FINDINGS FROM THE MARCH 2020 SURVEY

California Study on Violence Experiences Across the Lifespan (Cal-VEX)

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DEFINITIONS FOR THE REPORT

In this report we assess both experiences with victimization from violence, as well as committing violence against others, using the following definitions.

Definitions of Violence, as used in the Cal-VEX 2020 survey

<table>
<thead>
<tr>
<th>Type of Violence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical violence</td>
<td>Physical violence includes physical abuse and weapons-related violence. Physical abuse can include being hit, slapped, punched, shoved, choked, kicked, shaken or otherwise physically hurt. Weapons-related violence includes being threatened with a weapon such as a knife or gun.</td>
</tr>
<tr>
<td>Verbal sexual harassment</td>
<td>This can include someone whistling, leering or staring at you, or calling out to you in ways that make you feel disrespected or unsafe. It can include someone talking about your body parts (such as your butt or breasts) inappropriately or offensively or saying sexually explicit comments or questions (“I want to do BLANK to you”). It can also include someone repeatedly asking you for a date or your phone number when you’ve said no.</td>
</tr>
<tr>
<td>Homophobic or transphobic comments</td>
<td>This can include someone misgendering you or calling you a homophobic or transphobic slur, like “Fag,” “Dyke,” or “Tranny.”</td>
</tr>
<tr>
<td>Cyber sexual harassment</td>
<td>This can include someone electronically sending you or showing you sexual content without your permission, such as over e-mail, snapchat or Facebook or on their phone or computer. This can also include someone taking and/or sharing sexual pictures or videos of you without your permission.</td>
</tr>
<tr>
<td>Physically aggressive sexual harassment</td>
<td>This can include someone flashing or exposing their genitals to you without your permission. This can also include someone purposely touching you or brushing up against you in an unwelcome, sexual way.</td>
</tr>
<tr>
<td>Quid pro quo sexual harassment or coercion</td>
<td>This can include someone forcing or pressuring you to do a sexual act in exchange for something (such as a good grade, a promotion, a job, drugs, food, money, or something similar) or instead of something (like paying rent or a citation, etc.)</td>
</tr>
<tr>
<td>Forced sex</td>
<td>This can include someone forcing you to do a sexual act without your permission or one that you don’t want to do (including while you are under the influence of alcohol or drugs).</td>
</tr>
</tbody>
</table>

We use the term “sexual violence” to include verbal sexual harassment, homophobic/transphobic comments, cyber sexual harassment, quid pro quo sexual harassment or coercion, and forced sex.
EXECUTIVE SUMMARY

Violence in our families and communities is at epidemic proportions in the United States (US). This violence affects all populations and all age groups, and produces longterm physical, social, and economic impacts on affected individuals and our society as a whole. Despite the well documented prevalence and impact of this violence, there is no state-wide surveillance on experiences of violence across the lifespan. As part of the California Study on Violence Experiences Across the Lifespan (Cal-VEX), we implemented a state-representative online survey regarding physical and sexual violence experiences over the lifespan. This study included 2,115 adult (age 18+) respondents (female n=1,150; male n=953; transgender n=12), surveyed from March 19th to 27th, 2020. We asked about experiences of violence across the lifespan, experiences of committing violence against others, as well as poor outcomes resulting from these experiences of violence. Results show:

The majority of California adults (62%) have experienced physical or sexual violence in their lifetime.

Physical Violence

- Nearly half of Californians (44%) have experienced some form of physical violence and/or threats with a knife or gun in their lifetime. Most (79%) know the person who did this to them.
  - Males are more likely than females to have experienced physical violence (47% vs. 41%).
  - Reports of physical violence are also higher for those who identify as gay and lesbian (56%) and bisexual or other identity (60%), compared with those who identify as straight (42%).
  - Those with a disability (physical or otherwise) were also more likely than those without a disability to report physical violence (61% vs. 38%).
  - Those with a history of homelessness were much more likely than those without to report physical violence (75% vs 39%).

- Physical violence is more common at younger ages than at ages 25+ (adulthood).
  - Approximately one in five adults experienced physical violence in childhood (18%, age <14 years), adolescence (18%, age 15-18 years) or young adulthood (20%, age 18-24 years). One in 10 (11%) report physical violence in adulthood.
  - Abuse in childhood was associated with subsequent abuse. For those reporting violence as a child, 44% experienced violence in adolescence, 33% in young adulthood, and 22% in adulthood.

- Males and females reported differences in terms of who was physically violent against them.
  - Among females, perpetrators were most often a spouse/partner (51%).
  - Among males, perpetrators were most often a stranger (48%).

- Racial/ethnic disparities in experiences were seen. Black adults were more likely than White and Latinx adults in California to have experienced:
  - Gun violence (28% of Blacks compared with 11% and 14% of white and Latinx adults, respectively).
  - Intimate partner violence (21% of Blacks versus 15% of whites and 17% of Latinx people).

- Most respondents reported negative effects from their experiences of physical violence.
  - Among those who had experienced physical violence, 61% of females and 36% of males reported depression/anxiety effects, and 13% of females and 5% of males reported resultant suicidality.
  - For females, ending a relationship was a commonly reported response to violence (43% of females vs. 15% of males), likely because violence against women often came from a partner.
- Females and males reported life disruptions due to violence: missing work or school (32% of females, 24% of males), changing their route or routine (26% of females, 29% of males), ending a social activity (17% of females, 13% of males), and relocating (17% of females, 7% of males).

- The majority of victims of physical violence never filed a formal complaint or report against the person who abused them (80% of females, 86% of males).

**Sexual Violence**

- Nearly half of California adults (44%) have experienced some form of sexual violence – sexual harassment, sexual coercion, or forced sex - in their lifetime. Most (81%) knew their harasser.
  - Females are more likely than males to have experienced sexual violence (58% vs. 28%), likely an underestimate due to limited forms of sexual harassment included.\(^1,2\) 16% of females and 3% of males had experienced forced sex.
  - Reports of sexual violence are higher for those who identify as gay and lesbian (66%) and bisexual or other identity (73%), compared with those who identify as straight (41%).
  - Those with a disability relative to those without were more likely to report sexual violence (59% vs 38%).
  - Those with a history of homelessness were more likely than those without to report sexual violence (62% vs 41%).

- Sexual violence is most common in adolescence and young adulthood.
  - One in eight California adults experienced sexual violence in childhood (13%, age <14 years), one in four in adolescence (25%, age 15-18 years) and young adulthood (25%, age 18-24 years), and 17% experienced it as an adult 25 or older.
  - Those experiencing violence in childhood were more likely to report violence at later ages. Among respondents reporting childhood sexual violence, 62% also experienced violence in adolescence, 55% as a young adult, and 37% as an adult.

- Gender differences were seen in respondents’ relationships with perpetrators of sexual harassment and perpetrators of forced sex.
  - For females, a stranger was the most commonly reported perpetrator of sexual harassment (61%). Males were most likely to report that a well-known unrelated person was the perpetrator of harassment (53%).
  - For females, the perpetrator of forced sex was most often a spouse/partner (39%), where for males it was a well-known unrelated person (39%).

- Polyvictimization is common, not only in terms of abuse across life stages, but also across forms of abuse. Most victims of physical violence, male and female, are also victims of sexual violence (59%).

- Most victims, male and female, reported negative effects from their experiences of sexual violence.
  - Among those who had experienced sexual violence, 52% of females and 38% of males reported depression/anxiety effects, and 7% of females and 5% of males reported resultant suicidality.
  - Females and males also reported life disruptions due to violence: ending a relationship (24% of females, 22% of males), missing work or school (18% of females, 22% of males), changing their route or routine (35% of females, 18% of males), ending a social activity (13% of females, 11% of males), and leaving a job (13% of females, 6% of males).

- The vast majority of victims of sexual violence never filed a formal complaint or report against the person who abused them (90% of females, 96% of males).
Findings from this state-wide survey on lifetime experiences of violence among Californians confirm that almost half of California residents have experienced physical and sexual abuses, respectively, in their lifetime, with much of this experience starting in childhood and adolescence and often perpetrated by people known to them, including a partner, family member, or other well-known person such as a friend.

These abuses do not occur equally or similarly by gender and sexual orientation, with males being at greater risk for physical violence, females at greater risk for sexual violence, and gay/lesbian/bisexual/other sexual identity individuals being at greater risk for both forms of violence relative to those who are straight. Further, social vulnerabilities including disability, history of homelessness, and history of incarceration were also associated with experiences of violence, highlighting the intersections of violence and social marginalization. The majority of victims never formally report these abuses, despite substantial impacts. Findings have important implications for social and health services in California.

**INTRODUCTION**

After decades of reductions in violence in the United States (U.S.), we have seen rates of violence increase among adolescents and adults in the past five years.\(^5,4\) National data from the Centers for Disease Control and Prevention suggests that violence remains pervasive, with annual rates of 16,000 homicides, 1.6 million nonfatal assault injuries requiring treatment in emergency departments, 12 million adults who have experienced intimate partner violence (IPV), and 10 million children and adolescents (<18 years) who have experienced maltreatment from a caregiver.\(^5\) Only a very small percentage of these victims of violence – experiencing abuse in their households, communities, and institutions - ever report these experiences to formal service providers in the health care, social services and criminal justice systems.\(^5\) The immediate and longer term social and health impacts of this violence are substantial. Violence is a leading cause of death in the U.S. for younger populations (children, adolescents, and young adults), certain racial/ethnic minority groups, and those residing in lower income communities.\(^6\) Violence causes injury and disability, and survivors of violence also have long-lasting socio-emotional, mental, and physical health effects.\(^5,6\) At a societal level, it stunts economic development, increases social inequalities, and erodes security.\(^6\) Yet, we have no national or state-level surveillance to understand the scope and scale of interpersonal violence across the lifespan, outside of justice system reports,\(^4\) which may undercount experiences of violence, the CDC surveillance specific only to partner and sexual violence,\(^7\) and the CDC Youth Risk Behavior Survey, which is limited to adolescents, impeding lifespan considerations.\(^8\)

There is a need for focus on violence across the lifespan in California given indications of an increase in violence in the state over the past five years.\(^9,10\) Further, as seen nationally, this violence disproportionately burdens more marginalized groups, including racial/ethnic minorities (Black, Latinx, American Indian Indigenous),\(^11\) sexual minorities, and people living with a disability.\(^1,2\) Public awareness of violence, and the disproportionate impact it has on socially vulnerable groups, has increased with the rise of the Black Lives Matter movement.\(^12\) Additionally, there are concerns of increased risk for domestic violence and child abuse as a consequence of the COVID-19 pandemic.\(^13,14\) Increased social isolation, financial insecurity, and mental stress in households as a consequence of pandemic-related shutdowns may affect partner violence and child abuse.\(^14\) The scope and scale of violence experiences among Californians requires greater attention, as do the intersections of different forms of violence for different populations, to guide responses to the pandemic and beyond. This is particularly important at this time of increased awareness of violence impacts and inequalities, and their potential exacerbation under the pandemic.
In March of 2020, we implemented a survey on experiences of physical and sexual violence across the lifespan, in terms of both victimization and perpetration. This survey was designed to guide our understanding of the scope and scale of this violence, its intersections across the lifespan, its social and health impacts on Californians, and the disparities that exist in both experiences and impacts. When preparing for this survey, we did not anticipate a historic pandemic, nor did we know launching of data collection would coincide with the first day of the government instituted state-wide shutdown to manage the pandemic. We unexpectedly have timely data to provide insight into the violence experiences and needs of Californians that will be important to consider as we contend with the pandemic and subsequently rebuild back our economy. While these data cannot provide insight into elevation of violence during the pandemic, they offer important insight into what violence-related needs exist in our state, and can help guide violence prevention and service programs and policies for California. Further, the data provide a baseline for the pervasiveness of violence experiences among Californians pre-pandemic, so we may in the future determine whether there is an escalation in violence, as is anticipated in the context of the shutdown and financial crises.\textsuperscript{14}

**METHODOLOGY**

UC San Diego GEH commissioned the independent research institution, National Opinion Research Center (NORC), to conduct a state-representative survey of California residents ages 18 and older on the topics of physical violence, sexual harassment and assault, and family and neighborhood violence. Methods provided below describe the survey tool development, study sample, and data collection procedures.

**SURVEY TOOL DEVELOPMENT**

Development of the survey tool proceeded in four steps. First, existing large nationally-representative surveys were reviewed for relevant items by the UC San Diego GEH research team. The surveys included: the Behavioral Risk Factor Surveillance System (BRFSS),\textsuperscript{15} the Youth Risk Behavior Surveillance System (YRBSS),\textsuperscript{8} and surveys previously validated by UC San Diego GEH such as the Stop Street Harassment (SSH) survey\textsuperscript{1,2} and Men Count.\textsuperscript{16} The Stop Street Harassment survey was conducted in 2018 and 2019 by NORC using a comparable online-based platform for data collection. Second, using this universe of topics from previously validated survey items, Advisory Board members identified topics of highest relevance for policy and programs centered on violence prevention to ensure the survey reflected stakeholder needs. Next, Dr. Anita Raj reviewed the full universe of topic-relevant and validated survey items, and identified items of highest priority and relevance to fit within the required survey length. A draft survey tool was then created and shared with the Advisory Board members for final feedback and input on survey items. Finally, the survey tool was reviewed in collaboration with the UC San Diego GEH and NORC research teams to ensure clarity and flow of items.

**Final Survey Tool.** The final survey was designed to take respondents, on average, 15 minutes and was administered online. Pretest of the survey was conducted with a small sample (n=68) of English-speaking panelists on March 6. Pretest findings shared by NORC indicated there were no issues identified in the items as far as difficulty in comprehension of items by panel respondents. As such, no changes were made before fielding the main survey.
ETHICS APPROVAL
Panelists were offered the cash equivalent of USD $2 for completing this survey. Survey participation was completely voluntary. Respondents who did choose to voluntarily complete the survey were able to skip any question (except for required demographic information) or to stop the survey at any time. In addition, a survey prompt included the following text, “If you are experiencing distress or discomfort, see this website for services in the state https://victims.ca.gov/resources.aspx.” Respondents were also able to provide feedback (whether positive or negative, and available only to NORC staff) at the end of the survey. A review of these comments by NORC staff indicated no major identifiable concerns with the questions from the survey. All research procedures were approved by both NORC/University of Chicago and the University of California, San Diego Institutional Review Board (IRB) (Project #191904XX).

SAMPLE
The sample was generated from a general population sample of California adults age 18 and older selected from NORC’s AmeriSpeak Panel, the most representative online probability panel available in the U.S. AmeriSpeak® is a probability based panel designed to be representative of the U.S. household population and is funded and operated by NORC at the University of Chicago. Randomly selected U.S. households are sampled using area probability and address-based sampling, with a known, non-zero probability of selection from the NORC National Sample Frame. These sampled households are then contacted by U.S. mail, telephone, and field interviewers (face to face). The panel provides sample coverage of approximately 97% of the U.S. household population. Those excluded from the sample include people with P.O. Box only addresses, some addresses not listed in the USPS Delivery Sequence File, and some newly constructed dwellings. While most AmeriSpeak households participate in surveys by web, non-internet households can participate in AmeriSpeak surveys by telephone. Households without conventional internet access but having web access via smartphones are allowed to participate in AmeriSpeak surveys by web. AmeriSpeak panelists participate in NORC studies or studies conducted by NORC on behalf of governmental agencies, academic researchers, and media and commercial organizations. For more information, email AmeriSpeak-BD@norc.org or visit AmeriSpeak.norc.org.

The AmeriSpeak panel sample was additionally supplemented with respondents from the Dynata and Lucid nonprobability online opt-in panels. TrueNorth statistical calibration was conducted by NORC to combine these probability and non-probability samples (more information on data processing, weighting, and TrueNorth Calibration is provided in Appendix A). The study design effect was 1.96468, with a study margin of error of +/- 2.99%.

DATA COLLECTION
All data were collected online from March 19th to the 27th, 2020, following the initial pretest with 68 respondents on March 6th. To encourage study participation, NORC sent one email reminder on March 23rd to the panelists.

The response rate reporting for the AmeriSpeak sample was as follows:
- Weighted AAPOR RR3 Recruitment rate: 24.1%
- Weighted Household retention rate: 85.6%
- Survey completion rate: 26.2%
- Weighted AAPOR RR3 cumulative response rate: 5.4%
ANALYSES
Analyses presented in this report were weighted to provide state-representative prevalence estimates. Bivariate analyses were conducted to assess significant associations (at \( p<0.05 \)) between violence experiences and key demographics, when the sample size allowed. When an item was skipped, the observation was dropped from the corresponding analysis (e.g. treated as missing). The sample size for transgender & other gender identity respondents is \( n=12 \). As a result, we cannot accurately represent the experience of these populations. All findings are based on the responses of respondents identifying as male or female unless otherwise noted.

WHO PARTICIPATED THE SURVEY?
The Cal-VEX study was designed to be representative of the California population ages 18 years and older. The final sample included 2,115 respondents (cisgender female, \( n=1,150 \); cisgender male, \( n=953 \); transgender, \( n=12 \)). [We will use the term “female” for cisgender female and “male” for cisgender male.] To confirm that this sample is representative of the State of California general population ages 18 years and older, we compared the sample data against several key socio-demographic variables from California census data and projections. These are as follows:

- **Gender**: The respondents were 52% female, 48% male, and 0.4% transgender. Census data indicate that Californians are 50% female.\(^{17}\)

- **Race/Ethnicity**: Respondents were mostly non-Hispanic white (42%) or Hispanic/Latinx (33%); an additional 6% were non-Hispanic Black, 13% were non-Hispanic Asian, and 7% were other or multiple races. This is comparable to the California population as a whole, which is 37% non-Hispanic white, 39% Hispanic, 7% non-Hispanic Black, and 16% non-Hispanic Asian.\(^{17}\)

- **Education**: Most respondents had completed at least high school or a GED (86%), and one-third had a bachelor’s degree or higher (35%). Among Californian adults as a whole, an estimated 83% hold at least a high school degree or GED, and 33% have a bachelor’s degree or higher.\(^{17}\)

- **Employment**: Just over half of respondents (57%) were employed full or part time; California census data suggest 63% employment in 2019.\(^{17}\) Slightly lower employment in our sample could be attributable to increasing job loss as a consequence of the pandemic.

- **Income**: Median household income for respondents was $60,000-$75,000 [income was assessed categorically]; this aligns with California’s 2018 median household income of $71,228.\(^{17}\)

- **Age distribution**: The age distribution among respondents was: 11% were aged 18-24 years; 29% were aged 25-34 years; 19% were aged 35-44 years; 15% were aged 45-54 years; 16% were aged 55-64 years; and 18% were aged 65 years and older. This age distribution of respondents matches the California census age distribution.\(^{17}\)

- **Sexual identity**: 10% of respondents identified as lesbian, gay, bisexual, or other sexual identity. This is somewhat higher than estimates that suggest 5% of adult Californians identify as lesbian, gay, bisexual, or transgender.\(^{18}\)

- **Foreign-born and citizenship**: The majority of respondents were born in the U.S. (87%). This is higher than the state estimated 73% born in the U.S.\(^{10}\) Similarly, almost all respondents were U.S. citizens (97%), which is higher than census estimates which suggest 85% of adult Californians are citizens.\(^{17}\)

- **Disability**: A quarter of respondents (25%) reported some form of a disability. This proportion matches CDC estimates that suggest 23% of adult Californians have a disability.\(^{19}\)
As seen above, the study sample is generally representative of the adult California population with respect to gender, race/ethnicity, education level, employment status, income, age, and disability status. Our sample may slightly over-represent lesbian, gay, bisexual and other sexual minority individuals, and may slightly under-represent foreign-born individuals and non-citizen residents; however, these differences from state-wide figures are not substantial.

SURVEY FINDINGS

PHYSICAL VIOLENCE

Prevalence of physical violence ever

* Slightly less than half of all adults in California (44%) have experienced some form of physical violence in their lifetime.

- One in three (36%) have experienced physical abuse; one in nine (11%) have experienced threat or use of a knife against them, and one in eight (13%) have experienced threat or use of a gun against them.

- Males were slightly more likely than females to have experienced violence (47% vs. 41%), but twice as likely as females to have experienced violence with a knife (15% vs 7%) or gun (17% vs 9%).

Rates of physical violence differed by age, race/ethnicity, sexual orientation, disability status, history of homelessness, and history of incarceration:

- Age: People were asked about their experiences of physical violence ever, so one would expect older respondents to be more likely to report experiences than younger respondents. The youngest group (18-24) had the lowest rates of violence (38%), but it peaked with those aged 45-54 (52%), and then declined again for older adults (39%).

- Race/ethnicity: While there were differences in the overall rate of violence by race/ethnicity, there were no statistically significant differences in rates of physical abuse. However, in terms of weapons, Black individuals were more likely to experience threats with a weapon; 28% of Black adults have been threatened with a gun, compared with 11% and 14% of white and Latinx adults, respectively, and 2% of Asian adults. Black individuals were also more likely to
have experienced physical violence from police (10% vs. 2% of white and Latinx adults, respectively, and <1% of Asian adults).

- Sexual orientation: Straight respondents had lower rates of reported violence (42%) than gay and lesbian respondents (56%) and bisexual and other identity individuals (60%).
- Disability: Most respondents who reported a disability had experienced violence (61%), in contrast with 38% of respondents who did not report a disability. This disparity was held true in terms of victimization with a weapon as well, reported by approximately one in five individuals with a disability (knife: 20%, gun: 18%) and approximately one in ten respondents without a disability (knife: 8%, gun: 11%).
- History of homelessness: Three quarters of all respondents who had ever experienced homelessness had experienced physical violence (75%), while 39% of those who had never experienced homelessness reported violence. This disparity was seen across all forms of violence.
- History of incarceration: 68% of respondents who had ever been in prison or in jail for more than 48 hours had experienced physical violence, compared to 40% with no such history. Those with a history of incarceration were markedly more likely to report weapon related violence (30% vs 8% experienced knife violence, 32% vs 10% experienced gun violence).
- Income: There were no statistically significant differences in violence by income.
- Education: There were no statistically significant differences in violence by education.
- Employment: There were no statistically significant differences in violence by employment.
- Country of birth / nationality: There were no statistically significant differences in violence by national origin or U.S. citizenship.
- Region of the state: There were no statistically significant differences in violence by region.

Prevalence of physical violence in the past year

One in twenty adults (5%) have experienced physical violence within the past year; one in fifty (2%) were threatened with a knife, and one in 100 (1%) were threatened with a gun in the past year.

- Males were twice as likely as females to have experienced violence in the past year (6% vs 3%).
- As with lifespan rates, there were significant differences in past year physical violence by age, race/ethnicity, sexual orientation, disability status, history of homelessness, and history of incarceration. Education level was also associated with recent violence.
  - Age: Adults ages 25-34 were most likely to report past year violence (9%); this decreased steadily with age to <1% of those 65 and older reporting past year violence.
  - Race/ethnicity: Latinx and Black individuals were more likely to report past year violence (8% and 6%, respectively), relative to Asian and white individuals (both at 2%).
  - Sexual orientation: Bisexual or other sexual identity individuals were significantly more likely to report past year violence relative to straight, gay, and lesbian respondents (16% vs. 4% and 3%, respectively).
  - Disability: 14% of respondents with a disability reported past year violence, compared with only 1% of respondents without a disability.
  - History of homelessness: 18% of respondents who had experienced homelessness reported past year violence, compared to 2% of those who never experienced homelessness.
  - History of incarceration: 18% of respondents who had a history of incarceration reported past year violence, compared to 2% of those with no such history.
Education: Those respondents with less than a high school degree or GED were more likely to report past year violence (12%), relative to those with a high school degree (3%) or a bachelor’s degree (2%).

Age at victimization from physical violence
Around one in five California adults have experienced physical violence in childhood (18%), adolescence (18%), and young adulthood (20%). One in ten Californians have experienced physical violence as an adult (11%).

- Physical abuse was most common in childhood, and knife and gun violence was most common in young adulthood, for both females and males.
- Twice as many males reported violence in adolescence (24%) than females reported violence at this age (12%).
• The majority (64%) of those experiencing physical violence at some point in their life first experienced it in childhood or adolescence (54% of females, 74% of males).
• Though experience of physical violence was common, relatively few individuals experience violence consistently across the life course. Four percent of Californians experienced physical violence in childhood, adolescence, and young adulthood (3% of females, 6% of males).
• Those who experienced physical violence in childhood were more likely to report violence at later ages. Among respondents reporting childhood violence, 44% also experienced violence in adolescence, 33% in young adulthood, and 22% in adulthood.

**Locations of physical violence**

*Physical violence was experienced at a number of locations. Among females who have experienced violence, a home (their own or someone else’s) was the most commonly reported location of the abuse, while males who have experienced violence were most likely to report that violence had occurred in a public space. This was true for all forms of violence.*

![Location of Physical Violence Among Those Reporting Violence, Female](image1)

![Location of Physical Violence Among Those Reporting Violence, Male](image2)
Who perpetrated the reported physical violence?

Respondents reported that the physical violence they experienced was most often perpetrated by someone they knew (79%), including family, friends, romantic partners, known authority figures, or acquaintances. This held true for both females reporting a history of violence (87%) and males (71%).

- For females, a spouse or romantic partner was the most commonly reported perpetrator of physical violence (51% vs. 9% of males reporting this).
- For males, a stranger was the most commonly reported perpetrator of physical violence (48% vs. 22% of females reporting this). However, among victims of gun violence, strangers were the most common perpetrators for both males and females (reported 67% of males and 46% of females).

### Perpetrators of physical violence, among those reporting violence.

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th></th>
<th></th>
<th>Male</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any form of physical violence</td>
<td>Physical abuse</td>
<td>Threat with knife</td>
<td>Threat with gun</td>
<td>Any form of physical violence</td>
<td>Physical abuse</td>
</tr>
<tr>
<td>Adult Family Member</td>
<td>31%</td>
<td>35%</td>
<td>6%</td>
<td>4%</td>
<td>27%</td>
<td>34%</td>
</tr>
<tr>
<td>Family Member Under Age 18</td>
<td>10%</td>
<td>11%</td>
<td>7%</td>
<td>2%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td>51%</td>
<td>54%</td>
<td>45%</td>
<td>38%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Well-Known Unrelated Person</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>1%</td>
<td>32%</td>
<td>36%</td>
</tr>
<tr>
<td>Acquaintance or Community Member</td>
<td>10%</td>
<td>9%</td>
<td>11%</td>
<td>9%</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>Stranger</td>
<td>22%</td>
<td>12%</td>
<td>34%</td>
<td>46%</td>
<td>48%</td>
<td>33%</td>
</tr>
<tr>
<td>Teacher/Coach/Other Adult Authority Figure</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
<td>0%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Police</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Boss/Employer</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td>1%</td>
<td>3%</td>
<td>2%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

- In most cases (73%), victims of physical violence reported that the perpetrator was male (or all male if more than one perpetrator). This was true for both females (68%) and males (77%).
- Females were more likely than males to report that the perpetrator of physical violence against them was female (or all female), reported by 10% of females and 5% of males.
Consequences of physical violence

The majority of respondents reported negative consequences resulting from their experiences of violence, including mental health effects and life changes or disruptions to manage their risk for violence.

- About half of those who experienced physical violence (48%) reported feeling anxiety or depression as a result of the violence. This was the most common consequence of physical violence for both females (61%) and males (36%), with females more likely to report depression as a consequence. Females were also more likely than males to report considering suicide due to their experiences of violence (13% of females vs. 5% of males).
- For females, ending a relationship was also a commonly reported response to violence (43% of females vs. 15% of males), suggesting the major role of partners in violence against women.
- Females and males reported life disruptions due to violence: missing work or school (32% of females, 24% of males), changing their route or routine (26% of females, 29% of males), ending a social activity (17% of females, 13% of males), and relocating (17% of females, 7% of males).
- Few people who experienced physical violence filed an official complaint or report (20% of females, 14% of males).
We also asked respondents if they talked to anyone about their experiences of physical violence, and almost half (47% of females and 45% of males) told no one.

Prevalence of self-reported perpetration of physical violence

One in five adults in California (19%) have perpetrated some form of physical violence in their lifetime.

- One in six (16%) have perpetrated physical abuse, 3% have threatened or used a knife, and 2% have threatened or used a gun.
- More males reported perpetration of violence (26%) than did females (12%).

Those who had experienced violence were much more likely to report perpetration of violence. 35% of those who had experienced physical violence reported perpetration, compared to only 5% of those who had never experienced physical violence.

This relationship between victimization and perpetration was even more present in childhood victims of physical violence. 31% of females and 52% of males who experienced physical violence as a child reported perpetration of physical violence at some point in their life.
Victims of respondents’ perpetration of physical violence

Among those reporting physical violence perpetration, females were most likely to say that a spouse or romantic partner was the victim of their violence (38%), and secondarily a young family member (such as a sibling) (26%). Males were most likely to indicate that a well-known unrelated person (such as a friend) was the victim of their violence (41%), and secondarily, an unrelated acquaintance (33%).

- Females and males who perpetrated physical violence most often said their victim(s) was/were male (54% of females, 72% of males). Females were more likely than males to indicate that their victim was female (24% of females, 10% of males).

Consequences of perpetration of physical violence

Most people who reported perpetrating violence reported that nothing happened as a result (55%).

- The next most common consequence for both females (43%) and males (32%) was that they were confronted but no formal complaint was filed.
- Only 7% of females and 11% of males indicated that a formal complaint was filed, and 5% of females and 12% of males were arrested as a result of their physical violence perpetration.
SEXUAL VIOLENCE

Prevalence of sexual violence ever
Slightly less than half of all adults in California (44%) have experienced some form of sexual violence in their lifetime. More than half of females (58%) and a notable percent of males (28%) have experienced sexual violence.

- The most common form of sexual violence was verbal sexual harassment, experienced by 45% of females and 12% of males.
- Trans- or homophobic sexual harassment was experienced by 5% of females and 13% of males. It is the only form of sexual violence reported more frequently by males than females.
- Cyber sexual harassment was reported by 12% of females and 7% of males.
- Physically aggressive sexual harassment was reported by 26% of females and 8% of males.
- Quid pro quo sexual harassment was reported by 6% of females and 3% of males.
- One in six females (16%) and 3% of males have reported forced sex.

Rates of sexual violence differed by most demographic characteristics:
- Age: Respondents were asked about whether they had ever experienced sexual violence, Young adults (18 and 24 years) reported the highest rates of sexual violence ever (54%) and the oldest age group (65+) reported the lowest rates (34%). The largest difference in these age groups was seen in cyber sexual harassment (24% and 3%, respectively).
- Race/ethnicity: While there were no significant differences in the overall rate of sexual violence by race/ethnicity nor most forms of sexual harassment, there was a significant difference in prevalence of forced sex, with Asians less likely to report this than white, Black and Latinx respondents (2% vs. 11%, 12% and 10%, respectively).

1 These estimates may be affected by recall bias.
Sexual orientation: Straight respondents had lower reported sexual violence (41%) compared with gay and lesbian respondents (66%) and bisexual and other identity respondents (73%). This held true for sexual harassment and forced sex. Forced sex was reported by 21% of gay and lesbian respondents and 28% of bisexual or other respondents, compared with 9% of straight respondents.

Disability: Respondents with a disability were significantly more likely to have experienced sexual violence compared with those without a disability (59% vs. 38%), including physically aggressive sexual harassment (25% vs. 15%), quid pro quo sexual harassment or coercion (9% vs. 3%), and forced sex (16% vs. 8%).

History of homelessness: Respondents with a history of homelessness were more likely to have experienced sexual violence than those who had never experienced homelessness (62% vs 41%), including physically aggressive sexual harassment (27% vs 16%), and quid pro quo sexual harassment or coercion (12% vs 3%). One in five respondents with a history of homelessness had experienced forced sex, more than double the reported rate among those without a history of homelessness (20% vs 9%).

History of incarceration: There was not a statistically significant difference in overall sexual violence reported by history of incarceration. Those with a history of incarceration were more likely than those with no such history to report quid pro quo sexual harassment or coercion, however (10% vs 4%).

Income: There was not a statistically significant difference in overall sexual violence reported by income quintile, but there was a significant association between income and forced sex. Forced sex was reported by 15% of those in the lowest income quintile and by 7% of those in the highest income quintile (7%).

Education: Overall, there were not a statistically significant difference in any form of sexual violence by education level. By sub-type, trans- or homophobic sexual harassment was reported more frequently by those with higher education (13% among those with a graduate degree, compared to 7% of those with less than a HS diploma or GED). In contrast, cyber sexual harassment was reported most frequently by those with less than a HS diploma or GED (16%) and least frequently by those with a graduate degree (8%).

Employment: There was not a statistically significant difference in overall sexual violence reported by current employment status. Employed individuals were more likely to report cyber sexual harassment than those not currently employed (12% vs 7%), possibly because older adults are less vulnerable to this abuse and more likely to be retirees.

Country of birth / nationality: There were no statistically significant differences in violence reported by national origin or U.S. citizenship.

Region of the state: There were no statistically significant differences in overall sexual violence reported by region of the state, though those in the Bay Region were more likely to report trans- or homophobic sexual harassment (11%) than did other regions (3-9%).
Prevalence of sexual violence in the past year
Though smaller than lifetime rates, 10% of adults in California experienced some form of sexual violence within the past year. Though lifetime rates of sexual violence differed substantially by gender, past-year rates were quite similar between females (11%) and males (9%).

- Most of this past year sexual violence took the form of verbal sexual harassment (6% of all California adults), followed by cyber (3%) and trans- or homophobic (2%) sexual harassment.
- The differences in lifetime prevalence rates by socio-demographic characteristics examined above remained consistent with past year sexual violence experiences.

Prevalence of sexual violence among those who have experienced physical violence
Experiences of physical and sexual violence victimization are related. The majority (59%) of those who have experienced physical violence have also experienced sexual violence.

- 26% of respondents have experienced both physical and sexual violence in their lifetime.
- When each gender is examined separately, those who experienced physical violence were about twice as likely to report sexual violence than those with no physical violence experiences.

![Reported Lifetime Experiences of Sexual Violence, by Experiences of Physical Violence](image)

Prevalence of sexual or physical violence
Violence is widespread - most California adults (62%) have experienced physical or sexual violence in their lifetime.

- 67% of females and 56% of males reported experience of at least one form of physical or sexual violence in their lifetime.

Age at victimization from sexual violence
One in eight California adults experienced sexual violence in childhood (13%), one in four experienced it in adolescence (25%) and in young adulthood (25%), and 17% experienced it as an adult 25 or older.

- Females were more likely than males to have experienced sexual violence at every stage of life.
- For females, sexual violence was most common in young adulthood, though cyber sexual harassment was most common in adolescence.
- For males, sexual violence was most common in adolescence, though physically aggressive sexual harassment, quid pro quo harassment, and forced sex were all more common in young adulthood.
The majority (67%) of those experiencing sexual violence at some point in their life first experienced it in childhood or adolescence (68% of females, 67% of males).

Though experience of sexual violence was common, relatively few individuals experience violence consistently across the life course. Six percent of Californians experienced sexual violence in childhood, adolescence, and young adulthood (8% of females, 3% of males).

Those experiencing violence in childhood were more likely to report violence at later ages: 62% in adolescence, 55% in young adulthood, and 37% in adulthood.

The median age at which Californians first experienced any form of sexual violence was 14; 19% of females and 10% of males reported having experienced harassment or violence by age 13.
Locations of sexual violence

Sexual violence was experienced at a number of locations. Sexual harassment occurred predominantly in public spaces, and forced sex occurred primarily in home settings.

- For both females (58%) and males (46%), public spaces were the most common locations where sexual harassment was experienced. For males, a substantial amount of sexual harassment was experienced at school (46%); this was primarily trans- or homophobic sexual harassment. Notably, quid pro quo sexual harassment occurred primarily at work (32% of females and 56% of males reporting this form of harassment indicated work as the location).

- Among females and males who experienced forced sex, about half (54% of females, 48% of males) reported a home (either their own or someone else’s) as the location.
Perpetrators of sexual violence

Most sexual violence (81%) was perpetrated by someone known to the victim, including family, friends, romantic partners, known authority figures, or acquaintances. 79% of females and 87% of males who experienced some form of sexual violence reported that someone known to them had been the perpetrator.

- For females, a stranger was the most commonly reported perpetrator of sexual harassment (61%), and secondarily it was a well-known non-relative (40%) or an acquaintance or community member (37%). However, the perpetrator of forced sex was most often a spouse/partner (39%).
- Males were most likely to report that a well-known unrelated person was the perpetrator of harassment and forced sex (53%, and 39%, respectively), and secondarily, they reported an acquaintance or community member (40% and 26% respectively) or a stranger (36% and 18% respectively).

Perpetrators of sexual violence, as reported by survivors of violence

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any form of sexual harassment</td>
<td>Forced sex</td>
</tr>
<tr>
<td>Adult Family Member</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>Family Member Under Age 18</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td>14%</td>
<td>39%</td>
</tr>
<tr>
<td>Well-Known Unrelated Person</td>
<td>40%</td>
<td>27%</td>
</tr>
<tr>
<td>Acquaintance or Community Member</td>
<td>37%</td>
<td>18%</td>
</tr>
<tr>
<td>Stranger</td>
<td>61%</td>
<td>17%</td>
</tr>
<tr>
<td>Teacher/Cohach/ Other Adult Authority Figure</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Police</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>Boss/Employer</td>
<td>14%</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

- In most cases (77%), survivors of sexual violence report that the perpetrator was male (or all male if more than one perpetrator). This was true for both females (88%) and males (51%).
- Men were more likely to report that the perpetrator of violence against them was female (or all female if more than one perpetrator). 3% of females, compared to 17% of males, reported that the perpetrator(s) of violence against them was female.
- The remaining 9% of females and 32% of males reported that their perpetrators had been a mix of males and females.
Consequences of sexual violence

About half of those who experienced sexual violence (48%) reported feeling anxiety or depression as a result of the violence. This was the most common consequence of sexual violence for both females (52%) and males (38%).

- The next most common responses to sexual violence for females were changing a route or routine (35%) and ending a relationship (24%). For males, ending a relationship (22%) and missing work or school (22%) were the next most common consequences of violence.
- Men were more likely to report that there were no consequences of the violent experience (21% vs 17%).
- Very few people who experienced sexual violence filed an official complaint or report (10% of females, 4% of males).

We also asked respondents if they talked to anyone about their experiences of sexual violence, and the majority (63% of females and 61% of males) told no one.
Prevalence of perpetration of sexual violence

Around one in eight adults in California (13%) have perpetrated some form of sexual violence in their lifetime.

- Approximately one in 15 (7%) of females and nearly one in five (18%) males report that they have perpetrated sexual violence. Only 2% of males and 1% of females reported forcing sex.

- Those who had experienced violence were much more likely to report perpetration of violence. 23% of those who had experienced sexual violence reported perpetration, compared to only 5% who had never experienced sexual violence.

- This relationship between victimization and perpetration was even more present in childhood victims of sexual violence. 14% of females and 43% of males who experienced sexual violence as a child reported perpetration of sexual violence at some point in their life.


Victims of sexual violence perpetration

Those reporting that they had committed sexual violence were most likely to say that they committed this violence against a well-known person such as a friend (51% of males, 41% of females). Females next most often said they were a spouse or partner (38%), where men indicated they were an acquaintance (33%).

- Females were more likely than males to report perpetration of sexual violence against a male (or indicate all victims were male if more than one) (53% vs. 25%).

Consequences of perpetration of sexual violence perpetration

Most who reported perpetrating sexual violence indicated that there were no consequences (68%).

- 19% of females and 28% of males reported that they were confronted but no formal complaint was filed.
- Only 5% of females and 11% of males indicated that a formal complaint was filed, and 6% of females and 14% of males were arrested as a result of their sexual violence.
STUDY LIMITATIONS

1. **Sampling and generalizability:** Because of the relatively small sample size, some groups, like transgender individuals and Indigenous people, were too small in number to allow for findings specific to these populations. Also, this survey excluded people without mailing addresses, such as currently homeless individuals and institutionalized populations (e.g., in prison or jail, residential treatment). Finally, we may have under-representation of foreign born residents due to the availability of the survey only in English and Spanish, and because those without documentation and those who are migratory are less likely to be available to panel studies such as this one.

2. **Age exclusion of minors:** Due to the added expense and challenge of gaining parental consent for this topic, the sample is limited to those aged 18 and older. Assessments of child abuse are thus indicative of historic experiences and may not be reflective of current estimates of child abuse in California.

3. **Survey length:** To ensure response to the full survey and adherence to survey administration organization standards, the survey was limited to take approximately 15 minutes and is therefore rather short. Consequently, we are limited in the correlates of violence that can be explored, though we did include key demographics. We hope the information collected and presented here will be explored in greater detail in future surveys and research.

4. **Reliance on self-report measures:** Physical and sexual violence measures rely on retrospective self-reports by those who have experienced and committed violence. Self-reported data collection can generate underreporting if victims or perpetrators conceal victimization or perpetration, misunderstand questions, or forget about violent occurrences. We therefore are likely underestimating the actual rates of experiences of violence in the state.

5. **Challenges in measuring violence:** Prior research, including our own, has identified that inclusion of more items to assess experiences of violence elicits higher prevalence reports of violence experiences, because disclosure is more likely. Given the brevity of our survey, we had to limit the number of items included to assess each form of violence, likely yielding under-estimates. We know from our prior research on sexual violence that including a more comprehensive set of items results in a prevalence of approximately 86% among females, where we find this to be 58% in our study, with a more limited set of items. Under-reporting is likely an even greater concern when assessing perpetration behaviors, given both the greater social stigma and criminality of these behaviors. Lower rates of reported experiences of violence as compared to rates of committing violence against others are thus expected, but this differential may also support the conclusion that people who commit violence against others may have multiple victims.
CONCLUSION

As seen in the above results, physical and sexual violence across the lifespan is at epidemic proportions among California residents. We conclude with highlights of this work and their interconnection.

Experiences of Violence
The majority of Californians have experienced some form of violence in their lifetime (62%). Nearly half of California adults have experienced some form of physical (44%) or sexual (44%) violence in their lifetime, and 26% have experienced both. Those who had experienced physical violence were significantly more likely to have experienced sexual violence. There were notable gender differences in experiences of violence. **Males are more likely than females to have experienced physical violence (47% vs 41%), particularly in the form of threats with a weapon** (knife: 15% vs 7%; gun: 17% vs 9%). **Females were more likely than males to experience sexual violence** (58% vs. 28%) across most forms of sexual violence assessed, from verbal sexual harassment (45% vs. 12%) to forced sex (16% vs 4%). The only sexual violence more likely to be reported by males than females was in the form of trans- or homophobic sexual harassment (13% vs. 5%). These findings are consistent with crime data which also show these strong gender differences in types of violence experiences.

These experiences of violence often start early in life. The majority of participants with a history of having experienced physical violence reported first experiencing it in childhood or adolescence (64% of the total sample, 54% of females, 74% of males), and this same finding held true for those with a history of sexual violence, with the majority of these first experiencing sexual violence is childhood or adolescence (67% of the total sample, 68% of females, 67% of males). Almost one in five respondents reporting physical violence in childhood (18%) and one in eight reporting sexual violence in childhood (13%). However, while the prevalence of physical violence is steady across childhood, adolescence and young adulthood (ranging from 18-20%), the prevalence of sexual violence increases notably in adolescence (25%), and is maintained into young adulthood (25%). In fact, among those reporting sexual violence, the median age at first experience was 14 years in our study. Violence declines in adulthood. These findings reinforce our prior work that documents the disproportionate vulnerability children and adolescents face in terms of both physical and sexual violence. Sadly, our findings also demonstrate that such earlier in life violence is associated with greater risk for violence in adulthood, both for physical and sexual violence.

For both females and males, in cases of both physical violence and sexual violence, respondents most often knew those who were violent against them (79% of respondents reporting physical violence and 81% of respondents reporting sexual violence). However, gender differences were seen in the nature of the relationship between the respondent and those who were violent against them. **For females, perpetrators of physical violence and of forced sex were most often reported to be a spouse or romantic partner** (51% of those reporting physical violence, 39% of those reporting forced sex). Sexual harassment, in contrast, was mostly likely to have been committed by a stranger (61% of females report this). For males, perpetrators of physical violence were most often strangers (48%), where sexual violence – harassment and forced sex - was most often committed by a known person (53% and 39%, respectively). Interestingly, **both females and males were more likely to report male rather than female perpetrators.**
These findings highlight that females face greatest risk for severe violence in their relationships, where males experience violence more often outside of their romantic relationships and likely in more public spheres, given their risk for physical violence from strangers. Both females and males also reported an adult family member as a common perpetrator of physical violence (31% and 27%, respectively), likely indicative of cases of child abuse. In the context of the COVID-19 pandemic and increased social isolation, experiences of violence for males and sexual harassment for females may have declined, but family/partner violence may be rising, as suggested by other research.\textsuperscript{14,22}

**Social Inequalities in Experiences of Violence**

While findings from this work document that violence is at epidemic proportions for California as a whole, certain groups are more vulnerable to victimization from violence. Groups may differ based on the type of violence experienced, but generally, socially marginalized groups face greater violence.

**Race/Ethnicity and National Origin.** Racial/ethnic differences were not seen in terms of experiences of physical or sexual violence broadly, nor did we see differences by national origin or U.S. citizenship. However, with certain forms of violence there were significant and notable differences for Black relative to white, Latinx, and Asian respondents. Black respondents were more likely than other racial/ethnic groups to report having experience threats with a gun (28% vs. 11% of whites, 14% of Latinx, and 2% of Asians) and physical violence from police (10% vs. 2% of whites and Latinx, and <1% of Asians), forms of violence also more commonly reported by males than females.

**Socio-economic Factors.** We defined socioeconomic factors to include income, education, and employment; we saw no significant differences in these factors for physical violence, but did see associations with sexual violence. Those in the lowest income quintile relative to those in the highest income quintile were more likely to have experienced forced sex (15% vs. 7%). Those without a high school diploma or GED were more likely to have experienced cyber sexual harassment relative to those with a graduate degree (16% vs. 8%), as were those who were employed vs. unemployed (12% vs. 7%). In contrast, reports of trans- or homophobic sexual harassment were more likely among those with a graduate degree relative to those without a high school diploma or GED (13% vs. 7%). Further research is required to explore this disparity, where privilege is not protective.

**Sexual Identity.** Sexual minorities also faced disproportionate risk for most all forms of violence assessed, with bisexual and other identity respondents often indicating highest risk. Gay and lesbian respondents, and bisexual and other identity respondents, were significantly more likely to have experienced physical violence relative to straight respondents (56% and 60%, respectively, vs. 42%). Bisexual and other respondents were also more likely to have experienced threats with a gun, relative to gay and lesbian respondents and straight respondents (24% vs. 15% and 12%, respectively). Reports of sexual violence were also higher for those who identified as gay and lesbian, and bisexual or other, compared with those who identify as straight (66% and 73%, respectively, vs. 41%). This differential risk for sexual minorities held true for all forms of sexual violence assessed; forced sex was reported by 21% and 28% of gay and lesbian, and bisexual or other respondents, respectively, compared with 9% of straight respondents.

**Homelessness, Incarceration, and Disability.** The strongest demonstration of inequalities in violence was seen for those respondents contending with histories of social marginalization and increased risk for alienation - homelessness, incarceration, and living with a disability. For those with a history of
homelessness relative to those without this history, we saw higher prevalence of physical violence (75% vs 39%) and sexual violence (62% vs 41%), with a very marked association with forced sex (20% vs 9%).

Those with a history of incarceration, defined in this study as having been in prison or jail for a period more than 48 hours, were also more likely to report a history of physical violence as compared with those with no such history (68% vs 40%), especially in terms of weapon related violence (30% vs 8% experienced knife violence, 32% vs 10% experienced gun violence). While there was not a statistically significant difference in reports of sexual violence victimization based on incarceration history, those with such a history were significantly more likely to report experiences with quid pro quo sexual harassment or coercion (10% vs 4%). Importantly, homelessness and incarceration are highly intercorrelated and are more likely to be reported among racial/ethnic minority males, particularly Black males.23

People living with a disability were also at greater risk for physical violence, relative to those without a disability (61% vs. 38%), and this held true for weapon use as well (20% vs 8% experienced knife violence, 18% vs 11% experienced gun violence). Respondents with a disability were also significantly more likely to have experienced sexual violence compared with those without a disability (59% vs. 38%); particularly for cases of more severe forms of sexual violence - physically aggressive sexual harassment (25% vs. 15%), quid pro quo sexual harassment or coercion (9% vs. 3%), and forced sex (16% vs. 8%).

Impact of Violence on Victims
Most respondents reported negative effects from their experiences of violence, with the most commonly reported negative effect being depression and anxiety, reported by almost half of those victimized, and reported more by females than males (physical violence: 48%, 61% of females and 36% of males; sexual violence: 48%, 52% of females vs 38% of males). A small but notable proportion reported suicidality as a consequence of violence (physical violence: 13% of females, 5% of males; sexual violence: 7% of females, 5% of males). These findings are consistent with prior research on the mental health effects of victimization.24,25

Life disruption consequences of violence were also commonly reported and appear to be related to efforts to avoid or detach from the perpetrators of violence, though with some gender differences. Females more than males reported ending a romantic relationship as a consequence of physical violence (43% vs. 15%), likely due to their greater risk for violence from a partner. However, in the case of sexual violence, where males and females report romantic partners as perpetrators, both females and males fairly equally report ending a relationship as a consequence of sexual violence (24% and 22%, respectively). Other commonly reported negative life disruptions due to violence include missing work or school (physical violence: 32% of females, 24% of males; sexual violence 18% of females, 22% of males), changing their route or routine (physical violence: 26% of females, 29% of males; 35% of females, 18% of males), and ending a social activity or connection to a social group (physical violence: 17% of females, 13% of males; sexual violence: 13% of females, 11% of males). Some respondents also reported relocating their residence due to physical violence (17%) and leaving a job due to sexual violence, inclusive of harassment (13%). In contrast, a smaller percentage of abused individuals ever filed a formal complaint or report against the person who abused them (physical violence: 20% of females, 15% of males; sexual violence: 10% of females, 4% of males). Many tell no one, not even friends or family, about their violent experiences (physical violence: 47% of females, 45% of males; sexual violence: 63% of females, 61% of males).
An additional consequence of victimization from violence is subsequent perpetration of violence against others. While 19% of respondents reported committing physical violence (26% of males, 12% of females) and 13% sexual violence (18% of males, 7% of females), 35% of victims of physical violence (vs. 5% of non-victims) had perpetrated physical violence against some else, and 23% of victims of sexual violence (vs. 5% of non-victims) had perpetrated sexual violence against some else. The association between victimization and perpetration is even more pronounced when the victimization occurred in childhood. Among victims of child physical abuse, 51% of males and 31% of females had committed physical violence against others; among victims of child sexual abuse, 43% of males and 14% of females committed sexual violence against others. These findings reinforce that seen in past research regarding the intergenerational and cyclical effects of victimization on perpetration of violence, but may also highlight that contexts in which violence, including tolerance or norms of abuse, may be more common for those who experience abuse and thus increase risk for replication of abuses. Most people who reported perpetrating violence reported no consequences of their behavior, not even confrontation or accusation from the victim (55% in the case of physical violence, and 68% in the case of sexual violence).

While these findings offer important insight into the issues of violence across the lifespan as experienced by Californians, as well as the racial/ethnic and social disparities in these experiences, we would be remiss if we did not highlight that this work likely reflects under-reporting of experiences and inadequate inclusion of smaller and more difficult to reach populations, as is typical of large scale survey research. Prior assessments of sexual harassment with more comprehensive questionnaires yielded higher prevalence rates, particularly for women. Brevity of rapid surveys impedes such comprehensive assessment, particularly as we seek to collect diverse forms of violence across the lifespan. Simultaneously, we had inadequate numbers of key population groups that we would ideally like to have included in our prevalence statistics, including transgender individuals, American Indian/Indigenous people of California, and those individuals unable to speak English or Spanish. Larger representative surveys are insufficient to help reach these populations; more tailored and enhanced outreach for survey inclusion is needed. Related to language limitations, we may have had a more limited Asian population, and perhaps much under-representation of certain Asian subgroups less comfortable with or unable to speak English. This may have contributed to the notably lower rates of violence reported for Asians related to other racial/ethnic groups; there may also be differential stigma in disclosure for Asians that may also be an issue. Certainly, these factors must be considered in interpretation of study findings, but they are also a call for broader and more inclusive research that can expand beyond state representation and ensure oversampling and inclusion of groups vulnerable to violence less reflected in our current work.

Overall, these findings document that violence is an epidemic in California affecting all populations, typically first experienced earlier in childhood and adolescence, and most often at the hands of someone known to the victim (i.e., partner, family, or friend). The health, social, and economic impacts on victims are substantial, but rarely is there accountability or redressing in reported situations of violence.
IMPLICATIONS FOR PROGRAM AND POLICY

“There is no such thing as a single-issue struggle because we do not live single-issue lives.”

– Audre Lorde

A wide range of program and policy considerations are necessary for holistic violence prevention efforts. These must consider the complex interplay between individual, relationship, community, and societal factors. These must also draw upon the constellation of support systems available to Californians via: community-based interventions, family settings (Headstart, home visits), school-based interventions, health settings, and the legal and criminal justice system. We provide below priorities for program and policy action in the state of California as based on the Cal-VEX March 2020 survey findings.

Prioritize violence prevention efforts, with an emphasis on creating protective environments for children and adolescents. Childhood and adolescence are periods of high vulnerability for the occurrence of both physical and sexual violence. Recent social upheavals—including the COVID-19 pandemic, resulting school closures, high rates of unemployment, and the trauma of racially-motivated human rights abuses—may put children and adolescents at even greater risk for violence in households. Each type of violence represents a complex problem rooted in unhealthy relationships and environments.

Solutions require a range of prevention strategies—targeted not at just children and adolescents—but the people and contexts that shape their lives. The following strategies, when implemented together, will create protective and supportive environments for children and adolescents to prevent violence before it occurs. These include: strengthening economic supports and financial literacy to women and girls; increasing child care support to families; supporting and teaching parents/caregivers to build their skills to promote healthy child development and positive conflict management; changing social and gender norms in families and communities to address multigenerational acceptability of violence; working with health care providers on universal education of prevention responses that go beyond screening for signs of abuse; and strengthening violence prevention interventions with educators in school and higher education settings. Educational settings could also incorporate stronger and more specific internet safety curriculum in early adolescence, and work towards school policy change in reporting and disciplinary policies in order to prioritize and eradicate school-based harassment as a form of violence, especially harassment targeting sexual minorities and straight male youth who are targeted with homophobic slurs. These school policy efforts could be combined with built-environment/community policy changes, and youth or peer leadership programs for normative change.

Focus on gender-transformative approaches. Researchers outside the U.S. have demonstrated the value of gender transformative approaches for violence prevention and intervention. Gender transformative approaches are those that target and intervene upon traditional and restrictive gender norms that serve to reinforce gendered aspects of violence, such as notions of masculinity as dominant and aggressive and notions of femininity as submissive and reliant on male partners, which serve to reinforce male community violence engagement, female vulnerability to partner and sexual violence, and the acceptability of homophobic violence. While there have been calls to utilize this approach more in the U.S., such broader normative change efforts have received less attention both from research and
practice. A gender transformative approach will require careful consideration of the social processes that produce, position, and enforce differences and power hierarchies between females and males and among men and boys, while giving space for sexual and gender fluidity. Prevention efforts must also go beyond reducing risks for female victims, and to address the power dynamics at play in relationships, including the role of men in prevention efforts and the use of gender norms and gender role expectations to justify violence.

**Address stigma and norms related to low rates of help seeking.** There is a silent epidemic of limited support and accountability following a violent experience. Low help seeking occurs for many reasons—including language barriers or immigration status, lack of money or resources, and physical or emotional dependence on a violent person. At the heart of many other reasons are social norms and personal beliefs that stigmatize or blame survivors and normalize abusive relationships. Work to address the ways in which our policies, communities, families, and friends understand, treat, and address violence is greatly needed to comprehensively address the norms that stigmatize being a survivor of violence and to reduce the barriers to help-seeking.

**Expand support services—including mental health—for survivors.** Services for victims need to offer options beyond formal complaints to criminal justice authorities to include the social and emotional needs of survivors. Mental health services, especially in context of COVID-19 when risk of anxiety and depression may be greater than before, are greatly needed. Recognizing that the impact of violent experiences may echo through life well after the initial act, mental health services should be expanded to reach survivors throughout the life course. Social and health services should emphasize trauma-informed client interactions to consider how violence experiences and trauma may be at play among people they serve. This includes work with perpetrators’ needs, to include support for historic traumas they may have faced. We call for a transformative justice approach to support survivors and their needs of self-determination, and support people to fundamentally change their abusive behaviors.

**Carefully consider intersecting identities and prioritize wrap-around services.** An individual’s age, race, gender, ability, citizenship, and class status operate simultaneously to produce unique risks, needs, and sources of resiliency. Policies and programs must take into account the intersectionality of identity whereby certain sub-populations that are disproportionately affected by violence are also working against other social barriers to equity. For example, racial/ethnic minorities, in particular Black and American Indian identifying people, are disproportionately represented in rates of disability and homelessness relative to the total U.S. population. Individuals may therefore experience multiple barriers to addressing violence they experience in their lives, and adequate responses will require a range of flexible, person-oriented, community-based, and comprehensive wrap-around service delivery strategies to adequately meet their needs. In addition, systems integration—of housing services, case management, mental health outreach programs, unemployment, and other social services—will be required to better support these vulnerable populations holistically.
CAL-VEX RESEARCH TEAM
Anita Raj, PhD, MS (Principal Investigator)
Director, Center on Gender Equity and Health (GEH)
Tata Chancellor Professor of Medicine
Professor of Education, Division of Social Sciences
University of California San Diego (UCSD)

Kathryn M. Barker, ScD, MPH (Co-Investigator)
Postdoctoral Research Fellow, Center on Gender Equity and Health (GEH)
Department of Medicine, University of California San Diego (UCSD)

Nicole E. Johns, MPH (Data Analyst)
Research Data Analyst, Center on Gender Equity and Health (GEH)
Department of Medicine, University of California San Diego (UCSD)

Lilibeth Ramirez, BA, BS (Project Coordinator)
Project Coordinator, Center on Gender Equity and Health (GEH)
Department of Medicine, University of California San Diego (UCSD)

CAL-VEX ADVISORY COMMITTEE
Alejandra Aguilar, MA
Program Specialist, California Partnership to End Domestic Violence

Amy Bintliff, MEd, PhD
Assistant Teaching Professor, Department of Education Studies, University of California San Diego

Karuna S. Chibber, DrPH
Senior Consultant, John Snow Inc. (JSI)

Jasmine Hill, MS
Diversity & Inclusion Advocate, PledgeLA
PHD Candidate, Department of Sociology, Stanford University

Lisa James, MA
Director of Health, Health at Futures Without Violence

Cibonay Jimenez, MA
Capacity Building Program Coordinator, California Partnership to End Domestic Violence

Mimi Kim, PhD
Assistant Professor, School of Social Work, Cal State Long Beach

David S. Lee, MPH
Director, Prevention Services at Raliance /California Coalition Against Sexual Assault (CALCASA)

Kendall Stagg, JD
Director, Community Health at Kaiser Permanente

Mina White, MPH
Research Scientist, California Department of Public Health

Lindia Willies-Jacobo MD, FAAP
Associate Dean for Admissions; Professor, Kaiser Permanente Bernard J. Tyson School of Medicine
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Appendix A. Data Processing and Weighting Procedures

DATA PROCESSING
NORC prepared a fully labeled data file of respondent survey and demographic data. NORC applied the following cleaning rules to the survey data for quality control: respondents that finished the survey in less than a third of the median duration and/or skipped over fifty percent of the questions shown to them were removed from the data set.

WEIGHTING
NORC calculated panel weights for the completed AmeriSpeak Panel and nonprobability online interviews, as described below. First, we describe the calculation of the weights for the AmeriSpeak sample, and then describe the statistical corrections made to the non-probability sample via NORC’s TrueNorthTM calibration weighting service.

AmeriSpeak Sample
Generally speaking, the steps for calculating the weights for the AmeriSpeak Panel interviews involves the following sequential steps: incorporating the appropriate probability of selection, and then incorporating nonresponse and raking ratio adjustments (to population benchmarks). For the AmeriSpeak Panel interviews, study-specific base weights are derived from the final panel weight and the probability of selection from the panel under the study sample design. Since not all sampled panel members responded to the interview, an adjustment is needed to compensate for survey nonrespondents. This adjustment decreases potential nonresponse bias associated with sampled panel members who did not respond to the interview for the study. A weighting class approach is used to adjust the weights for survey respondents to represent non-respondents. At this stage of weighting, any extreme weights were trimmed using a power transformation to minimize the mean squared error, and then, weights were re-raked to the same population totals.

TrueNorth Calibration for Nonprobability Sample
In order to incorporate the nonprobability sample, NORC used TrueNorth calibration services, an innovative hybrid calibration approach developed at NORC based on small area estimation methods in order to explicitly account for potential bias associated with the nonprobability sample. The purpose of TrueNorth calibration is to adjust the weights for the nonprobability sample so as to bring weighted distributions of the nonprobability sample in line with the population distribution for characteristics.
correlated with the survey variables. Such calibration adjustments help to reduce potential bias, yielding more accurate population estimates.

The weighted AmeriSpeak sample and the TrueNorth calibrated nonprobability sample were used to develop a small area model to support domain-level estimates, where the domains were defined by race/ethnicity, age, and gender. The dependent variables for the models were key survey variables. The model included covariates, domain-level random effects, and sampling errors. The covariates were external data available from other national surveys such as health insurance, internet access, voting behavior, and housing type from the American Community Survey (ACS) or the Current Population Survey (CPS).

Finally, the combined AmeriSpeak and nonprobability sample weights were derived such that for the combined sample, the weighted estimate reproduced the small domain estimates (derived using the small area model) for key survey variables.

The study design effect was 1.96468, with a study margin of error of +/- 2.99%. Under TrueNorth, the margins of error were estimated from the root mean squared error associated with the small area model, along with other statistical adjustments. A TrueNorth estimate of margin of error is a measure of uncertainty that accounts for the variability associated with the probability sample as well as the potential bias associated with the nonprobability sample.
REFERENCES


2. SSH. Facts behind the #MeToo movement: A national study on sexual harassment and assault, 2018.


24. Kar H. Acknowledging the victim to perpetrator trajectory: Integrating a mental health focused trauma-based approach into global violence programs. Aggression and Violent Behavior 2018; 47.


