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Exploring Potential Determinants of Sexual Victimization Disparities Among Young Sexual Minoritized People: A Mixed-Method Study

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Abstract

Young sexual minoritized people report elevated rates of sexual violence in comparison to their heterosexual peers. This health disparity is largest among lesbian and bisexual people, and in particular bisexual women. We know little about what drives this health disparity, which is critically necessary information for developing effective sexual violence interventions. Recently, sexual stigma has been identified as an important factor related to sexual victimization among sexual minoritized people. The current paper details a concurrent mixed-method study investigating what factors contribute to young lesbian and bisexual people's vulnerability for experiencing sexual violence, and in particular the similarities and differences between these two groups. We conducted a survey with 328 participants to investigate the quantitative relationships between sexual stigma and experience of sexual violence. A subset of 25 survey participants with a history of sexual victimization also engaged in qualitative interviews about their experience of violence. Primary quantitative findings indicate that sexual stigma significantly predicts a greater likelihood of reporting an experience of sexual violence among bisexual people, and to a lesser degree, lesbian people. Qualitative findings support the development of a theoretical model that describes how intersectional experiences of marginalization across individual, interpersonal, and societal levels interact to increase vulnerability for sexual violence.

Keywords

Sexual minority, bisexual, lesbian, sexual violence

Public Significance Statement

In this study, we found that sexual stigma, meaning the negative attitudes and discriminatory behaviors based on privileging heterosexuality, was significantly associated with a greater likelihood of experiencing sexual violence for young bisexual people. We also identified that the sexual identity-specific factors, like sexual stigma, interacted with general factors, like decreased access to resources, to increase participants' vulnerability for sexual violence. Taken together, we believe that attention to sexual stigma, and in particular how sexual stigma impacts other areas of sexual minoritized people's lives, is critical to developing effective sexual violence prevention efforts for sexual minoritized people.

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Exploring Potential Determinants of Sexual Victimization Disparities Among Young Sexual Minoritized People: A Mixed-Method Study

Sexual violence is a critical public health issue, both because of the violence itself as well as the negative impact it can have on the health of those who are subjected to it. The experience of sexual violence is not equally experienced across populations. Sexual minoritized people report higher rates compared to heterosexual people, and bisexual people report greater rates than gay/lesbian people (Chen et al., 2020; McCauley et al., 2019). While there is some research examining violence disparities between sexual minoritized and heterosexual people, little work has assessed disparities between gay/lesbian and bisexual individuals. Moreover, there is scant research examining sexual violence at the intersection of sexual minoritized and gender minoritized identities. Without understanding the source of disparities, we are less able to develop tailored sexual violence interventions, and thus unable to effectively address this significant health disparity. We aim to address this gap in knowledge through a concurrent mixed-method investigation of potential determinants of sexual victimization. Our focus within this work is on the experiences of young people (age 18-25) who self-identified under the umbrellas of bi+ (people who experience attraction to more than one gender) or lesbian women (cis and trans inclusive), or bi+ or lesbian people who identify with another trans or nonbinary gender.

Sexual Violence Disparities

Research has identified higher rates of victimization among sexual minoritized people compared to heterosexuals (Chen et al., 2020; Edwards et al., 2015; Hughes et al., 2010; Rothman et al., 2011). Bi+ people report higher rates of sexual violence compared to gay/lesbian people. These differences tend to be more substantial among women than men. Population data indicate 68.8% of bisexual women have experienced contact sexual violence in their lifetimes, which includes rape, sexual coercion, and non-penetrative sexual contact, compared to 46.3% of lesbian women and 36.0% of heterosexual women (Chen et al., 2020). Significantly, 46.1% of bisexual women reported a lifetime history of rape, compared to 24.7% of lesbian women and 18.7% of heterosexual women (Chen et al., 2020). Bisexual women report more severe or physically violent experiences of sexual violence, defined by the Sexual Experiences Survey-Short Form Victimization (SES-SFV; (Koss et al., 2007), than lesbian women (Hequembourg et al., 2013).

The above data are based on a binary gender categorization, though research indicates trans and nonbinary people are also more vulnerable for experiencing sexual violence than cisgender people. In the 2015 U.S. Transgender Survey, 47% of respondents reported being sexually assaulted in their lifetime, and rates were highest among nonbinary people who were assigned-female-at-birth (AFAB; 58%), and trans men (51%; James et al., 2016). Bi+ trans and nonbinary people may experience greater vulnerability for sexual victimization in contrast to bi+ cisgender women. In a recent study in which the majority of participants identified as bi+ and nonbinary, over 80% of the sample reported a history of sexual coercion or rape (Flanders et al., 2020).

Race and ethnicity are also important to consider in relation to sexual violence disparities. Based on the 2010 National Intimate Partner and Sexual Violence Survey, racialized (i.e., people who experience marginalization based on their race; (Bauer et al., 2020) women, especially multiracial and Indigenous women, experience greater vulnerability for rape (Black et al., 2011). Among trans men and nonbinary AFAB people in the 2015 U.S. Transgender Survey, Indigenous, Middle Eastern, Multiracial, and Black individuals reported elevated rates of sexual assault in comparison to the overall sample (James et al., 2016). As such, bi+ people who are also racialized may be more vulnerable for sexual violence compared to white bi+ people.

Finally, of bisexual women who have been raped, 91% reported being raped before age 25 (Walters et al., 2013). To prevent sexual violence, it is necessary to understand the ways in which young people of different identities experience violence. As outlined above, sexual violence is an intersectional issue. To make progress towards eliminating sexual violence for all people, our research approaches must adopt an intersectional perspective (McCauley et al., 2019).

Vulnerability Factors for Sexual Violence: Sexual Stigma

Little research has investigated what factors contribute to sexual violence disparities among young bi+ people. Young bi+ women and gender minoritized people may experience violence differently than their lesbian peers (Chen et al., 2020; Hequembourg et al., 2013; Walters et al., 2013). Among the small body of work that has focused on these factors, sexual stigma has been identified as a contributing factor. Sexual stigma is defined as the “socially shared knowledge about homosexuality’s devalued status relative to heterosexuality” (Herek, 2009, p. 67). In the context of bisexuality, sexual stigma also manifests as biphobia and monosexism (Ross et al., 2010). Flanders and colleagues (2017) reported that young bisexual women felt perpetrators of sexual violence used bisexual stereotypes, e.g., bisexual people are hypersexual, to justify acts of sexual violence. Martin-Storey and Fromme (2017) found that discrimination explained the association between bisexual identity and increased rates of dating violence among young adults, and Turell et al. (2018) identified that perpetrator-endorsed bi-negativity was a significant predictor of sexual victimization among bisexual people. Flanders and colleagues (2019) reported that among a sample of bi+ women, bisexual stigma was positively associated with increased reports of sexual violence. A mixed-method study of young bisexual people replicated these findings both qualitatively and quantitatively (Flanders et al., 2020). Further, both bisexual stigma and internalized heterosexism have been found to be associated with greater odds of experiencing verbal sexual coercion among bisexual women (Salim et al., 2020). These findings align with Johnson and Grove's (2017) theorization that hypersexualization and biphobic harassment are significant contributors to bisexual women’s increased victimization. Notably, these findings do not test whether sexual stigma provides an explanation for the differences in sexual violence rates between bi+ and lesbian people.

The Current Study

The current study is a mixed-method investigation of how sexual stigma may explain the increased vulnerability for sexual victimization among young women and gender minoritized people who identify as bi+ in comparison to lesbian people. The quantitative arm of the study aims to identify whether different types of sexual stigma predict differences in sexual violence histories between those who identify broadly as bi+ or lesbian. The qualitative arm aims to provide context of the sexual violence experiences among bi+ and lesbian participants, and to understand more about what factors individuals believe to be important regarding their own experiences.

Method

This project uses a cross-sectional concurrent mixed-method design. Participants first completed an online survey, and a subset were invited to partake in an interview. Ethical approval was provided at [MASKED FOR REVIEW].

Participants and Recruitment

Participants were recruited through the distribution of an online flyer via social media, including paid advertisement on Facebook. The flyer invited the participation of anyone who: 1) identified as lesbian, queer,

bisexual, pansexual, or as another sexual identity that included being attracted to women, 2) identified as a woman, or felt the label of “woman” described their experience, 3) were between the ages of 18-25, and 4) lived in the U.S. or Canada. The study was described as “investigating young sexual minority women’s experiences of identity and sexual encounters (including instances of sexual violence) as they relate to their overall sexual and mental health.” This description of eligibility criteria led to recruiting a sample with a richly diverse experience of gender. Henceforth, we describe the sample as including women and gender minoritized people to acknowledge the many gender identities of the participants and the increased sexual violence vulnerability trans and nonbinary people experience.

A total of 401 people completed at least one item on the eligibility screener; thirty-seven were excluded because they did not meet at least one of the eligibility criteria. A further 18 individuals elected not to complete the screener, and another 18 people completed the screener, were eligible, and elected not to move on to the full survey. A total of 328 people completed the online survey, age 18-25 ($M = 21.84$; $SD = 1.99$); 141 identified as bisexual, 120 as lesbian, 78 as pansexual, and 132 as queer. Sixty-six of participants identified as trans or nonbinary. A total of 221 identified as non-Hispanic white, 25 as Black, and 17 as Latinx. Twenty-eight identified as Multiracial. Nearly half (48.5%) reported that their annual family income was less than or equal to \$29,999; 44.4% of participants were the only individual supported by their family income, while 49.3% of participants’ family income supported 2-5 people. The largest proportion of participants lived in an urban area (38.4%), with 34.5% living in a suburban area, and 16.8% in a rural area.

If survey participants: 1) reported at least one instance of sexual violence as categorized by the sexual violence measure described below, and 2) gave their consent to be contacted for a follow-up interview, they were included in the pool of potential interview participants ($N = 92$). Forty-one were invited, and 25 completed an interview (bi+ = 15, lesbian = 10). We used purposeful sampling to prioritize the inclusion of racialized and trans or nonbinary participants (Palinkas et al., 2015). Demographic characteristics of the survey and interview participants are in Table 1.

Table 1. Distribution of Participant Demographics

	Overall (n=328)		Lesbian (n=109)		Bi+ (n=219)		Interview Participants (n=25)	
	n	%	n	%	n	%	n	%
Gender Identity								
Cisgender woman	207	65.7%	69	66.3%	138	65.4%	15	62.5%
Trans and/or non-binary	108	34.3%	35	33.7%	73	34.6%	9	37.5%
Race/Ethnicity								
Non-Hispanic white	219	67.0%	77	71.3%	142	64.8%	12	48.0%
Racialized	108	33.0%	31	28.7%	77	35.1%	13	52.0%
Relationship Status								
In a relationship	226	75.6%	78	79.6%	148	73.6%	15	60.0%
Single	73	24.4%	20	20.4%	53	26.4%	10	40.0%
Educational Attainment								
Has not completed college	197	62.4%	56	54.9%	141	66.0%	15	60.0%
Completed college	117	37.6%	46	45.1%	71	34.0%	10	40.0%

Materials

Quantitative Survey

Eligibility screener and demographic form. The eligibility screener assessed whether interested individuals met the four criteria listed above in the participant recruitment section. In assessing sexual identity eligibility, the screener also asked participants whether they identified broadly as “1) lesbian, and/or as attracted to only people the same gender as myself; 2) bisexual, pansexual, fluid, and/or as attracted to more than one gender; 3) straight, and/or as attracted to only people of a different gender from my own. Participants who affirmed option 3 were not eligible. Remaining participants were sorted into two categories (lesbian and bi+) based on whether they indicated option 1 or 2. For participants who met the eligibility criteria and completed the full survey, the demographic form asked participants to report in more detail their sexual, gender, and racial/ethnic identities; age; household income; and whether they lived in a rural, suburban, or urban area.

Sexual violence measure. We used a modified version of the Sexual Experiences Scale, Short Form Victimization (SES-SFV; Koss et al., 2007) to measure adult experience of sexual violence. We instructed participants to respond to the measure regarding anything they had experienced since the age of 18. This measure assesses three types of sexual violence, including unwanted sexual contact, verbal coercion, and rape. We utilized five behavior-specific questions to assess for these different types of sexual violence, and modified the language to be more appropriate for sexual and gender minoritized participants. For example, instead of asking participants whether “A man put his penis into my vagina, or someone inserted fingers or objects without my consent by...,” we asked, “Someone put their penis into my genitals or butt, or someone inserted fingers or objects without my consent by...” These modifications are consistent with recommendations for inclusive research practices (Hipp & Cook, 2017), and have been utilized in other recent research with young bisexual, trans, and nonbinary people (Anderson et al., 2019). Consistent with the ordinal scoring outlined by Koss and colleagues (2007), we created six categories to estimate reporting prevalence of types of sexual violence: non-victim, unwanted sexual contact, attempted coercion, coercion, attempted rape, and rape.

Stigma measures. We used the 17-item Anti-Bisexual Experiences Scale (Brewster & Moradi, 2010) to measure bisexual-specific stigma, modified to be appropriate for all included sexual identities, changing the language of “bisexual” to “sexual identity.” An example item includes: “People have treated me as if I am obsessed with sex because of my sexual identity.” Responses were on a Likert scale (0 = *never* to 5 = *all of the time*) for how they were treated by others (total score range: 0-85). The Cronbach’s alpha score for the modified scale was high for the entire sample ($\alpha = .942$), as well as for the bi+ ($\alpha = .954$) and lesbian ($\alpha = .903$) subsamples.

We used the 12-item LBQ Sexual Stigma Scale (Logie & Earnshaw, 2015) to measure more generalized sexual stigma (i.e., not bisexual-specific). This measure includes items such as, “How often have you had to pretend that you are straight in order to be accepted?” Participants responded on a 4-point Likert scale (0 = *never* to 3 = *many times*; total score range: 0-40). The Cronbach’s alpha for this measure was high among the full sample ($\alpha = .858$), as well as among the bi+ ($\alpha = .874$) and lesbian ($\alpha = .818$) subsamples.

Qualitative Interview

The qualitative interview guide included questions with associated prompts regarding participants’ sexual and gender identity, outness, experience of discrimination or stigma, sexual violence experiences, and thoughts on what factors relate to sexual violence vulnerability among sexual minority people. Example questions include: 1) Can you tell me about your worst sexual experience?, 2) Have you ever engaged in sexual activity that you did not want to have?, 3) Have you ever been sexually assaulted or raped?, and 4)

In your opinion, what factors make sexual minority women more vulnerable for sexual victimization? Given the semi-structured nature of the interviews, we adapted Question 4 to include the identity communities of the participant (e.g., sexual minority women and nonbinary people).

Procedure

Individuals who contacted the lead author were emailed a link to the survey. Everyone was first presented with the informed consent form. If respondents consented to participate, they were then routed to the eligibility screener. If they met the criteria, they were routed to the full survey. If respondents did not meet the criteria, they were routed to a disqualification page that explained their ineligibility. A total of 401 individuals completed some portion of the eligibility screening survey. At the end of the full survey, participants indicated whether they were willing to be contacted via email to participate in a follow-up interview. All interview participants received a second consent form to complete specific to participation in the interview. Interviews were conducted in person, over the phone, or by video conference, based on the participants' location and preference. All interviews were recorded and transcribed verbatim. Survey participants were offered a gift card of \$15, and interview participants were offered a gift card of \$30.

Data Analysis

Quantitative Data

The primary quantitative research question assessed the association between sexual stigma and type of sexual violence by sexual identity. We fit logistic regression models for each type of sexual violence and adjusted for covariates, including gender identity (trans or nonbinary vs. cisgender woman), relationship status (in one or more relationship(s) vs. single), race/ethnicity (racialized vs. non-Hispanic white), and educational attainment (had not completed college vs. completed college or more). Models were stratified based on sexual identity and predicted probabilities were estimated to examine the two stigma scales.

Qualitative Data

We utilized a modified constructivist grounded theory approach to analyze the qualitative data. Developed by Charmaz (2014), which recognizes that a researcher's positionality will contribute to data analysis, we constructed a theory through interacting with the data from our particular lens. The first author led a group of 4 undergraduate students trained in qualitative data analysis in the initial coding phase of the data. We each engaged in line-by-line coding of three transcripts to identify key words, phrases, and patterns that were important for each of the participants and their experiences of violence. We utilized the constant comparative method as we moved through these transcripts, continually comparing our notes across the transcript of one participant, across the transcripts of three participants, and across each of our own perspectives. This process enabled us to identify initial themes.

The lead author constructed a coding framework based on the initial coding process. This framework was reviewed, edited, and approved by the team of undergraduate students as well as last author, who participated in the qualitative data collection and served as an external reviewer of the framework. After this process, the lead author applied the coding framework to all of the transcripts, organizing the data based on the identified codes with NVivo 12.

After the focused coding stage, we entered the final phase of theoretical coding. The lead author conducted this process based on their notes from the prior phases, maintaining theoretical sensitivity of prior theoretical work that informed the development of the grounded theory. The last author then conducted a review of the theoretical model and provided suggestions for change based on her experience with the data collection and analysis. We believe theoretical saturation was reached during this stage, as the resulting

theory encapsulated the experiences of all participants, and we did not encounter new theoretical insights in reviewing the data.

Reflexivity

Given our constructivist approach to the qualitative analysis, we acknowledge that our own positionalities may have affected how we interacted with the data. The authorship team includes people who identify as Asian, Brown, and white; agender, butch, and cisgender women; bisexual, queer, and mostly heterosexual. Some of us are survivors of sexual violence. We are all trained as academic researchers in either the fields of Psychology or Public Health. We all have experience in conducting quantitative and qualitative health research with LGBTQ+ communities, including research in the area of sexual and reproductive health.

Results

Quantitative Data

Table 2 compares the distribution of type of sexual violence report by sexual identity, gender identity, and race/ethnicity. Compared to lesbian participants, significantly more bi+ participants reported experiencing all categories of sexual violence including, sexual contact (82.1% vs. 57.4%), attempted coercion (49.3% vs. 34.3%), coercion (53.5% vs. 31.1%), attempted rape (42.3% vs. 24.8%), and rape (51.1% vs. 33.0%). There were no statistically significant differences in reporting of type of sexual violence between cisgender and trans/nonbinary participants. A statistically significantly higher proportion of racialized participants reported experiencing sexual contact (83.3% vs. 69.6%), attempted coercion (54.2% vs. 39.6%), and coercion (57.9% vs. 40.4%) than non-Hispanic white participants. There were no statistically significant differences in attempted rape or rape by race/ethnicity.

Table 2. Distribution of Type of Sexual Violence Reported by Sexual Identity, Gender, and Race/Ethnicity

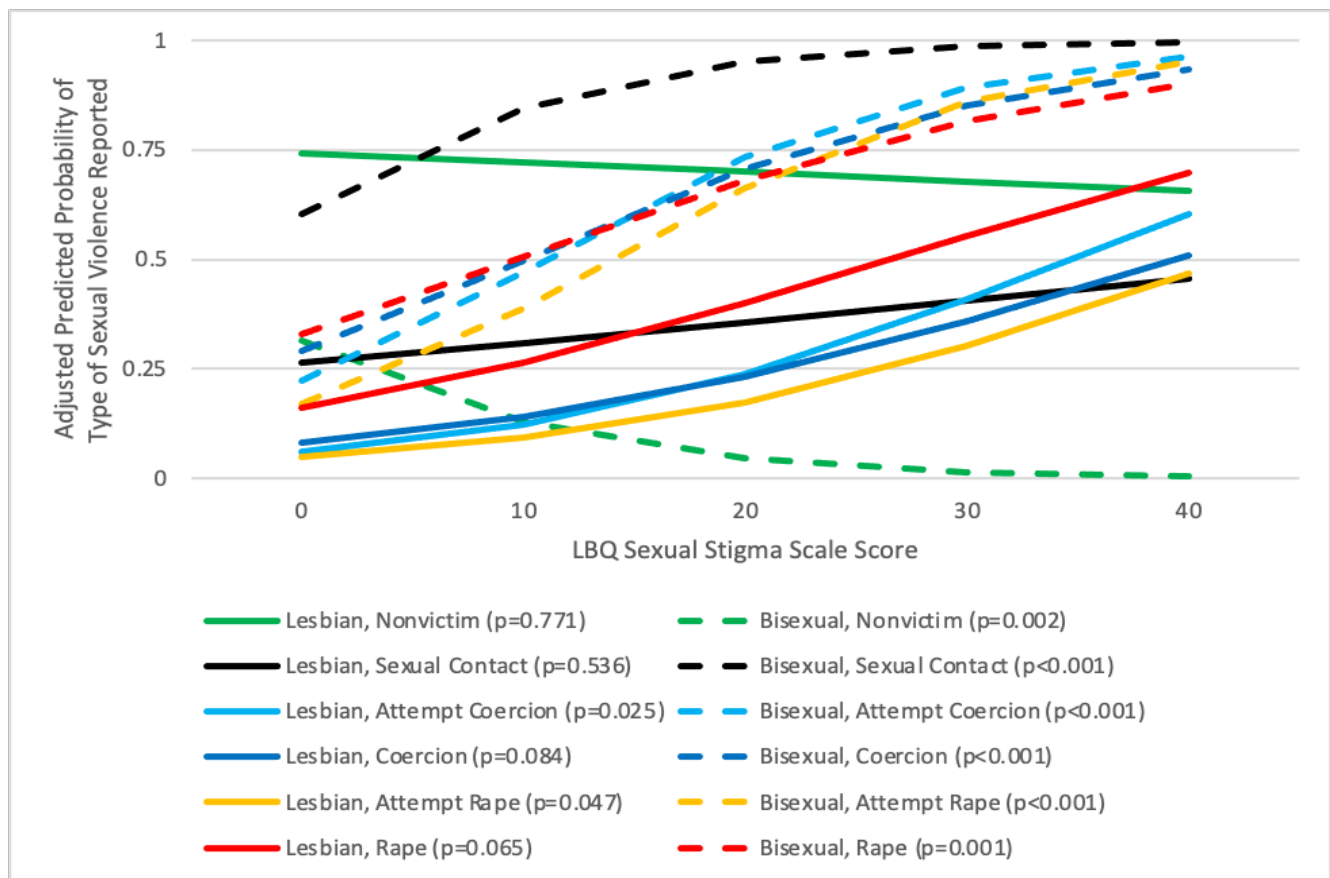
		Prevalence by Type of Sexual Violence ^a					
		Non-Victim	Sexual Contact	Attempted Coercion	Coercion	Attempted Rape	Rape
Sexual Identity							
	Lesbian	38.0%	57.4%	34.3%	31.1%	24.8%	33.0%
	Bi+	16.1%***	82.1%***	49.3%*	53.5%***	42.3%**	51.1%**
Gender Identity							
	Cisgender woman	22.8%	73.8%	44.7%	44.3%	35.3%	43.0%
	Trans and/or non-binary	23.4%	74.8%	41.5%	47.6%	37.7%	50.0%
Race/Ethnicity							
	Non-Hispanic white	26.7%	69.6%	39.6%	40.4%	33.2%	41.6%
	BIPOC	15.7%***	83.3%**	54.2%*	57.9%**	43.8%	52.8%

^a percentages can exceed 100% across the types of violence because respondents could have had more than one type of incident

* p<0.05; ** p<0.01; *** p<0.001

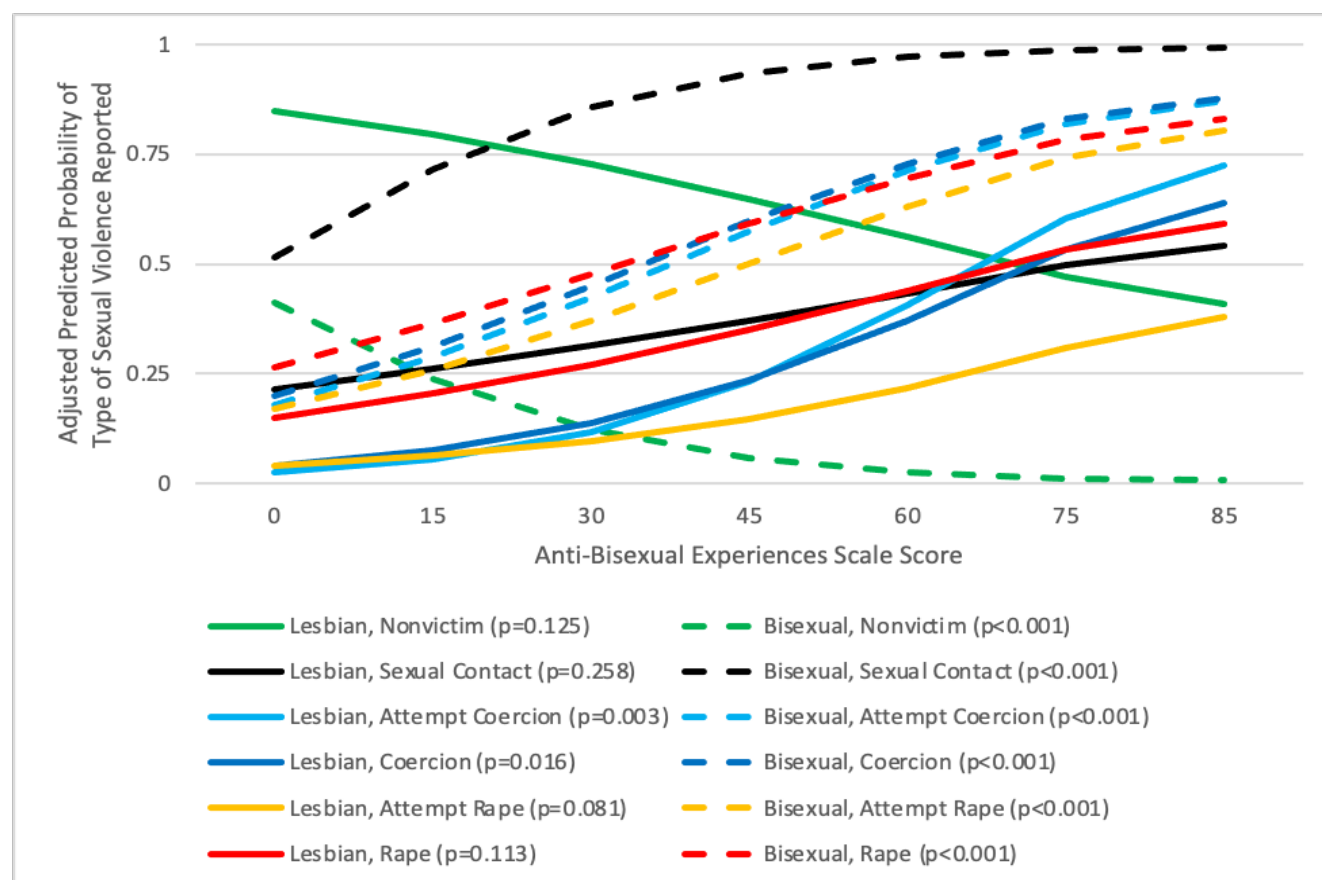
Predicted probabilities were estimated from logistic regression models that examined the association between each of the two stigma scales (LBQ Sexual Stigma Scale and Anti-Bisexual Experiences Scale; Figures 1 and 2, respectively) and each category of sexual violence. Among lesbians, higher stigma scale scores were statistically significantly associated with attempted coercion and coercion reports, but not with attempted rape or rape reports. Among bi+ participants, higher stigma scale scores were consistently associated with all categories of sexual violence.

Figure 1. Predicted probabilities from multivariable^a logistic regression models^b examining the association between LBQ Sexual Stigma Score and type of sexual violence reported, stratified by sexual identity



^a includes gender identity, relationship status, race/ethnicity, and educational attainment

Figure 2. Predicted probabilities from multivariable^a logistic regression models examining the association between Anti-Bisexual Experiences Scale Score and type of sexual violence reported, stratified by sexual identity



^a includes gender identity, relationship status, race/ethnicity, and educational attainment

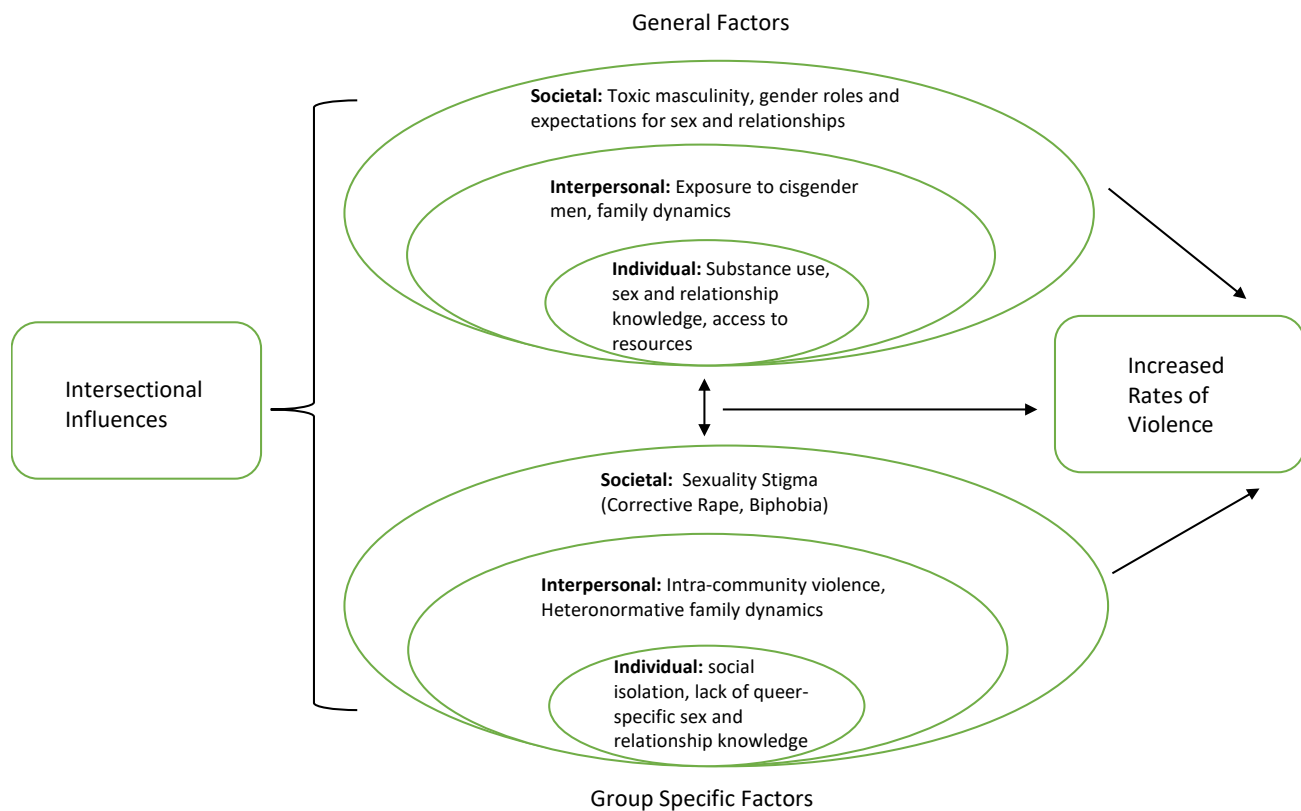
Qualitative Data

Theoretical Framework

We developed a theoretical model to describe a possible mechanism by which sexual and gender minoritized people with histories of sexual violence experience and perceive their vulnerability for sexual victimization. We propose an integrative grounded theoretical model that utilizes perspectives from 1) the minority stress psychological mediation framework (Hatzenbuehler, 2009), 2) the CDC's (Centers for Disease Control and Prevention) socioecological understanding of sexual violence (CDC, 2004), and 3) intersectionality theory (Crenshaw, 1989), see Figure 3.

We propose based on participants' qualitative responses, that they experience 1) general factors related to increased vulnerability for sexual victimization, and 2) factors that are specific to their sexual minority status, consistent with Hatzenbuehler (2009). These categories are interconnected; increased group-specific vulnerabilities exacerbate general vulnerabilities, and vice versa. For example, family-based sexual orientation discrimination is group specific, but can lead to an individual being kicked out of their home, resulting in a general vulnerability factor of experiencing housing instability.

Figure 3. Theoretical Framework for Understanding Sexual Violence Disparities Among Young Sexual Minoritized Women and Gender Minoritized People



Second, within these categories of general and group specific vulnerability factors, these factors occur at different socioecological levels: individual, interpersonal, and societal (aligned with CDC's socioecological model). Further, we view these levels as not discrete entities, but rather permeable levels that influence one another (Bronfenbrenner, 1979). For example, while some participants cite social isolation as a vulnerability, which is an individual-level factor, that isolation is in part caused by societal and interpersonal marginalization of their sexuality.

Third, general and group-specific factors are impacted by intersectional marginalization and support. Participants' sexual victimization experiences cannot be fully understood based solely on sexual identity, as race and racialization, gender and gender socialization, socioeconomic status, and many other aspects of identity are critical in how they experience not only sexual violence but the world at-large (Crenshaw, 1989). As such, a central component of our theoretical model is an intersectional perspective on how general and group specific vulnerability factors relate to one another, and ultimately to elevated rates of sexual victimization vulnerability among young sexual and gender minoritized people. In this paper, we focus on group-specific factors.

Gender-Specific Factors

Individual level. We identified two primary themes at the individual level: 1) social isolation based on marginalization, and 2) lack of personal knowledge and experience with queer-specific sex and relationships. Among participants, social isolation was described as a direct result of the marginalization of their sexual and/or gender identity, which they believe led to perpetrators of violence identifying them as an

easier target. For example, Participant 29 (bisexual/fluid/pansexual/queer, nonbinary, Latino/white) stated that they were “an easy target” because they were isolated as “that was the time period when [they were] trying to figure out gender stuff.” Similarly, Participant 75 (bisexual/pansexual/queer, agender/genderqueer/trans man, white) discussed that young sexual and gender minoritized people in particular were more vulnerable, especially for “violence within the same gender,” because of potentially being less out than older people due to “stigma and shame.” As such, they were more isolated and vulnerable: “Who are they gonna report to if they’re closeted and they don’t want to out themselves? I think that makes them prime targets in some ways.”

Participants also discussed their individual lack of access to queer-specific sex and relationship knowledge as a vulnerability factor. Heteronormative descriptions of sexual violence and the lack of recognition of sexual violence within women’s same-gender relationships were seen as an information barrier. Participant 18 (lesbian, cisgender woman, white) said that “young queer women are not made aware that you can also be taken advantage of by another woman... there’s a trope about what domestic abuse or what an inappropriate dynamic looks like within a heterosexual relationship, but there’s no kind of narrative within a queer relationship.” Further, Participant 155 (lesbian, nonbinary/woman, white) stated, in describing a personal encounter of sexual victimization with another queer person, that they did not expect a queer trans person to be able to assault them, and that “there’s less language to talk about that when it happens.” This is one point in which a societal level disparity (lack of queer sexual health and relationship information) is experienced at an individual level among participants.

Intersectional factors. Participants discussed ways in which their sexual and/or gender identity intersected with other historically marginalized identities in the context of sexual violence. We report this at the individual level, as intersectionality demonstrates how intersections of power and marginalization at the societal level can be understood in an individual context. Participant 101 (queer, woman, Latina), in recounting an experience of sexual assault, stated:

I think being a woman of Color in particular is a really strong intersection, because I know now that I’m raised to look at myself as less than in this dual way or this trifold way, if you think about being a queer woman of Color. I didn’t have great self-esteem because of racism, because of sexism. Those were things that I’ve dealt with throughout my life. And so I think all of that had a role in leading me to this moment where I felt like I couldn’t say no.

Interpersonal level. We identified two main themes at the interpersonal level: 1) intra-LGBTQ+ community violence, and 2) heteronormative family dynamics. Participants discussed that while queer community often felt safer, that was not always the case. Participants detailed how LGBTQ+ communities are often more justice-minded, which at times made it more difficult to identify violence because it was less expected in those spaces. Identification of violence was made further difficult because intra-LGBTQ+ community violence does not often fit the cis-heteronormative narratives around sexual violence. Participant 31 (queer lesbian, cisgender woman, Latina/white) described how there was “a lot more forgiveness around other lesbians or friends who are sexually aggressive.” She further detailed that the line of consent often feels blurrier, and that she has “a hard time identifying if something is crossing the line or not,” because she does not expect to experience violence from other lesbians. In discussing the difficulty of identifying violence, Participant 75 (bisexual/pansexual/queer, agender/genderqueer/trans man, white) stated:

Sometimes the things that make it trickier is because it [queer community] has a culture and a lot more left-leaning discussions that do focus more around consent and sexual health, sexual liberation. And I think it might give people more of a false sense of security and maybe less likely to spot red flags or

abusive power dynamics...I think people can get lulled into a false sense of safety within queer community, because it is typically safer – but not always.

Some participants also discussed one of the difficulties with intra-LGBTQ+ community violence is that it is often not discussed when it happens, which makes it more difficult to talk about among community members.

The other theme identified at the interpersonal level was heteronormative family dynamics. Some participants reported that they were pressured by their family members, either implicitly or explicitly, to date men. This led to an increased vulnerability for sexual victimization via being exposed more to men. Participant 31 (queer lesbian, cisgender woman, Latina/white) said that dating masculine-presenting people felt safer with her family, “and unfortunately there’s been a trend of physical violence in those relationships.” Some parents even went out of their way to facilitate dating men. Participant 676 (lesbian, woman, white) reported in her experience of dating an older person while in early high school, with whom she experienced violence, that her parents “drove me as a high school student to his college to go hang out with him in the dorm. Which they would not have done for my sisters, who as far as they know are straight.” Participant 676 described how her parents, in an effort to encourage her to date men, applied a different standard to what they deemed safe or appropriate behavior by driving her to an older person’s dorm room—an act they did not deem necessary for her heterosexual sisters.

Intersectional factors. At the interpersonal level, participants recounted experiences that could be understood through an intersectional lens. This included both intra-community discrimination with queer community as well as communities of Color, and familial or cultural expectations. Considering intra-community issues, Participant 657 (queer, cisgender woman, Japanese/Native Hawaiian, Pacific Islander/white) stated:

There’s a ton of anti-queerness in communities of Color, [and an] understanding that you need to deal with the problem yourself in your community...But this idea of taking something into your own hands, I feel like this is because of constant oppression. It’s something that communities of Color really have to deal with. The same ways they deal with violence – in-community violence. They’re not calling the police. I think that could be a factor.

Participant 657 argues that because institutions like police are not safe options for many communities of Color, and because of anti-queerness in some of these communities, queer people of Color may have fewer support resources and as such may be more vulnerable for experiencing violence.

For familial or cultural expectations, participants discussed how being queer was either difficult for their families, or something they felt they could not bring up with their families due to cultural expectations and their own safety. For instance, Participant 562 (lesbian, woman, Mexican/white) reported, “I think with different races comes a lot of different expectations. Being from a Mexican family, it was so hard to come out, so I totally think that’s one of the reasons why there isn’t a lot of people of Color within the queer community.” Similar to Participant 657, if racialized sexual and gender minoritized people have less access to support from both familial and LGBTQ+ community sources, it could potentially increase one’s vulnerability for exposure to violence.

Societal level. Some participants felt their sexual identity or other identities were related to their experiences of violence. All participants felt that there were ways in which sexual minoritized people were more vulnerable for victimization based on the marginalization of their sexual identity, even if that was not their own individual lived experience. As such, the primary theme we identified at the societal level is sexual stigma. We identified two sub themes: 1) corrective rape, and 2) biphobia.

Corrective rape, or rape that is perpetuated to “cure” queerness, was salient for many participants, either in their own lived experiences, experiences of their friends or members of their community, or as a threat hanging over them in their interactions with men. This was true for participants across the bi+ and lesbian identity groups. Many participants reported that they had been confronted by men questioning their sexual identity, based on the fact they had not had sex with that man yet. For instance, Participant 155 (lesbian, nonbinary/woman, white) shared:

I feel like the sexual violence that I’ve experienced from cis men has sometimes felt like this corrective thing of making me want something that I didn’t want or of making me desire them when I didn’t, or “You’re not really gay, you just haven’t seen my dick.”

Similarly, Participant 75 (bisexual/pansexual/queer, agender/genderqueer/trans man, white) reported, “Some people are about the corrective rape of like, ‘You’re not gay. Let me show you.’ Or that kind of idea of, ‘Oh, I’m gonna turn them [straight].’” We feel it is important to emphasize that, despite corrective rape typically being associated with lesbian people in the literature, bi+ participants also reported these experiences.

We identified various forms of biphobia as a risk factor, among both bisexual participants and lesbian participants who had identified as bisexual in the past, or who had been perceived as bisexual by others. Biphobic themes included hypersexualization, expectations that bi+ people need to “prove” their identity or engage in sexual behavior that fits some stereotypical notion of bisexuality, and the idea that bi+ people show no discrimination in sexual partner choices or want to have sex with everyone.

Considering hypersexualization, Participant 18 (lesbian, cisgender woman, white), who had previously identified as bisexual, stated that being bisexual “is definitely interpreted by men as you might be more sexually experimental or promiscuous...it’s like you’re interpreted as inviting sexual advances.” A number of participants linked the stereotype of hypersexuality to greater vulnerability for sexual victimization. For instance, Participant 562 (lesbian, woman, Mexican/white) stated, “he [a perpetrator] saw me being bisexual as also a synonym for being hypersexual. And so he pressured me, he wanted me to do camming and all these things...I don’t wanna use the word pimping out, but he wanted me to do sex work for profit for him.”

Others also stated that the pressure to prove one’s bisexual identity increased their vulnerability for violence. Participant 718 (bisexual, genderqueer/woman, white) said:

There is the mentality, sometimes, as a bi person that you’re not queer enough or you’re not straight enough...you have to prove yourself as a bi person. When it comes to the queer community, you might feel like to have to have an experience with a woman in order to be a valid bi person...that might allow you to end up in tricky situations where consent-, the lines are blurred or aren’t there at all.

This participant also went on to describe that for many bi people, you may be starting from a “core belief that you’re not enough,” which may lead to being targeted by manipulative people who could perpetrate violence.

Some participants also linked hypersexualization to the further stereotype that bi+ people must want to have sex with anyone, or are sexually indiscriminate. For example, Participant 666 (bisexual, woman, Indian) reported that, “we are seen as more promiscuous and it’s like, ‘oh if she’s promiscuous enough to want to have sex with women also, why wouldn’t she want to have sex with me?’” Participant 31 (queer lesbian, cisgender woman, Latina/white) similarly recounted an encounter in which a cisgender man, who

perceived her to be bisexual, was confused and angry as to why she was not sexually interested in him, even though she showed interest in women and transmasculine people.

Intersectional factors. At the societal level, participants discussed ways in which they perceived intersectional oppression was linked to increased vulnerability for sexual violence for people who embody multiple historically marginalized identities overall. Participant 101 (queer, woman, Latina), in discussion of how she was more vulnerable due to racism, sexism, and homophobia, stated:

There often isn't a very strong voice saying that that's bullshit, and that's putting the onus and the responsibility on society and oppression versus like, you mean less because you're a woman or because you're brown or because you are queer.

Similarly, Participant 44 (lesbian, cisgender woman, Chinese), in describing why they felt queer women of Color may be more vulnerable for violence, replied, "If they grew up with racism on top of feeling closeted or LGBT, and maybe they would feel less likely to feel like they could speak up, or that their opinion on what they wanted to do didn't really matter." As identified at the level of individual experience above, experiences of intersectional oppression may foster an environment in which young queer people of Color may feel like their desires or boundaries do not matter.

Discussion

Quantitatively, we found that bi+ participants reported more sexual violence compared to lesbian participants. For bi+ participants, sexual victimization was consistently predicted by sexual stigma; sexual stigma was often predictive of sexual victimization for lesbian participants but not as consistently. Racialized participants reported a greater proportion of specific types of sexual violence (sexual contact, attempted coercion, and coercion) than white participants. From the qualitative interview data, we developed a theoretical model reflecting the perceived determinants of sexual victimization. We proposed that the interrelationship between general and group-specific factors, including sexual stigma, lead to a greater burden of sexual violence vulnerability, and that these factors are significantly influenced by intersectional elements. Together, these data suggest that sexual stigma is a serious contributor to sexual violence rates among young lesbian and bi+ people.

Relationships between Sexual Identity, Stigma, and Sexual Violence

Qualitatively, we did not identify a substantial pattern of difference between participants based on sexual identity in terms of what experiences of violence looked like. Participants across both sexual identity categories were represented within each of the themes. We have some hypotheses regarding this lack of substantial differentiation, especially regarding the theme of societal biphobia. Participants reported perpetrators utilizing biphobic stereotypes as justification for committing acts of sexual violence, regardless of their sexual identity. Secondly, many of the participants who identified as lesbian at the time of the study previously identified as bisexual, and as such reported experiences of violence that they felt targeted their past bisexual identity. Our focus on working with younger people may have influenced our data, in that many of our participants had recently experienced this shift in identity (anecdotally, one participant redefined her identity from bisexual to lesbian on the day we met for her interview). Some participants who identified as lesbian also reported histories of dating men, and as such may not have been always perceived by others as lesbian.

Shifts in sexual identity and attraction are common; among women, Diamond (2016) has described these shifts as related to a fluidity of sexuality based on phenomena such as life stage and environmental factors. Among trans and nonbinary people, shifts in sexual identity labels relate not only to fluidity but

Table 3. General Factors for Sexual Violence Vulnerability	
Theme	Participant Quote
Individual Level	
Substance Use – Alcohol and drug use were tactics used by perpetrators, as well as factors that made it more complicated for participants to navigate sexual encounters and consent conversations.	[I set] clear boundaries early on before any substances happened, and then the person slowly pushing on those as we got drunker, and then eventually at a certain point, things happened that I didn't necessarily want to be happening, but I was drunk enough that I was like, "oh, I guess this is happening." – Participant 29 (bisexual/pansexual/fluid/queer, nonbinary, Latino/white)
Personal knowledge and experience with sex and relationships – Some participants felt that lack of knowledge and experience with sexual encounters or relationships impacted their ability to understand and navigate sexual encounters.	Any discomfort I had with any interactions, I just chalked it up to...it's because this is new. This is how things are supposed to be... I didn't question things as much because I was like, "this is how it's supposed to be." – Participant 674 (lesbian, cisgender woman, white)
Access to basic resources – Participants discussed their lack of access to basic resources, such as a livable income or stable housing, created an environment in which they were more vulnerable. This was expressed as their individual experience, but connected to systemic oppression.	I always stayed with older people, and I would say that there were a lot of experience of just...it was just more transactional than I was willing to admit at the time. And there were times when I really didn't want to have sex, or wasn't in a state to consent when I would do it anyway. And I think that was...just a routine. It wasn't even one experience. It was just how I was living for a stretch. – Participant 18 (lesbian, cisgender woman, white)
Interpersonal Level	
Exposure to cisgender men – Participants viewed dating or having other exposure to cisgender men as a risk factor. For many participants, this was also combined with the fact that many of the men they were involve with were older.	[In response to being asked what makes queer women more vulnerable for violence] Definitely cis men also. That's the number one thing. Those are the majority of the perpetrators. So the fact that I date cis men, and the fact that there are queer women who will date cis men, I think that's a part of it. – Participant 101 (queer, woman, Latina)
Family dynamics – Participants noted that having challenging relationships with their families of origin related to their relationship experiences later in life.	I'll take affection where I can get it. So that definitely has affected my own vulnerability...especially where I'm not getting support from my family, I'm going to go seek it elsewhere, and that can lead me to some dangerous places. – Participant 188 (lesbian/queer, genderfluid/woman, white)
Societal Level	
Toxic masculinity – Participants discussed how the culture of toxic masculinity increased their vulnerability for violence. Men are socialized to be more sexually and physically aggressive, and this led to violence for some participants.	It is the [fault of the] two guys' [perpetrators] that did that to me, but it's also not their fault. They feel entitled because of the way they were taught and the way they were looked at. They needed to have sex. They needed to pressure people into sex. It was high school. That's the way that they gain their masculinity in high school. – Participant 140 (bisexual/fluid/gay/queer, genderfluid/woman/femme, white)
Gender roles and expectations related to sex and relationships – Participants talked about different ways in which gender role socialization and sexual expectations related to violence, including feeling the need for men's approval, maintaining positive relationships at the expense of their own safety, and difficulty having others respect their boundaries.	I think that societal pressure of being raised to always want men's attention and to always strive for that... even though I have no interest in having sex with men or being with men, I still walk around and I still do things because I want men to accept me. – Participant 562 (lesbian, woman, Mexican/white)

also in negotiation with how sexual identity is often conceptualized based on cis- and heteronormative definitions, as well as based on a dynamic interplay between gender and sexual identity development (Galupo et al., 2016; Lindley et al., 2020). Further, sexual identity does not necessarily prescribe sexual attraction or behavior (Copen et al., 2016). Given the younger age of participants, shifts in identity, sexual histories inclusive of men, and perpetrator's lack of consideration for participants' actual sexual identities, lesbian participants were likely recipients of bisexual stigma. Bi+ participants may have been targeted with bisexual stigma for longer periods of time, or more consistently. The quantitative data supports this hypothesis, in that bi+ participants reported significantly higher scores than lesbian participants on the modified Anti-bisexual Experiences Scale ($M = 39.6, SD = 21.7$ vs. $M = 31.4, SD = 15.7$), though it should be noted that this measure was created for bi+ people, which may have impacted the scores. We believe that the similarity across participant sub-groups on the negative impact of societal biphobia is evidence that biphobia hurts *everyone*, and bi+ people to a greater degree. Further, bisexual participants reported being targeted for their attraction to women, such as threatened with corrective rape, which may have also increased the qualitative similarity in experiences across sexual identity.

Theoretical Model of Elevated Vulnerability for Violence

We developed a theoretical model reflecting the perceived determinants of sexual victimization among sexual minoritized women and gender minoritized people who had experienced violence, with a particular focus on bi+ people. As described in the results section, this model aligns with Hatzenbuehler's (2009) psychological mediation framework of minority stress, the CDC's ecological model of reducing sexual violence (CDC, 2004), intersectionality theory (Crenshaw, 1989), and other research on preventing sexual assault (Casey & Lindhorst, 2009), and addressing the negative health consequences of stigma (Cook et al., 2014).

Hatzenbuehler's (2009) model details that an excess burden of stress among sexual and gender minoritized people cannot only be understood based on factors related to marginalized identities, such as sexual stigma, but also factors that anyone, including sexual and gender minoritized people, can experience. Specifically, general population factors like coping processes and cognitive states mediate the relationship between stigma stressors and resulting experiences of mental health. The CDC's (2004) ecological model, utilized in other theoretical work outlining bi+ people's vulnerability for sexual violence (Johnson & Grove, 2017), proposes that sexual violence operates across multiple social ecological levels. This model describes how individual (e.g., history of abuse), relationship (e.g., peer group), community (e.g., neighborhood), and societal (e.g., economic policies) can increase one's likelihood of perpetuating or being targeted for sexual violence. Intersectionality theory, related to sexual violence research, describes how sexual violence is racialized, gendered, and sexualized in ways that differentially impact people who embody multiple historically marginalized identities (McCauley et al., 2019).

Our theoretical model adds to this past work in that it *combines* these perspectives to understand the problem of increased vulnerability for sexual violence among young sexual minoritized women and gender minoritized people. Our data support that the ecological levels are permeable, in that societal factors impact people at an individual level (e.g., sexual stigma and stereotypes are used by perpetrators to justify sexual violence). Importantly, the group-specific and general factors are interrelated synergistically, in that exposure to a factor in one set can exacerbate a factor in the other, leading to a heightened burden of vulnerability. For example, the group-specific factor of bisexual stigma could lead to the general factor of alcohol and substance use, as bisexual people may use substances as a coping mechanism and have been found to have elevated alcohol use in comparison to both heterosexual and lesbian women (Conron et al., 2010; Gonzales et al., 2016). Finally, the vulnerability factors are substantially impacted by intersectional factors, as race, ability, and socioeconomic status, are all intrinsically linked to sexuality and gender, and how

people's exposure to sexual violence is shaped. This intersectional reality is also partially supported by our quantitative data, which indicates racialized lesbian and bi+ participants reported heightened levels of sexual violence in comparison to their white counterparts.

Implications for Research and Practice

While general factors such as substance use or social isolation are important in reducing sexual violence disparities experienced by young sexual and gender minoritized people, these factors alone do not account for the elevated rates of violence. Group-specific factors, and in particular bisexual stigma, must be integrated into sexual violence prevention efforts. However, attending to only group-specific factors will not completely address this serious health disparity either. In order to develop effective prevention strategies, researchers must attend to both sets of factors and how they interrelate. Further, as stated by Bowleg (2012), intersectional research is imperative to actually understanding health disparities and how to address those disparities. McCauley et al. (2019) outline the importance of an intersectional focus within sexual violence prevention research, with pointed attention to how the absence of this perspective has contributed to a lack of violence reduction in the past 25 years.

Considering practice implications, mental health providers who integrate this nuanced understanding of vulnerability may be better equipped to serve their young sexual minority women and gender minority clients. This is of particular importance, given that bisexual women who have experienced sexual violence report more difficult recovery processes in comparison to heterosexual women, as do Black sexual minority women (Sigurvinsdottir & Ullman, 2015; 2016). Providers can deliver more comprehensive support when they understand the many ways in which socioecological factors, both general and specific to sexual and gender identity marginalization, can impact sexual victimization and recovery among young sexual minoritized women and gender minoritized people. We recommend providers use an LGBTQ+ affirmative model for providing treatment, such as the ESTEEM (Effective Skills to Empower Effective Men) model. Recent research suggests this model can comprehensively and flexibly address both emotional and physical health disparities experienced by LGBTQ+ people (not just sexual minoritized men, Pachankis et al., 2019). Considering the theoretical framework presented in this paper, the ESTEEM approach to treatment would affirm bi+ peoples' identity and experiences of stigma while providing psychoeducation on healthy queer and familial relationships and specific coping skills to decrease social isolation and substance use. Thus, this approach to treatment provides individual and interpersonal based skills to address group and intersectional challenges. Providing training in this model for health care providers could have the potential to reduce the likelihood of experiencing violence given the direct attention to group-specific vulnerability factors, as well as increase the potential of effective post-victimization support.

We also recommend that sexual violence prevention efforts are tailored to the experiences of sexual and gender minoritized people, with a particular emphasis on bi+ people. As an example of work in this area that is also consistent with the ESTEEM model, Johnson et al. (2021) utilized methods of feminist consciousness-raising and prosocial bystander intervention to adapt a rape prevention program to be effective and culturally appropriate for LGBTQ+ college students. This model integrated participant feedback regarding how factors such as power, discrimination, and rape myths specific to LGBTQ+ community, among other factors, to develop a prevention program responsive to LGBTQ+ student needs. We recommend that other sexual violence prevention work adopt this model and/or method of tailoring prevention programming to bi+ and other sexual and gender minoritized people's lives, with particular attention to the intersectional interrelationships between general and group-specific vulnerability factors.

Beyond individual mental health care and community education efforts, the social ecological element of our findings necessitates thinking about societal implications of this work. There are many directions that would support sexual and gender minoritized people and reduce our vulnerability for experiencing

violence. One example, stemming from suggestions of the participants in this study, is inclusive economic policy like basic income. This would reduce the reliance on housing from perpetrators of violence (Matjasko et al., 2013), particularly as bi+ people, sexual minoritized women, and gender minoritized people are more likely to have reduced access to economic resources (Gorman et al., 2015; Mizock & Hopwood, 2018; Ross et al., 2016), as pointed out by some of the participants in this study. Justice reform is another important societal issue, as many participants' discussed ways in which queer community, especially racialized members of queer community, did not feel safe accessing police as a resource related to sexual violence. Some advocacy groups and researchers have recommended shifting to a transformative justice model, which moves the responsibilities and parameters of dealing with justice violations from the state to the communities in which the violation occurs (McCauley et al., 2019). A transformative justice model that addressed sexual violence would need integrate issues like biphobia to be effective for the participants in this study.

Limitations and Future Research

Two major limitations of the current work are the use of convenience sampling and the cross-sectional nature of the design. For the former limitation, this means we likely do not have a representative sample of young sexual minoritized women and gender minoritized people, and as such there may be ways in which our conclusions are not generalizable to this population overall in the United States and Canada. We recommend that researchers, educators, and practitioners invest in understanding sexual violence in the contexts of their own communities to be best prepared to serve people who are marginalized on the basis of sexuality and gender within those communities. This aligns with the CDC's (2004) socioecological model of sexual violence, which emphasizes the importance of community factors in preventing violence. For the latter, this means we cannot determine the temporality of the relationships between exposure to vulnerability factors, such as sexual stigma, and experience of sexual victimization. As such, our theorized directionality of sexual stigma leading to increased vulnerability for sexual violence could be incorrect. Longitudinal research is necessary to understand the temporal links between these variables. Longitudinal research could also assess how fluidity in sexual identity may relate to experiences of sexual stigma and violence.

A third limitation is the adaptation of the Anti-bisexual Experiences Scale to be appropriate for use with non-bisexual participants; though statistically reliable, greater testing of this application would be beneficial. Mitchell et al. (2015) modified the ABES to explicitly name bisexual, pansexual, queer, and fluid identities in the question wordings, and found that bisexual participants reported a greater amount of discrimination from gay and lesbian people in comparison to the reports from pansexual, queer, and fluid people. It bears asking whether the participants in the current study would have responded to the measure differently if specific sexual identities were highlighted. Does asking about "your sexual identity" create a more individualist, embodied perspective? In other domains, researchers have found that women's individual denial of gender-based discrimination is associated with greater well-being (Napier et al., 2020). Would stating specific identities, as with Mitchell et al. (2015) lead participants to think about their own identity-specific community? In our qualitative interviews, some participants reported that while they did not feel sexual stigma affected their individual experience of violence, they did feel it impacted the experiences of their identity communities. Given this, it is possible participant responses might vary depending upon whether a more individual or community perspective is highlighted. A more nuanced understanding of how participants are reflecting upon these modified items would lead to a clearer picture of what aspects of sexual stigma relate most directly to sexual minoritized women and gender minoritized people's experiences of violence.

While our qualitative data provided for a more explicit focus on the experiences of gender minoritized and racialized people's experiences, greater diversity in gender, race, and ethnicity is necessary in future research to develop a deeper understanding of intersectional experiences of sexual violence. It is critical that future research in sexual violence continues to push for greater centering of communities of Color as well as gender minoritized people. As evidenced by the lack of positive change in sexual violence rates in recent history and elevated victimization rates among racialized and gender minoritized people, focusing research and resources on the experiences of predominantly white, middle class, heterosexual, cis-gender women is not effective in reducing sexual victimization (McCauley et al., 2019). Many of our interview participants spoke at length about how their intersectional identities affected their experiences of both stigma and violence, and as such, effective violence prevention programming must utilize an intersectional paradigm or risk continuing the stagnation of violence rates. Future violence research must include measures that address stigma *and support* based on gender, race and ethnicity, as well as intersectional discrimination to understand the ways in which experience of intersecting power and oppression impact sexual violence vulnerability among young queer and trans people.

We do not currently know what prevention strategies young sexual minoritized women and gender minoritized people would find acceptable, nor their effectiveness. To our knowledge, the acceptability of standard sexual violence interventions for bi+ people has not been assessed. An important area for future research could investigate how bi+ people would react to a program such as the Enhanced Assess, Acknowledge, Act program (EAAA: Senn et al., 2017). EAAA is one of the few (perhaps only) comprehensive risk reduction program's that actually decreases the risk of rape for women. Further, EAAA is continually under development to reach more communities; for example EAAA has been modified to address the needs of Indigenous people in New Zealand (Beres et al., 2019). Another approach to tailoring interventions to the needs of bi+ people is the consciousness-raising adaptation pioneered by Johnson et al., (2021). Finally, future research should quantitatively investigate the identified theoretical model of sexual violence vulnerability described above.

Conclusion

Sexual stigma, both bisexual stigma as well as heterosexism, is an important factor related to vulnerability for sexual violence among young lesbian and bi+ people, and the greater experience of bisexual stigma among bi+ people may account for the disparity between these two groups. Further, the interrelationship between general and group-specific vulnerability factors is critical to understanding how to address the elevated rates of sexual violence with sexual minoritized women and gender minoritized people. Future research and practice should include this focus in addressing sexual violence, and it is our hope that this paper provides some foundational insight for such work.




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