Adverse Childhood Experiences, Intimate Partner Violence, and Sexual Violence Among Persons Who May Be Alaska Mental Health Trust Beneficiaries: Findings from the Alaska Victimization Survey

The Alaska Victimization Survey (AVS) is a survey of non-institutionalized English-speaking women aged 18 or older. Statewide surveys were conducted in 2010, 2015, and 2020. For the first time, the 2020 AVS included measures of mental health that can be used to estimate the respondent’s possible Alaska Mental Health Trust beneficiary status.

The AVS found that possible Alaska Mental Health Trust beneficiaries were 1.4 to 2.4 times more likely to have experienced each adverse childhood experience (ACE), and were twice as likely to have had four or more ACEs compared to non-beneficiaries.

Compared to non-beneficiaries, possible Trust beneficiaries were 1.6 times more likely to report lifetime intimate partner violence (IPV), sexual violence (SV), or both. Possible Trust beneficiaries were 2.5 times more likely to have experienced IPV, SV, or both in the past year compared to non-beneficiaries.

November 17, 2021

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This report made possible with support from:
The Alaska Victimization Survey

The Alaska Victimization Survey (AVS) is a survey funded by the Council on Domestic Violence and Sexual Assault and conducted by the University of Alaska Anchorage Justice Center. The AVS is a telephone survey of English-speaking Alaska women aged 18 or older, and has measured statewide and regional intimate partner violence and sexual violence among Alaskan women in several past years.

Mental and behavioral health items were added to the AVS for the first time in 2020 and allow us to estimate the extent to which victims of intimate partner violence and sexual assault may have been Alaska Mental Health Trust beneficiaries. This report provides selected AVS findings by possible Trust beneficiary status. For more details on the 2020 AVS, see the, “2020 Statewide Alaska Victimization Survey Final Report.”

Nearly one-third of Alaska Victimization Survey respondents may be Alaska Mental Health Trust beneficiaries

Alaska Mental Health Trust beneficiaries are broadly defined as Alaskans with mental illness, developmental disabilities, chronic alcohol or drug addiction, Alzheimer’s disease and related dementia, and/or traumatic brain injuries. As part of a larger section on health issues more generally, AVS respondents were asked several items designed to indicate whether the respondent may be a Trust beneficiary.

AVS estimates found that nearly a third (30.5%) of Alaskan women may be Alaska Mental Health Trust beneficiaries. The AVS measures resulted in similar population-level estimates of the number of possible Trust beneficiaries in Alaska as other methods used to

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3 All percentages included in report are population estimates weighted for sample characteristics. For sampling and other methodology, see “2020 Statewide Alaska Victim Survey Final Report” at http://hdl.handle.net/11122/12259
estimate the number of Trust beneficiaries. For example, the *Alaska Mental Health Trust Authority Annual Report 2020* lists the approximate number the number of Trust beneficiaries.\(^4\)

Combining the Trust’s categories of *any mental illness, Alzheimer’s disease, traumatic brain injury, developmental disabilities, dependent on and abuse of alcohol (ages 18+), and dependent on abuse of illicit drugs (ages 18+)* results in an approximate count of 211,300 beneficiaries statewide, approximately 28% of the Alaska population.\(^5\)

While the items included on the AVS are not identical to the population-level estimates used in other surveys that the Trust uses to estimate beneficiary percentages based on Alaska’s population, the AVS items were designed, with input from Trust staff, as proxy measures of the same concepts. We therefore refer to respondents who had one or more of the mental health indicators listed in *Table 1* as *possible* Trust beneficiaries throughout this report.

*Table 1* shows the percentage of Alaskan women by mental health indicators used to define possible Trust beneficiary status for this report. *Table 1* also shows the impact of age on these indicators. The most reported mental health indicator was having needed mental health services or having been diagnosed with a mental illness in the past 12 months (19.4%). Nearly eight percent of women reported having memory loss or dementia (7.8%); a similar percentage reported having a traumatic brain injury (7.6%). Less than five percent reported having cognitive disabilities (4.3%), and less than three percent reported having recent alcohol or drug abuse (2.4%).

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Table 1. The percentage of Alaskan women by mental health indicator used to define possible Alaska Mental Health Trust beneficiary status and age group: Alaska Victimization Survey 2020

<table>
<thead>
<tr>
<th>Indicator</th>
<th>All Women (%)</th>
<th>Under 40 years (%)</th>
<th>40 years &amp; older (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needed mental health services or diagnosed in the past 12 months&lt;sup&gt;a&lt;/sup&gt;</td>
<td>19.4</td>
<td>29.4</td>
<td>12.5</td>
</tr>
<tr>
<td>Experienced memory loss in past 12 months or diagnosed with dementia&lt;sup&gt;b&lt;/sup&gt;</td>
<td>7.8</td>
<td>5.9</td>
<td>9.1</td>
</tr>
<tr>
<td>Experienced or diagnosed with a traumatic brain injury&lt;sup&gt;c&lt;/sup&gt;</td>
<td>7.6</td>
<td>6.7</td>
<td>8.2</td>
</tr>
<tr>
<td>Ever experienced or diagnosed with a cognitive disability&lt;sup&gt;d&lt;/sup&gt;</td>
<td>4.3</td>
<td>6.5</td>
<td>2.7</td>
</tr>
<tr>
<td>Needed services or diagnosed with alcohol/drug addiction in past 12 months&lt;sup&gt;e&lt;/sup&gt;</td>
<td>2.4</td>
<td>3.3</td>
<td>1.8</td>
</tr>
<tr>
<td>Any of the above mental health indicators</td>
<td>30.5</td>
<td>39.5</td>
<td>24.3</td>
</tr>
</tbody>
</table>

Notes
a. “During the past 12 months, have you needed mental health services or been diagnosed with a mental illness?”
b. “During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?” or “Have you ever experienced or been diagnosed with Alzheimer’s disease or a related dementia?”
c. “Have you experienced or been diagnosed with a traumatic or acquired brain injury?”
d. “Have you ever experienced or been diagnosed with an intellectual or developmental disability?”
e. “During the past 12 months, have you needed help or services related to your own alcohol or drug use?” or “During the past 12 months, have you experienced or been diagnosed with an alcohol or drug addiction?”
f. Differences in mental health by respondent age were significant at the 0.01 level of significance for all indicators except “memory loss or dementia” (p=0.402), and “traumatic brain injury” (p=0.340).

Younger women were generally more likely to be possible Trust beneficiaries than older women. Alaskan women under 40 years old were 1.6 times as likely to have at least one mental health indicator (39.5%) compared to women 40 years and older (24.3%). Women under 40 were also more likely to report cognitive disabilities, mental health concerns, and alcohol and/or drug abuse compared to women 40 years and older. Two indicators were more likely among older women. Memory loss and dementia was more common among women 40 years and older (9.1%) compared to women under 40 (5.9%). Traumatic brain injury was more common among women over 40 years old (8.2%) compared to women under 40 (6.7%).
Among women who responded in the affirmative to any one of the indicators described in Table 1, one in four reported having two or more mental health comorbidities (25.0%, not shown).

**Possible Trust beneficiaries were more likely to have had adverse childhood experiences**

Adverse childhood experiences (ACEs) are linked to an increased risk of chronic health problems, mental illness, and substance misuse in adulthood, as well as at least five of the top ten leading causes of death.\(^6\) Like prior work in Alaska and nationwide, a scale of eight ACE domains was used in the 2020 Alaska Victimization Survey.\(^7\) **Figure 1** shows the percentage of Alaskan women by each adverse childhood experience (ACE) and possible Alaska Mental Health Trust beneficiary status.

Women who may have been Trust beneficiaries were 1.4 to 2.4 times more likely to have reported each type of ACE. Verbal and emotional abuse was the most common type of ACE for both possible Trust beneficiaries (69.2%) and non-beneficiaries (49.3%). Women who may have been Trust beneficiaries were more than twice as likely to have experienced mental illness in the home (60.7%) compared to non-beneficiaries (27.9%). Being a possible Trust beneficiary also more than doubled the likelihood that a women had an incarcerated family member (18.7%) compared to non-beneficiaries (7.8%).

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\(^7\) This standardized scale of eight ACE domains was released by the CDC in 2009 as part of the Behavioral Risk Factor Surveillance System (BRFSS) survey and adopted by Alaska’s BRFSS starting in 2013. Center for Disease Control and Prevention, n.d.. *Case Study: Learning from Alaska’s Adverse Childhood Experiences (ACE) Story.* [https://www.cdc.gov/violenceprevention/pdf/ACE-Case-Study.pdf](https://www.cdc.gov/violenceprevention/pdf/ACE-Case-Study.pdf)
Figure 1. The percentage of Alaskan women by adverse childhood experience (ACEs) and possible Alaska Mental Health Trust beneficiary status: Alaska Victimization Survey 2020

Verbal/Emotional Abuse
Mental illness in home
Substance abuse in home
Separation or divorce
Sexual abuse
Physical abuse
Witnessed domestic violence
Incarcerated family member

Notes
a. For full survey text, see Table 2.
b. Possible Mental Health Trust beneficiary status is defined as a respondent who gave an affirmative response to one or more of the following mental health indicators: 1) Needed mental health services or diagnosed in the past 12 months, 2) Experienced memory loss in past 12 months or diagnosed with dementia, 3) Experienced or diagnosed with traumatic brain injury, 4) Experienced or diagnosed with a cognitive disability, and 5) Needed services or diagnosed with alcohol/drug addiction in past 12 months. For full description of mental health indicators in the AVS, see Table 1.
c. Differences in ACEs measures by respondent's possible beneficiary status were all significant at the 0.01 level of significance.

Consistent with prior state⁸ and national⁹ reporting, total number of ACEs (0-8) by respondents was coded into four categories: 0, 1, 2 to 3, and 4 or more ACEs.¹⁰ Figure 2 shows Alaskan women by total number of ACEs category and possible Alaska Mental Health

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¹⁰ The total number of ACEs, sometimes referred to as “total ACEs score” counts the number of standardized ACE domains, not questions. If a respondent affirmatively answered one or more questions with a domain, they were scored 1 for that domain. Total number of ACEs therefore ranges from 0-8 corresponding to each domain. For full survey adverse childhood experiences survey text by domain, see Table 1.
Trust beneficiary status. Women who were identified as possible Alaska Mental Health Trust beneficiaries were twice as likely to have 4 or more ACEs (53.4%) compared to non-beneficiaries (26.6%). Conversely, non-beneficiaries were nearly three times as likely to have experienced zero ACEs compared to possible Alaska Mental Health Trust beneficiaries (25.1% vs. 8.9%).

Figure 2. The percentage of Alaskan women by number of adverse childhood experiences (ACEs) category and possible Alaska Mental Health Trust beneficiary status: Alaska Victimization Survey 2020

Notes
a. The eight domains of adverse childhood experiences were measured with nine questions. For full survey text see Table 2.
b. Possible Mental Health Trust beneficiary status is defined as a respondent who gave an affirmative response to one or more of the following mental health indicators: 1) Needed mental health services or diagnosed in the past 12 months, 2) Experienced memory loss in past 12 months or diagnosed with dementia, 3) Experienced or diagnosed with traumatic brain injury, 4) Experienced or diagnosed with a cognitive disability, and 5) Needed services or diagnosed with alcohol/drug addiction in past 12 months. For full description of mental health indicators in the AVS, see Table 1.
c. Differences in the number of ACEs measures by respondent’s possible beneficiary status were all significant at the 0.01 level of significance.
Women identified as possible trust beneficiaries are more likely to experience intimate partner violence and sexual violence

The Alaska Victimization Survey (AVS) is primarily designed to provide point-prevalence estimates of both lifetime and past year victimization of Alaskan women.\textsuperscript{11} Victimization\textsuperscript{12} included intimate partner violence (IPV), defined as either threat of physical violence or physical violence, and sexual violence (SV), defined as either alcohol- or drug-involved sexual assault and forcible sexual assault.\textsuperscript{13} The 2020 AVS found that half of all Alaskan women have experienced intimate partner violence in their lifetimes (47.8%), and four in 10 have experienced sexual violence (40.3%). Nearly six in 10 Alaskan women have experienced IPV, SV, or both (57.6%).

\textbf{Figure 3} shows the percentage of Alaskan women who reported victimization in their lifetime by possible Alaska Mental Health Trust beneficiary status. More than three-quarters of women identified as possible Trust beneficiaries (77.0%) had experienced IPV, SV, or both during their lifetime. Possible trust beneficiaries were 1.6 times more likely to have experienced IPV, SV, or both compared to non-beneficiaries (49.0%). Women identified as possible Trust beneficiaries were 1.9 times more likely to have experienced sexual violence in their lifetime (59.3%) compared to non-beneficiaries (31.9%). Being a possible Trust beneficiary was associated with a 1.7 times greater likelihood of having experienced intimate partner violence (66.2%) compared to non-beneficiaries (39.8%).

\textsuperscript{11} Alaska Victimization Survey measures were adapted from the National Intimate Partner and Sexual Violence Survey (NISVS), for NISVIS details see: Center for Disease Control and Prevention. (2021). \textit{The National Intimate Partner and Sexual Violence Survey (NISVS)}. Retrieved September 14, 2021 from https://www.cdc.gov/violenceprevention/datasources/nisvs/index.html

\textsuperscript{12} Although many more types of victimization are present in the AVS, this definition of victimization was chosen in order to be comparable to previously published statewide and regional estimates of violence against women. See this online repository for these past estimates: https://scholarworks.alaska.edu/handle/11122/7782

\textsuperscript{13} The Alaska Victimization Survey uses eleven questions to measure intimate partner violence, ten questions to measure sexual violence, and an affirmative response from any of these combined twenty-one questions to measure “any violence”.

**Figure 3.** The percentage of Alaskan women by lifetime victimization and possible Alaska Mental Health Trust beneficiary status: Alaska Victimization Survey 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Possible Trust Beneficiaries</th>
<th>Non-Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime IPV, SV, or Both</td>
<td>49%</td>
<td>58%</td>
</tr>
<tr>
<td>Lifetime Intimate Partner Violence</td>
<td>40%</td>
<td>48%</td>
</tr>
<tr>
<td>Lifetime Sexual Violence</td>
<td>32%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Notes

a. Intimate partner violence (IPV) was measured by eleven measures of physical violence. For full survey text see Table 3.

b. Sexual violence (SV) was measured by ten measures of sexual violence. For full survey text see Table 4.

c. Possible Mental Health Trust beneficiary status is defined as a respondent who gave an affirmative response to one or more of the following mental health indicators: 1) Needed mental health services or diagnosed in the past 12 months, 2) Experienced memory loss in past 12 months or diagnosed with dementia, 3) Experienced or diagnosed with traumatic brain injury, 4) Experienced or diagnosed with a cognitive disability, and 5) Needed services or diagnosed with alcohol/drug addiction in past 12 months. For full description of mental health indicators in the AVS, see Table 1.

d. Differences in lifetime victimization measures by respondent’s possible beneficiary status were all significant at the 0.01 level of significance.

**Figure 4** shows the percentage of Alaskan women who reported past-year victimization by possible Alaska Mental Health Trust beneficiary status. In the past year, women identified as possible Trust beneficiaries were 2.5 times more likely to have experienced IPV, SV, or both (13.7%) compared to non-beneficiaries (5.6%), and to have experienced sexual violence (5.9%) compared to non-beneficiaries (2.3%). Possible Trust beneficiaries were also 2.6 times more likely to have experienced intimate partner violence (11.7%) compared to non-beneficiaries (4.7%).
Figure 4. The percentage Alaskan women by past year victimization and possible Alaska Mental Health Trust beneficiary status: Alaska Victimization Survey 2020

Notes
a. Intimate partner violence (IPV) was measured by eleven questions of physical violence. For full survey text see Table 3.
b. Sexual violence (SV) was measured by ten questions of sexual violence. For full survey text see Table 4.
c. Possible Mental Health Trust beneficiary status is defined as a respondent who gave an affirmative response to one or more of the following mental health indicators: 1) Needed mental health services or diagnosed in the past 12 months, 2) Experienced memory loss in past 12 months or diagnosed with dementia, 3) Experienced or diagnosed with traumatic brain injury, 4) Experienced or diagnosed with a cognitive disability, and 5) Needed services or diagnosed with alcohol/drug addiction in past 12 months. For full description of mental health indicators in the AVS, see Table 1.
d. Differences in past year victimization measures by respondent's possible beneficiary status were all significant at the 0.01 level of significance.

The difference between victimization reported by women who were identified as possible Alaska Mental Health Trust beneficiaries and non-beneficiaries was greater for all types of past year victimization compared to all types of lifetime victimization.

Half of women who experienced IPV, SV, or both were possible Trust beneficiaries

Figure 5 shows the percentage of women who experienced IPV, SV, or both in the 12 months prior to the survey who were possible Alaska Mental Health Trust beneficiaries. Half of all women who were victimized in the past 12 months were possible Trust beneficiaries (51.4%).
Figure 5. The percentage of women who experienced IPV, SV, or both in the past 12 months by possible Alaska Mental Health Trust beneficiary status: 2020 Alaska Victimization Survey

Summary

This report discussed selected findings from the Alaska Victimization Survey, which included items regarding mental health for the first time in 2020. As measured in this report, almost one-third of Alaska women were possible Alaska Mental Health Trust beneficiaries in 2020.

Possible Alaska Mental Health Trust beneficiaries were 1.4 to 2.4 times more likely to have experienced each type of adverse childhood experience, and possible beneficiaries were twice as likely to have experienced four or more adverse childhood experiences.
Possible Alaska Mental Health Trust beneficiaries were 1.6 times more likely to report any intimate partner violence (IPV), sexual violence (SV), or both in their lifetimes, as well as 2.5 times more likely to report IPV, SV, or both in the past year. Among women who experienced IPV, SV, or both in the 12 months prior to responding to the AVS, half were possible Trust beneficiaries.

All differences between women who were identified as possible Trust beneficiaries and non-beneficiaries are statistically significant at traditional thresholds at the bivariate level and all are substantively meaningful.
Works Cited


Survey Text

Table 2. Text used by interviewer in adverse childhood experiences (ACEs) section of the 2020 Alaska Victimization Survey

Introductory text from interviewer:
“I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age…”

<table>
<thead>
<tr>
<th>Domain</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal/Emotional Abuse</td>
<td>how often did a parent or adult in your home ever swear at you, insult you, or put you down? a</td>
</tr>
<tr>
<td>Mental Illness in home</td>
<td>did you live with anyone who was depressed, mentally ill, or suicidal? b</td>
</tr>
<tr>
<td>Substance abuse in home</td>
<td>did you live with anyone who was a problem drinker or alcoholic? b</td>
</tr>
<tr>
<td></td>
<td>did you live with anyone who used illegal street drugs or who abused prescription medications? b</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>how often did anyone at least 5 years older than you or an adult, ever touch you sexually, try to make you touch sexually, or force you to have sex? a</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say— a</td>
</tr>
<tr>
<td>Witness domestic violence</td>
<td>how often did a parent or adult in your home ever slap, hit, kick, punch or beat each other up? a</td>
</tr>
<tr>
<td>Incarcerated family member</td>
<td>did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? b</td>
</tr>
<tr>
<td>Verbal / Emotional Abuse</td>
<td>how often did a parent or adult in your home ever swear at you, insult you, or put you down? a</td>
</tr>
</tbody>
</table>

Notes

a. Items answers were measured as “1 Never”, “2 Once”, or “3 More than once”, “98 Don’t Know”, or “99 Refused answer”; response 1 was coded as not experiencing, responses 2 & 3 were coded as an affirmative yes, and responses 98 & 99 were coded as missing.
b. Item answers were measured as “1 Yes”, “2 No”, “98 Don’t Know”, or “99 Refused”.
c. An affirmative yes to any question within each ACE domain is shown in Figure 1.
d. The number of affirmative yes responses by ACEs domain is shown in Figure 2.
Table 3. Text used by interviewer in the intimate partner violence section of the 2020 Alaska Victimization Survey

Introductory text from interviewer:
“Now I’m going to ask you some questions about times when any romantic or sexual partner has physically hurt you. Remember that you can skip questions you don’t want to answer and you can stop at any time. Also remember that if you need to get off the phone for any reason, you can just say “Goodbye.” I will understand and I will not call you back.”

<table>
<thead>
<tr>
<th>Item</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>... made threats to physically harm you?</td>
</tr>
<tr>
<td>2</td>
<td>... slapped you?</td>
</tr>
<tr>
<td>3</td>
<td>... pushed or shoved you?</td>
</tr>
<tr>
<td>4</td>
<td>... hit you with a fist or something hard?</td>
</tr>
<tr>
<td>5</td>
<td>... kicked you?</td>
</tr>
<tr>
<td>6</td>
<td>... hurt you by pulling your hair?</td>
</tr>
<tr>
<td>7</td>
<td>... slammed you against something?</td>
</tr>
<tr>
<td>8</td>
<td>... tried to hurt you by choking or suffocating you?</td>
</tr>
<tr>
<td>9</td>
<td>... beaten you?</td>
</tr>
<tr>
<td>10</td>
<td>... burned you on purpose?</td>
</tr>
<tr>
<td>11</td>
<td>... used a knife or gun on you?</td>
</tr>
</tbody>
</table>

Notes
a. For each measure the surveying recorded the number of partners answered by the respondent.
b. If a respondent answered one or more partners to the “Ever” questions above, they were asked the same question again with the text “In the past 12 months, that is since [fill in date 12 months], ...”. For example, if a respondent answered one or more partners to item #1 above, they would be asked “In the past 12 months, that is since [fill date 12 months ago], how many of your romantic or sexual partners have made threats to physically harm you?”
c. A composite of all eleven measures of lifetime intimate partner violence was shown in Figure 3.
d. A composite of up to eleven measures of past year intimate partner violence was shown in Figure 4.
**Table 4. Text used by interviewer in the sexual violence section of the 2020 Alaska Victimization Survey**

Introductory text from interviewer:

“Women may experience unwanted and uninvited sexual situations by strangers or people they know well, such as a romantic or sexual partner, friend, teacher, coworker, supervisor, or family member. Your answers will help us learn how often these things happen. Some of the language we use is explicit, but it is important that I ask the questions this way so that you are clear about what I mean. The questions we ask are detailed and some people may find them upsetting. The information you are providing will be kept private. You can skip questions you don’t want to answer and you can stop at any time. Also remember that if you need to get off the phone for any reason, you can just say “Goodbye.” I will understand and I will not call you back… Sometimes sex happens when a person is unable to consent to it or stop it from happening because they were drunk, high, drugged, or passed out from alcohol, drugs, or medications. This can include times when they voluntarily consumed alcohol or drugs or they were given drugs or alcohol without their knowledge or consent. Please remember that even if someone uses alcohol or drugs, what happens to them is not their fault.”

<table>
<thead>
<tr>
<th>Item</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you were drunk, high, drugged, or passed out and unable to consent…</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>… how many people have ever had vaginal sex with you?</td>
</tr>
<tr>
<td>2</td>
<td>… how many people have ever made you receive anal sex?</td>
</tr>
<tr>
<td>3</td>
<td>… how many people have ever made you perform oral sex?</td>
</tr>
<tr>
<td>4</td>
<td>… how many people have ever made you receive oral sex?</td>
</tr>
<tr>
<td>How many people have ever used physical force or threats to physically harm you…</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>… to make you have vaginal sex?</td>
</tr>
<tr>
<td>6</td>
<td>… to make you receive anal sex?</td>
</tr>
<tr>
<td>7</td>
<td>… to make you perform oral sex?</td>
</tr>
<tr>
<td>8</td>
<td>… harm to make you receive oral sex?</td>
</tr>
<tr>
<td>9</td>
<td>… to put their fingers or an object in your vagina or anus?</td>
</tr>
<tr>
<td>10</td>
<td>… to TRY to have vaginal, oral, or anal sex with you, but sex did NOT happen?</td>
</tr>
</tbody>
</table>

**Notes**

a. For each measure the surveying recorded the number of partners answered by the respondent.
b. If a respondent answered one or more partners to the “Ever” questions above, they were asked the same question again with the text “In the past 12 months, that is since [fill in date 12 months], …”. For example, if a respondent answered one or more partners to item #1 above, they would be asked “In the past 12 months, that is since [fill date 12 months ago], how many people have exposed their sexual body parts to you, flashed you, or masturbated in front of you?”
c. A composite of all ten measures of lifetime sexual violence was used in Figure 3.
d. A composite of up to eleven measures of past year sexual violence was used in Figure 4.