. 10.1023/A:1007505619577
- Waldner-Haugrud LK, & Gratch LV (1997). Sexual coercion in gay/lesbian relationships: Descriptives and gender differences. *Violence and Victims*, 12, 87–98. 10.1891/0886-6708.12.1.87 [PubMed: 9360290]
- Walters ML (2011). Straighten up and act like a lady: A qualitative study of lesbian survivors of intimate partner violence. *Journal of Gay and Lesbian Social Services*, 23, 250–270. 10.1080/10538720.2011.559148
- Walters ML, Chen J, & Breiding MJ (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Walters ML, & Lippy C (2016). Intimate partner violence in LGBT communities In Cuevas CA & Rennison CM (Eds.), *The Wiley handbook on the psychology of violence* (pp. 695–714). West Sussex, Unit Kingdom: Wiley, Ltd. 10.1002/9781118303092.ch36
- Waters E, Jindasurat C, & Wolfe C (2016). Lesbian, gay, bisexual, transgender, queer, and HIV-affected hate violence in 2015. New York, NY: National Coalition of Anti-violence Programs.
- World Health Organization. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva, Switzerland Retrieved from <https://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>

Table 1

Lifetime Prevalence of Contact Sexual Violence and Stalking by Any Perpetrator by Sexual Orientation, U.S. Women, National Intimate Partner and Sexual Violence Survey 2010–2012

Type of violence ^b	Heterosexual			Bisexual			Lesbian		
	Weighted percentage	95% CI	Estimated number of victims ^a	Weighted percentage	95% CI	Estimated number of victims ^a	Weighted percentage	95% CI	Estimated number of victims ^a
Contact sexual violence ^b	36.0	[34.9, 37.1]	33,450	68.8 ^{*,BH,BL}	[62.2, 74.8]	2,079	46.3 ^{*,LH}	[37.4, 55.4]	777
Rape	18.7	[17.8, 19.6]	17,397	46.1 ^{*,BH,BL}	[39.2, 53.1]	1,392	24.7	[16.8, 34.7]	414
Completed or attempted forced penetration	14.0	[13.3, 14.8]	13,049	33.3 ^{*,BH,BL}	[27.3, 40.0]	1,007	18.0	[11.0, 28.0]	301
Completed alcohol/drug-facilitated penetration	8.8	[8.2, 9.5]	8,193	28.2 ^{*,BH}	[22.1, 35.3]	853	—	—	—
Made to penetrate someone else ^c	.6	[.4, .7]	517	—	—	—	—	—	—
Sexual coercion	12.8	[12.1, 13.6]	11,954	33.2 ^{*,BH,BL}	[26.7, 40.4]	1,002	17.6	[10.6, 27.8]	295
Unwanted sexual contact	27.4	[26.4, 28.4]	25,498	50.4 ^{*,BH}	[43.4, 57.3]	1,522	39.7 ^{*,LH}	[31.0, 49.1]	666
Noncontact unwanted sexual experiences	31.5	[30.5, 32.6]	29,327	55.5 ^{*,BH}	[48.5, 62.3]	1,676	47.1 ^{*,LH}	[38.1, 56.3]	790
Stalking	15.6	[14.7, 16.4]	14,479	31.9 ^{*,BH,BL}	[25.9, 38.5]	964	19.5	[12.2, 29.8]	327

Note. CI = confidence interval; BH = bisexual women compared with heterosexual women; BL = bisexual women compared with lesbians; LH = lesbians compared with heterosexuals. Em dash indicates estimate is not reported; relative standard error > 30% or cell size < 20.

^aIn thousands.

^bContact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

^cIncluding completed or attempted.

* $p < .05$.

Table 2
 Stalking Tactics Experienced Among Female Victims of Stalking in Their Lifetimes, National Intimate Partner and Sexual Violence Survey 2010–2012

Stalking tactics	Heterosexual			Bisexual		
	Weighted percentage	95% CI	Estimated number of victims ^a	Weighted percentage	95% CI	Estimated number of victims ^a
Being watched or followed	45.1	[42.3, 48.0]	6,534	40.9	[30.0, 52.8]	395
Approached, showed up	58.7	[55.8, 61.6]	8,503	61.0	[49.1, 71.7]	588
Left strange items	14.2	[12.4, 16.2]	2,053	—	—	—
Sneaked into home or car	26.3	[23.7, 29.0]	3,803	29.8	[19.6, 42.6]	288
Unwanted messages (text or voice)	74.6	[72.1, 76.9]	10,794	78.7	[68.7, 86.1]	759
Unwanted emails, instant messages, or social media	13.0	[11.1, 15.2]	1,887	28.1 ^{*,BH}	[18.0, 40.9]	270
Unwanted gifts	24.1	[21.6, 26.7]	3,484	20.0	[11.9, 31.7]	193
Damage to personal property	50.9	[47.9, 53.8]	7,366	60.8	[49.3, 71.3]	586
Threats of physical harm	67.2	[64.4, 69.9]	9,730	78.4 ^{*,BH}	[67.3, 86.4]	755

Note. CI = confidence interval; BH = bisexual women compared with heterosexual women. Em dash indicates estimate is not reported; relative standard error > 30% or cell size < 20.

^aIn thousands.

* $p < .05$.

Table 3

Lifetime Prevalence of Contact Sexual Violence, Physical Violence, and/or Stalking by an Intimate Partner by Sexual Orientation, U.S. Women, National Intimate Partner and Sexual Violence Survey 2010 –2012

Type of violence	Heterosexual			Bisexual			Lesbian		
	Weighted percentage	95% CI	Estimated number of victims ^a	Weighted (%)	95% CI	Estimated number of victims ^a	Weighted percentage	95% CI	Estimated number of victims ^a
Contact sexual violence, physical violence, and/or stalking ^b	37.2	[36.1, 38.3]	34,566	59.8 ^{#BH,BL}	[52.7, 66.5]	1,806	46.3	[37.4, 55.4]	777
Contact sexual violence ^b	16.4	[15.6, 17.3]	15,248	35.2 ^{#BH,BL}	[28.9, 42.1]	1,064	19.4	[12.1, 29.7]	325
Physical violence	32.4	[31.3, 33.4]	30,104	50.2 ^{#BH}	[43.3, 57.2]	1,518	39.8	[31.2, 49.1]	668
Stalking	9.7	[9.0, 10.4]	8,978	21.0 ^{#BH}	[16.0, 27.0]	635	—	—	—
Contact sexual violence, physical violence, and/or stalking with IPV-related impact ^c	27.6	[26.6, 28.6]	25,644	43.5 ^{#BH,BL}	[36.8, 50.5]	1,314	30.7	[22.4, 40.5]	515

Note. CI = confidence interval; BH = bisexual women compared with heterosexual women; BL = bisexual women compared with lesbians. Em dash indicates estimate is not reported; relative standard error > 30% or cell size < 20.

^aIn thousands.

^bContact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

^cIncludes experiencing any of the following: being fearful, concerned for safety, any posttraumatic stress disorder symptoms, injury, need for medical care, need for housing services, need for victim advocate services, need for legal services, missed at least 1 day of work or school, and contacting a crisis hotline. For those who experienced rape or were made to penetrate someone else, it also includes having contracted a sexually transmitted infection or having become pregnant. Intimate partner violence-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of intimate partner violence experienced (contact sexual violence, physical violence, stalking, psychological aggression, and reproductive/sexual control) in that relationship.

* $p < .05$.

Table 4

Lifetime Prevalence of Contact Sexual Violence and Stalking by Any Perpetrator by Sexual Orientation, U.S. Men, National Intimate Partner and Sexual Violence Survey 2010–2012

Type of violence ^b	Heterosexual			Bisexual			Gay		
	Weighted percentage	Estimated number of victims ^a	95% CI	Weighted percentage	Estimated number of victims ^a	95% CI	Weighted percentage	Estimated number of victims ^a	95% CI
Contact sexual violence ^b	16.8	14,803	[15.9, 17.8]	39.0 ^{*BH}	665	[30.7, 48.1]	37.7 ^{*GH}	1,059	[31.0, 45.1]
Rape	1.1	923	[.9, 1.3]	11.3 ^{*BH}	193	[7.1, 17.6]	14.5 ^{*GH}	407	[10.0, 20.6]
Completed or attempted forced	.7	633	[.6, .9]	—	—	—	9.7 ^{*GH}	272	[6.3, 14.7]
Completed alcohol/drug-facilitated	.5	436	[.4, .7]	—	—	—	9.4 ^{*GH}	264	[5.6, 15.4]
Made to penetrate someone else	6.1	5,368	[5.5, 6.8]	13.3 ^{*BH}	226	[8.7, 19.8]	11.5 ^{*GH}	323	[7.6, 17.0]
Completed or attempted forced	2.0	1,715	[1.6, 2.3]	—	—	—	6.5 ^{*GH}	183	[3.8, 11.1]
Completed alcohol/drug-facilitated	5.1	4,464	[4.5, 5.7]	12.7 ^{*BH}	216	[8.1, 19.2]	—	—	—
Sexual coercion	5.6	4,958	[5.1, 6.2]	15.3 ^{*BH}	261	[9.7, 23.5]	15.9 ^{*GH}	446	[11.3, 21.9]
Unwanted sexual contact	10.6	9,346	[9.9, 11.4]	25.6 ^{*BH}	436	[18.4, 34.4]	26.5 ^{*GH}	744	[20.6, 33.4]
Noncontact unwanted sexual experiences	12.8	11,213	[12.0, 13.6]	29.2 ^{*BH}	498	[21.3, 38.6]	33.3 ^{*GH}	936	[26.8, 40.6]
Stalking	5.2	4,595	[4.7, 5.9]	6.9	117	[4.0, 11.6]	11.4 ^{*GH}	321	[7.3, 17.5]

Note. CI = confidence interval; BH = bisexual men compared with heterosexual men; GH = gay men compared with heterosexual men. Em dash indicates estimate is not reported; relative standard error > 30% or cell size < 20.

^aIn thousands.

^bContact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

* $p < .05$.

Table 5

Lifetime Prevalence of Contact Sexual Violence, Physical Violence, and/or Stalking by an Intimate Partner by Sexual Orientation, U.S. Men, National Intimate Partner and Sexual Violence Survey 2010–2012

Type of violence	Heterosexual			Bisexual			Gay		
	Weighted percentage	95% CI	Estimated number of victims ^a	Weighted percentage	95% CI	Estimated number of victims ^a	Weighted percentage	95% CI	Estimated number of victims ^a
Contact sexual violence, ^b physical violence, and/or stalking	31.9	[30.7, 33.1]	27,999	35.3	[27.3, 44.1]	601	35.1	[28.7, 42.2]	986
Contact sexual violence ^b	7.1	[6.5, 7.8]	6,267	11.1	[7.1, 16.9]	189	143 ^{*GH}	[9.9, 20.2]	402
Physical violence	29.3	[28.2, 30.5]	25,776	31.6	[24.0, 40.3]	538	30.3	[24.2, 37.2]	852
Stalking	2.3	[1.9, 2.8]	2,027	—	—	—	—	—	—
Contact sexual violence, ^b physical violence, and/or stalking with IPV-related impact ^c	11.4	[10.6, 12.2]	10,004	13.0	[8.6, 19.2]	222	18.1 ^{*GH}	[13.1, 24.5]	508

Note. CI = confidence interval; GH = gay men compared with heterosexual men. Em dash indicates estimate is not reported; relative standard error > 30% or cell size < 20.

^aIn thousands.

^bContact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

^cIncludes experiencing any of the following: being fearful, concerned for safety, symptoms of post-traumatic stress disorder, injury, need for medical care, need for housing services, need for victim advocate services, need for legal services, missed at least one day of work or school, and contacting a crisis hotline. For those who experienced rape or made to penetrate someone else, it also includes having contracted a sexually transmitted infection. Intimate partner violence-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of IPV experienced (contact sexual violence, physical violence, stalking, psychological aggression, and reproductive/sexual control) in that relationship.

* $p < .05$.