Domestic and sexual violence

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Statement of Purpose The National Intimate Partner and Sexual Violence Survey (NISVS) showed that U.S. adult victims of violence were more likely to report negative health conditions. In addition, sexual minorities—who identify as gay, lesbian, or bisexual—were more likely to experience violence than their heterosexual peers. We examine whether sexual identity (SI) influenced the association between violence victimization and health conditions.

Methods NISVS is a cross-sectional telephone survey on health and violence victimization. The survey sample was designed to represent the non-institutionalized English- and Spanish-speaking U.S. adult population. Analyses were based on data (n=41,174) collected from 50 states and the District of Columbia from 2010 to 2012. Measurement of sexual identity was based on individuals’ self-identification. Multivariable models, adjusted for age and educational attainment level, were evaluated to ascertain the effect of SI.

Results Sexual identity did not moderate the association between various forms of violence victimization and health conditions. However, sexual minorities had significantly higher victimization prevalence and odds of experiencing several health conditions. Sexual minority women had higher odds of reporting diagnosis of asthma and irritable bowel syndrome (IBS), experiencing frequent headaches, chronic pain, difficulty sleeping, activity limitations, and poor mental health, whereas sexual minority men were more likely to report diagnosis of IBS, experiencing frequent headaches, difficulty sleeping, and activity limitations, compared with heterosexual women and men, respectively.

Conclusions While SI did not influence the relationship between victimization and health, it was associated with several negative health conditions and victimization.

Significance and Contributions to Injury and Violence Prevention Science Using nationally representative data, this study reveals a disparate share of negative health conditions and victimization among U.S. sexual minorities. These findings can help further raise awareness of the injury burden, strengthen culturally sensitive violence prevention programs, and promote health equity across SI groups.