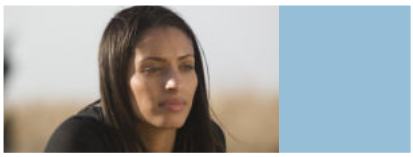
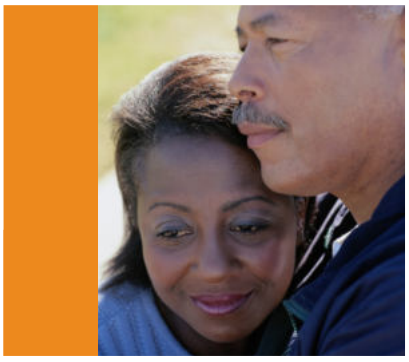


NISVS
The National Intimate Partner and Sexual Violence Survey



National Intimate Partner and Sexual Violence Survey

2010 Summary Report

National Center for Injury Prevention and Control
Division of Violence Prevention

DEPARTMENT OF HEALTH & HUMAN SERVICES USA
CDC

The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report is a publication of the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention
Thomas R. Frieden, MD, MPH, Director

National Center for Injury Prevention and Control
Linda C. Degutis, DrPH, MSN, Director

Division of Violence Prevention
Howard R. Spivak, MD, Director

Suggested Citation:
Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

The National Intimate Partner and Sexual Violence Survey:

2010 Summary Report

Michele C. Black, Kathleen C. Basile, Matthew J. Breiding, Sharon G. Smith
Mikel L. Walters, Melissa T. Merrick
Jieru Chen and Mark R. Stevens

November 2011

National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Atlanta, Georgia

TABLE OF CONTENTS

List of Tables and Figures iv
Contributors vi
Acknowledgments vii
Dedication viii
Executive Summary 1
Sections:

1. Background and Methods 5
What is the National Intimate Partner and Sexual Violence Survey? 7
How was the survey developed? 8
What does this report include? 9
Methods 9
Survey instrument 9
Survey administration 10
Interviewer recruitment, training and monitoring 11
IRB and OMB Approval 12
Data analysis 12
Data quality assurance 13

2. Sexual Violence Victimization 15
Prevalence of sexual violence victimization 18
Prevalence of rape and other sexual violence by race/ethnicity 20
Type of perpetrator in lifetime reports of sexual violence 21
Number of perpetrators in lifetime reports of sexual violence 23
Sex of perpetrator in lifetime reports of sexual violence 24
Age at the time of first completed rape victimization 25
Rape victimization as a minor and subsequent rape victimization 26

3. Stalking Victimization 27
Prevalence of stalking victimization 29
Prevalence of stalking victimization by race/ethnicity 31
Tactics used in lifetime reports of stalking victimization 31
Type of perpetrator in lifetime reports of stalking victimization 32
Number of perpetrators in lifetime reports of stalking victimization 33
Sex of perpetrator in lifetime reports of stalking victimization 33
Age at the time of first stalking victimization 34

4. Violence by an Intimate Partner 35
Prevalence of rape, physical violence, and/or stalking 39
Prevalence of rape, physical violence, and/or stalking by race/ethnicity 39
Overlap of rape, physical violence, and stalking 41
Prevalence of sexual violence 42
Prevalence of physical violence 43
Prevalence of stalking 44
Prevalence of psychological aggression 45
Prevalence of control of reproductive or sexual health 48
Victim-perpetrator relationship 48
Number of perpetrators in lifetime reports of intimate partner violence 48
Age at the time of first intimate partner violence 49

5. Impact of Intimate Partner Violence 51
Prevalence of rape, physical violence, and/or stalking with IPV-related impact 54
Distribution of IPV-related impacts among victims 56

6. Physical and Mental Health Outcomes by Victimization History 59

7. Sexual Violence, Stalking, and Intimate Partner Violence by State 65

8. Discussion 81
Highlights and Cross-Cutting Findings 83
Comparison of Prevalence Estimates to Previous National Studies 83
Limitations 85

9. Implications for Prevention 87
Implement Prevention Approaches 89
Ensure Appropriate Response 90
Hold Perpetrators Accountable 91
Support Efforts Based on Strong Research and Data 91
Conclusion 92

References 93

Appendix A: Expert Panel from the 2007 CDC Consultation on NISVS 99

Appendix B: Technical Note 100

Appendix C: Victimization Questions 106

TABLES AND FIGURES

Section 2 Sexual Violence Victimization. 15

Table 2.1 Lifetime and 12 month prevalence of sexual violence – U.S. Women 18
Table 2.2 Lifetime and 12 month prevalence of sexual violence – U.S. Men 19
Table 2.3 Lifetime prevalence of sexual violence by race/ethnicity – U.S. Women 20
Table 2.4 Lifetime prevalence of sexual violence by race/ethnicity – U.S. Men. 21
Table 2.5 Lifetime reports of sexual violence among female victims by type of perpetrator 22
Table 2.6 Lifetime reports of sexual violence among male victims by type of perpetrator 23

Figure 2.1 Lifetime number of perpetrators among female victims of sexual violence. 24
Figure 2.2 Age at time of first completed rape victimization in lifetime among female victims . . 25
Figure 2.3 Women raped as an adult by whether raped as a minor 26

Section 3 Stalking Victimization. 27

Table 3.1 Lifetime and 12 month prevalence of stalking victimization – U.S. Women and Men . . 30
Table 3.2 Lifetime prevalence of stalking victimization by race/ethnicity – U.S. Women 30
Table 3.3 Lifetime prevalence of stalking victimization by race/ethnicity – U.S. Men. 30

Figure 3.1 Lifetime reports of stalking among female victims by type of tactic experienced 31
Figure 3.2 Lifetime reports of stalking among male victims by type of tactic experienced 31
Figure 3.3 Lifetime reports of stalking among female victims by type of perpetrator. 32
Figure 3.4 Lifetime reports of stalking among male victims by type of perpetrator. 33
Figure 3.5 Lifetime number of perpetrators among female and male victims of stalking 33
Figure 3.6 Age at time of first stalking victimization in lifetime among female victims. 34
Figure 3.7 Age at time of first stalking victimization in lifetime among male victims 34

Section 4 Violence by an Intimate Partner 35

Table 4.1 Lifetime and 12 month prevalence of rape, physical violence, and/or stalking victimization by an intimate partner – U.S. Women 38
Table 4.2 Lifetime and 12 month prevalence of rape, physical violence, and/or stalking victimization by an intimate partner – U.S. Men 38
Table 4.3 Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner, by race/ethnicity – U.S. Women 40
Table 4.4 Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner, by race/ethnicity – U.S. Men 40
Table 4.5 Lifetime and 12 month prevalence of sexual violence by an intimate partner – U.S. Women 42
Table 4.6 Lifetime and 12 month prevalence of sexual violence by an intimate partner – U.S. Men 43
Table 4.7 Lifetime and 12 month prevalence of physical violence by an intimate partner – U.S. Women 44
Table 4.8 Lifetime and 12 month prevalence of physical violence by an intimate partner – U.S. Men 45
Table 4.9 Lifetime and 12 month prevalence of psychological aggression by an intimate partner – U.S. Women 46
Table 4.10 Lifetime and 12 month prevalence of psychological aggression by an intimate partner – U.S. Men 46

Figure 4.1 Overlap of lifetime intimate partner rape, stalking, and physical violence among female victims 41
Figure 4.2 Overlap of lifetime intimate partner rape, stalking, and physical violence among male victims 41
Figure 4.3 Lifetime reports of psychological aggression among female victims by type of behavior experienced 47
Figure 4.4 Lifetime reports of psychological aggression among male victims by type of behavior experienced 47
Figure 4.5 Age at time of first IPV experience among women who experienced rape, physical violence, and/or stalking by an intimate partner 49
Figure 4.6 Age at time of first IPV experience among men who experienced rape, physical violence, and/or stalking by an intimate partner 49

Section 5 Impact of Intimate Partner Violence 51
Table 5.1 Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner with IPV-related impact – U.S. Women 54
Table 5.2 Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner with IPV-related impact – U.S. Men 55
Figure 5.1 Distribution of IPV-related impacts among female victims of rape, physical violence, and/or stalking by an intimate partner 56
Figure 5.2 Distribution of IPV-related impacts among male victims of rape, physical violence, and/or stalking by an intimate partner 57

Section 6 Physical and Mental Health Outcomes by Victimization History .. 59
Table 6.1 Prevalence of physical and mental health outcomes among those with and without a history of rape or stalking by any perpetrator or physical violence by an intimate partner – U.S. Women 62
Table 6.2 Prevalence of physical and mental health outcomes among those with and without a history of rape or stalking by any perpetrator or physical violence by an intimate partner – U.S. Men 63

Section 7 Sexual Violence, Stalking, and Intimate Partner Violence by State .. 65
Table 7.1 Lifetime prevalence of sexual violence by any perpetrator by state of residence – U.S. Women 68
Table 7.2 Lifetime prevalence of sexual violence other than rape by any perpetrator by state of residence – U.S. Men 70
Table 7.3 Lifetime prevalence of stalking victimization by any perpetrator by state of residence – U.S. Women 72
Table 7.4 Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner by state of residence – U.S. Women 74
Table 7.5 Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner by state of residence – U.S. Men 76
Table 7.6 Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner with IPV-related impact by state of residence – U.S. Women ..78

Appendix B Technical Note 100
Table B.1 Demographic characteristics of the NISVS sample and the U.S. population 102

Contributors

Division of Violence Prevention, CDC

Linda L. Dahlberg, Associate Director for Science

E. Lynn Jenkins, Chief, Etiology and Surveillance Branch

Thomas R. Simon, Deputy Associate Director for Science

Debra Karch, Surveillance Team Lead, Etiology and Surveillance Branch

Nimesh Patel, Information Technology Specialist, Etiology and Surveillance Branch

James A. Mercy, Special Advisor for Global Activities

National Institute of Justice

Bernard Auchter, Senior Social Science Analyst, Office of Research and Evaluation

Angela Moore, Division Director, Office of Research and Evaluation

Christine Crossland, Senior Social Science Analyst, Office of Research and Evaluation

Research Triangle Institute, International

Lisa Carley-Baxter, Project Director

Susan Rooker, Associate Project Director

Christopher Krebs, Instrumentation Lead

Andy Petychev, Lead Statistician

Steven Thomas, Analyst

Lilia Filippenko, Programming Lead

Niki Mayo, Survey Specialist

Rodney Baxter, Analyst

Angela Pitts, Analyst

Acknowledgments

We would like to acknowledge the following individuals who contributed in many ways to the development and support of the National Intimate Partner and Sexual Violence Survey. We give special thanks to: Barbara Bibb, Marie Boyle, Margaret Brome, Tessa Burton, Cecilia Casanueva, Michele Decker, Sarah DeGue, Faye Floyd, Cathy Flynn, Jennifer Giroux, W. Rodney Hammond, Diane Hall, Annie Howerton, Lisa James, Wanda Jones, Mary Louise Kelley, Alida Knuth, Karol Krotki, Karen Lang, Dakisha Locklear, David Lloyd, Shannon Lynberg, Joyce McCurdy, Anne Menard, Jennifer Middlebrooks, Elizabeth Miller, TJ Nesius, Phyllis Niolon, Paula Orlosky, Brandy Airall Perry, Ashley Richards, David Roe, Jay Silverman, Jocelyn Wheaton, Renee Wright and the many telephone interviewers and their supervisors at RTI who supported this effort throughout the 2010 data collection.

We would also like to acknowledge and extend our gratitude to the National Institute of Justice and the Department of Defense Family Advocacy Program for their collaboration and financial support for the 2010 data collection.

Dedication

We dedicate this report to the memory of Linda E. Saltzman, PhD, who was a pioneer in improving the consistency of definitions and measurement of intimate partner violence, sexual violence, and stalking. Linda laid the groundwork for this report as the lead scientist who was involved in the early stages of the National Intimate Partner and Sexual Violence Survey. Her early leadership has made the survey and this report possible.

EXECUTIVE SUMMARY

Sexual violence, stalking, and intimate partner violence are major public health problems in the United States. Many survivors of these forms of violence can experience physical injury, mental health consequences such as depression, anxiety, low self-esteem, and suicide attempts, and other health consequences such as gastrointestinal disorders, substance abuse, sexually transmitted diseases, and gynecological or pregnancy complications. These consequences can lead to hospitalization, disability, or death.

Our understanding of these forms of violence has grown substantially over the years. However, timely, ongoing, and comparable national and state-level data are lacking. Less is also known about how these forms of violence impact specific populations in the United States or the extent to which rape, stalking, or violence by a romantic or sexual partner are experienced in childhood and adolescence.

CDC's National Center for Injury Prevention and Control launched the National Intimate Partner and Sexual Violence Survey in 2010 with the support of the National Institute of Justice and the Department of Defense to address these gaps.

The primary objectives of the National Intimate Partner and Sexual Violence Survey are to describe:

- The prevalence and characteristics of sexual violence, stalking, and intimate partner violence
- Who is most likely to experience these forms of violence
- The patterns and impact of the violence experienced by specific perpetrators
- The health consequences of these forms of violence

The National Intimate Partner and Sexual Violence Survey is an ongoing, nationally representative random digit dial (RDD) telephone survey that collects information about experiences of sexual violence, stalking, and intimate partner violence among non-institutionalized English and/or Spanish-speaking women and men aged 18 or older in the United States. NISVS provides detailed information on the magnitude and characteristics of these forms of violence for the nation and for individual states.

This report presents information related to several types of violence that have not previously been measured in a national population-based survey, including types of sexual violence other than rape; expressive psychological aggression and coercive control, and control of reproductive or sexual health. This report also provides the first ever simultaneous national and state-level prevalence estimates of violence for all states.

The findings presented in this report are for 2010, the first year of data collection, and are based on complete interviews. Complete interviews were obtained from 16,507 adults (9,086 women and 7,421 men). The relative standard error (RSE), which is a measure of an estimate's reliability, was calculated for all estimates in this report. If the RSE was greater than 30%, the estimate was deemed unreliable and is not reported. Consideration was also given to the case count. If the estimate was based on a numerator ≤20, the estimate is also not reported. Estimates for certain types of violence reported by subgroups of men such as rape victimization by racial/ethnic group are not shown because the number of men in these subgroups reporting rape was too small to calculate a reliable estimate. These tables are included in the report so that the reader can easily determine what was assessed and where gaps remain.

Key Findings

Sexual Violence by Any Perpetrator

- Nearly 1 in 5 women (18.3%) and 1 in 71 men (1.4%) in the United States have been raped at some time in their lives, including completed forced penetration, attempted forced penetration, or alcohol/drug facilitated completed penetration.
- More than half (51.1%) of female victims of rape reported being raped by an intimate partner and 40.8% by an acquaintance; for male victims, more than

half (52.4%) reported being raped by an acquaintance and 15.1% by a stranger.

- Approximately 1 in 21 men (4.8%) reported that they were made to penetrate someone else during their lifetime; most men who were made to penetrate someone else reported that the perpetrator was either an intimate partner (44.8%) or an acquaintance (44.7%).
- An estimated 13% of women and 6% of men have experienced sexual coercion in their lifetime (i.e., unwanted sexual penetration after being pressured in a nonphysical way); and 27.2% of women and 11.7% of men have experienced unwanted sexual contact.
- Most female victims of completed rape (79.6%) experienced their first rape before the age of 25; 42.2% experienced their first completed rape before the age of 18 years.
- More than one-quarter of male victims of completed rape (27.8%) experienced their first rape when they were 10 years of age or younger.

Stalking Victimization by Any Perpetrator

- One in 6 women (16.2%) and 1 in 19 men (5.2%) in the United States have experienced stalking victimization at some point during their lifetime in which they felt very fearful or believed that they or someone close to them would be harmed or killed.
- Two-thirds (66.2%) of female victims of stalking were stalked by a current or former intimate partner; men were primarily stalked by an intimate partner or an acquaintance, 41.4% and 40.0%, respectively.
- Repeatedly receiving unwanted telephone calls, voice, or text messages was the most commonly experienced stalking tactic for both female and male victims of stalking (78.8% for women and 75.9% for men).
- More than half of female victims and more than one-third of male victims of stalking indicated that they were stalked before the age of 25; about 1 in 5 female victims and 1 in 14 male victims experienced stalking between the ages of 11 and 17.

Violence by an Intimate Partner

- More than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- Among victims of intimate partner violence, more than 1 in 3 women experienced multiple forms of rape, stalking, or physical violence; 92.1% of male victims experienced physical violence alone, and 6.3% experienced physical violence and stalking.
- Nearly 1 in 10 women in the United States (9.4%) has been raped by an intimate partner in her lifetime, and an estimated 16.9% of women and 8.0% of men have experienced sexual violence other than rape by an intimate partner at some point in their lifetime.
- About 1 in 4 women (24.3%) and 1 in 7 men (13.8%) have experienced severe physical violence by an intimate partner (e.g., hit with a fist or something hard, beaten, slammed against something) at some point in their lifetime.
- An estimated 10.7% of women and 2.1% of men have been stalked by an intimate partner during their lifetime.
- Nearly half of all women and men in the United States have experienced psychological aggression by an intimate partner in their lifetime (48.4% and 48.8%, respectively).
- Most female and male victims of rape, physical violence, and/or stalking by an intimate partner (69% of female victims; 53% of male victims) experienced some form of intimate partner violence for the first time before 25 years of age.

Impact of Violence by an Intimate Partner

- Nearly 3 in 10 women and 1 in 10 men in the United States have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one impact related to experiencing these or other forms of violent behavior in the relationship (e.g., being fearful, concerned for safety, post traumatic stress disorder (PTSD) symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school).

Violence Experienced by Race/Ethnicity

- Approximately 1 in 5 Black (22.0%) and White (18.8%) non-Hispanic women, and 1 in 7 Hispanic women (14.6%) in the

United States have experienced rape at some point in their lives. More than one-quarter of women (26.9%) who identified as American Indian or as Alaska Native and 1 in 3 women (33.5%) who identified as multiracial non-Hispanic reported rape victimization in their lifetime.

- One out of 59 White non-Hispanic men (1.7%) has experienced rape at some point in his life. Nearly one-third of multiracial non-Hispanic men (31.6%) and over one-quarter of Hispanic men (26.2%) reported sexual violence other than rape in their lifetimes.
- Approximately 1 in 3 multiracial non-Hispanic women (30.6%) and 1 in 4 American Indian or Alaska Native women (22.7%) reported being stalked during their lifetimes. One in 5 Black non-Hispanic women (19.6%), 1 in 6 White non-Hispanic women (16.0%), and 1 in 7 Hispanic women (15.2%) experienced stalking in their lifetimes.
- Approximately 1 in 17 Black non-Hispanic men (6.0%), and 1 in 20 White non-Hispanic men (5.1%) and Hispanic men (5.1%) in the United States experienced stalking in their lifetime.
- Approximately 4 out of every 10 women of non-Hispanic Black or American Indian or Alaska Native race/ethnicity (43.7% and 46.0%, respectively), and 1 in 2 multiracial non-Hispanic women (53.8%) have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- Nearly half (45.3%) of American Indian or Alaska Native men and almost 4 out of every 10 Black and multiracial men (38.6% and 39.3%, respectively) experienced rape, physical violence and/or stalking by an intimate partner during their lifetime.

Number and Sex of Perpetrators

- Across all types of violence, the majority of both female and male victims reported experiencing violence from one perpetrator.
- Across all types of violence, the majority of female victims reported that their perpetrators were male.
- Male rape victims and male victims of non-contact unwanted sexual experiences reported predominantly male perpetrators. Nearly half of stalking victimizations against males were also perpetrated by males. Perpetrators of other forms of violence against males were mostly female.

Violence in the 12 Months Prior to Taking the Survey

- One percent, or approximately 1.3 million women, reported being raped by any perpetrator in the 12 months prior to taking the survey.
- Approximately 1 in 20 women and men (5.6% and 5.3%, respectively) experienced sexual violence victimization other than rape by any perpetrator in the 12 months prior to taking the survey.
- About 4% of women and 1.3% of men were stalked in the 12 months prior to taking the survey.
- An estimated 1 in 17 women and 1 in 20 men (5.9% and 5.0%, respectively) experienced rape, physical violence, and/or stalking by an intimate partner in the 12 months prior to taking the survey.

Health Consequences

- Men and women who experienced rape or stalking by any perpetrator or physical violence by an intimate partner in their lifetime were more likely to report frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health and poor mental health than men and women who did not experience these forms of violence. Women who had experienced these forms of violence were also more likely to report having asthma, irritable bowel syndrome, and diabetes than women who did not experience these forms of violence.

State-Level Estimates

- Across all types of violence examined in this report, state-level estimates varied with lifetime estimates for women ranging from 11.4% to 29.2% for rape; 28.9% to 58% for sexual violence other than rape; and 25.3% to 49.1% for rape, physical violence, and/or stalking by an intimate partner.
- For men, lifetime estimates ranged from 10.8% to 33.7% for sexual violence other than rape; and 17.4% to 41.2% for rape, physical violence, and/or stalking by an intimate partner.

Implications for Prevention

The findings in this report underscore the heavy toll that sexual violence, stalking, and intimate partner violence places on women, men, and children in the United States. Violence often begins at

an early age and commonly leads to negative health consequences across the lifespan. Collective action is needed to implement prevention approaches, ensure appropriate responses, and support these efforts based on strong data and research.

Prevention efforts should start early by promoting healthy, respectful relationships in families by fostering healthy parent-child relationships and developing positive family dynamics and emotionally supportive environments. These environments provide a strong foundation for children, help them to adopt positive interactions based on respect and trust, and foster effective and non-violent communication and conflict resolution in their peer and dating relationships. It is equally important to continue addressing the beliefs, attitudes and messages that are deeply embedded in our social structures and that create a climate that condones sexual violence, stalking, and intimate partner violence. For example, this can be done through norms change, changing policies and enforcing existing policies against violence, and promoting bystander approaches to prevent violence before it happens.

In addition to prevention efforts, survivors of sexual violence, stalking, and intimate partner violence need coordinated services to ensure healing and prevent recurrence of victimization. The healthcare system's response must be strengthened and better coordinated for both sexual violence and intimate partner violence survivors to help navigate the health care system and access needed services and resources in the short and long term. One way to strengthen the response to survivors is through increased training of healthcare professionals. It is also critically important to ensure that legal, housing, mental health, and other services and resources are available and accessible to survivors.

An important part of any response to sexual violence, stalking, and intimate partner violence is to hold perpetrators accountable. Survivors may be reluctant to disclose their victimization for a variety of reasons including shame, embarrassment, fear of retribution from perpetrators, or a belief that they may not receive support from law enforcement. Laws may also not be enforced adequately or consistently and perpetrators may become more dangerous after their victims report these crimes. It is important to enhance training efforts within the criminal justice system to better engage and support survivors and thus hold perpetrators accountable for their crimes.

Implementing strong data systems for the monitoring and evaluation of sexual violence, stalking, and intimate partner violence is critical to understand trends in these problems, to provide information on which to base development and evaluation of prevention and intervention programs, and to monitor and measure the effectiveness of these efforts. Establishing cost-efficient and timely surveillance systems for all states, by using consistent definitions and uniform survey methods, will assist states by providing policymakers much needed information for enhancing prevention efforts at the state level.

Ongoing data collection and monitoring of these problems through NISVS and other data sources at the local, state, and national level must lead to further research to develop and evaluate strategies to effectively prevent first-time perpetration of sexual violence, stalking, and intimate partner violence. This research should focus on key gaps to address the social and economic conditions (e.g., poverty, sexism, and other forms of discrimination and social exclusion) that increase risk for perpetration and victimization. This work should be complemented with efforts to monitor strategies being used by the field, to identify and rigorously evaluate these approaches and document their value. As effective strategies are identified, research examining how to best disseminate, implement, and adapt evidence-based prevention strategies, will become increasingly important.

Much progress has been made in the prevention of violence. There is strong reason to believe that the application of effective strategies combined with the capacity to implement them will make a difference. The lessons already learned during public health's short experience with violence prevention are consistent with those from public health's much longer experience with the prevention of infectious and chronic diseases. Sexual violence, stalking, and intimate partner violence can be prevented with data-driven, collaborative action.

1: Background and Methods

1: Background and Methods

More than two decades of research has shown that sexual violence and intimate partner violence are major public health problems with serious long-term physical and mental health consequences, as well as significant social and public health costs (e.g., Breiding, Black, & Ryan, 2008; Logan & Cole, 2007; Randall, 1990). Elevated health risks have been observed in relation to multiple body systems, including the nervous, cardiovascular, gastrointestinal, genitourinary, reproductive, musculoskeletal, immune and endocrine systems (Basile & Smith, 2011; Black, 2011). While less is known about the health impact of stalking, within the past decade stalking has been increasingly recognized as a significant public health issue. The few studies that have been conducted suggest that those who are stalked are more likely to report similar negative mental and physical health consequences (Davis, Coker, & Sanderson, 2002).

In addition to the negative physical and mental health effects of sexual violence, intimate partner violence, and stalking, prior research has shown that experiencing these forms of violence during childhood and adolescence increases the likelihood of experiencing these forms of violence as an adult (Tjaden & Thoennes, 2000; Smith, White, & Holland, 2003). Consequently, understanding sexual violence, intimate partner violence, and stalking experienced during childhood and adolescence is particularly important in order to prevent the reoccurrence of these forms of violence across the life course.

CDC's National Center for Injury Prevention and Control launched the National Intimate Partner and Sexual Violence Survey (NISVS) in 2010. The survey was developed and fielded with the support of the National Institute of Justice, and the Department of Defense.[1] The primary objectives of the National Intimate Partner and Sexual Violence Survey are to describe:

- The prevalence and characteristics of sexual violence, stalking, and intimate partner violence
- Who is most likely to experience these forms of violence
- The patterns and impact of the violence experienced by specific perpetrators
- The health consequences of these forms of violence

Data from the National Intimate Partner and Sexual Violence Survey can be used for a number of purposes. First, these data can help inform policies and programs that are aimed at preventing sexual violence, stalking, and intimate partner violence. In addition, these data can be used to establish priorities for preventing these forms of violence at the national, state, and local levels. Finally, data collected in future years from the survey can be used to examine trends in sexual violence, stalking, and intimate partner violence and to evaluate and track the effectiveness of prevention efforts.

What is the National Intimate Partner and Sexual Violence Survey?

The National Intimate Partner and Sexual Violence Survey is an ongoing, nationally representative survey that assesses experiences of sexual violence, stalking, and intimate partner violence among adult women and men in the United States and for each individual state. It measures lifetime victimization for these types of violence as well as victimization in the 12 months prior to taking the survey. The survey is focused exclusively on violence and collects information about:

- Sexual violence by any perpetrator, including information related to rape, being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences
- Stalking, including the use of newer technologies such as text messages, emails, monitoring devices (e.g., cameras and GPS, or global positioning system devices), by perpetrators known and unknown to the victim

[1]In addition to providing guidance in the development of the National Intimate Partner and Sexual Violence Survey, the National Institute of Justice and the Department of Defense contributed financial support for the administration of the survey in 2010. The National Institute of Justice's financial support enabled the addition of a separate targeted sample of persons of American Indian or Alaska Native ethnicity. The Department of Defense's financial support enabled the addition of a separate random sample of female active duty military and female spouses of active duty military. Data from these two additional samples are not presented in this initial report but will be described in future publications.

- Physical violence by an intimate partner
- Psychological aggression by an intimate partner, including information on expressive forms of aggression and coercive control
- Control of reproductive or sexual health by an intimate partner

In addition to collecting lifetime and 12 month prevalence data on sexual violence, stalking, and intimate partner violence, the survey collects information on the age at the time of the first victimization, demographic characteristics of respondents, demographic characteristics of perpetrators (age, sex, race/ethnicity) and detailed information about the patterns and impact of the violence by specific perpetrators. For example, the National Intimate Partner and Sexual Violence Survey:

- Links each individual act of violence with a specific perpetrator, enabling the collection of all forms of violence committed by a specific perpetrator and allowing for an examination of how different forms of violence co-occur.
- Examines the length of time and frequency of the occurrence of sexual violence, stalking, and intimate partner violence relative to specific perpetrators
- Collects information on a range of negative impacts (e.g., injury, absence from school or work, need for medical care) resulting from experiences of violence by individual perpetrators
- Gathers information from respondents on a range of long-term physical and mental health outcomes that may be associated with the experience of violence

There are a number of additional features of the National Intimate Partner and Sexual Violence Survey that distinguish it from other national surveys (see box), such as the National Violence Against Women Survey (Tjaden & Thoennes, 2000), a one-time survey that the National Institute of Justice and the Centers for Disease Control and Prevention conducted in 1995-1996; the National Crime Victimization Survey that the U.S. Census Bureau has conducted annually for the Bureau of Justice Statistics since 1973; and the state-based modules on intimate partner violence and sexual violence that 34 states/territories collected for at least one year from 2005 to 2007 using the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System.

In sum, the National Intimate Partner and Sexual Violence Survey allows for an improved understanding of the public health burden of sexual violence, stalking, and intimate partner violence nationally and at the state level. Beyond estimating the prevalence of sexual violence, stalking, and intimate partner violence, the survey captures information on these forms of violence in ways that maximize the ability to take action to prevent these public health problems.

How Was the Survey Developed?

The development of the National Intimate Partner and Sexual Violence Survey was informed by the National Violence Against Women Survey, which provided a starting point for the development of the survey instrument; a federally sponsored workshop that focused on building data systems

Additional Features that Distinguish NISVS from Other National Surveys:

- Interviewers ask a series of health-related questions at the outset of the survey to establish rapport and establish a health context for the survey.
- A graduated informed consent procedure is used to maximize respondent safety, to build rapport, and to provide participants the opportunity to make an informed decision about whether participation in the survey would be in their best interest.
- Interviewers establish a safety plan so that a respondent knows what to do if they need to discontinue the interview for safety reasons.
- Interviewers follow established distress protocols, including frequent check-ins with the participant during the interview, to assess their emotional state and determine whether the interview should proceed.
- The survey includes detailed behavior-specific questions on components of sexual violence and intimate partner violence that previous population-based national surveys have not measured. Examples include information on types of sexual violence other than rape, coercive control, and control of reproductive or sexual health.
- The survey is designed to assess violence in a way that is consistent across states.

for monitoring and responding to sexual violence, stalking, and intimate partner violence (CDC, 2000); and a pilot methods study that was conducted in 2007. The pilot study was designed to help address information gaps and inform the development of a national intimate partner, sexual violence, and stalking surveillance system. In 2007, the CDC also convened an expert panel to discuss findings from the 2007 pilot study and to make recommendations on the design of the NISVS survey instrument (Appendix A). The panel consisted of practitioners and advocates, subject matter experts with experience in designing measures of violence, and representatives from other federal agencies with subject matter expertise in sexual violence, stalking, and intimate partner violence.

What Does This Report Include?

This report summarizes findings from the 2010 National Intimate Partner and Sexual Violence Survey data collection. The first three sections present lifetime and 12 month prevalence estimates and other descriptive information (e.g., the number of perpetrators, the type of perpetrator, and age when the violence was first experienced) for the three primary types of violence examined in the survey – sexual violence, stalking, and violence by an intimate partner. The prevalence of these types of violence by state of residence is also presented. This report also includes information on the impact of intimate partner violence and on the relationship between violence and various health consequences such as asthma, diabetes, chronic pain, disability, and poor mental health.

Methods

The National Intimate Partner and Sexual Violence Survey is a national random digit dial (RDD) telephone survey of the non-institutionalized English and/or Spanish-speaking U.S. population aged 18 or older. NISVS uses a dual-frame sampling strategy that includes both landline and cell phones. The survey was conducted in 50 states and the District of Columbia and was administered from January 22, 2010 through December 31, 2010. In 2010, a total of 18,049 interviews were conducted (9,970 women and 8,079 men) in the U.S. general population. This includes 16,507 completed and 1,542 partially completed interviews. A total of 9,086 females and 7,421 males completed the survey. Approximately 45.2% of interviews were conducted by landline telephone and 54.8% of interviews were conducted using a respondent's cell phone.

The overall weighted response rate for the 2010 National Intimate Partner and Sexual Violence Survey ranged from 27.5% to 33.6%. This range reflects differences in how the proportion of the unknowns that are eligible is estimated.

The weighted cooperation rate was 81.3%. A primary difference between response and cooperation rates is that telephone numbers where contact has not been made are still part of the denominator in calculating a response rate. The cooperation rate reflects the proportion who agreed to participate in the interview among those who were contacted and determined to be eligible. The cooperation rate obtained for the 2010 NISVS data collection suggests that, once contact was made and eligibility determined, the majority of respondents chose to participate in the interview. Additional information about the sampling strategy, weighting procedures, response and cooperation rates, and other methodological details of NISVS can be found in the technical note in Appendix B.

Survey Instrument

Violence Domains Assessed

The questionnaire includes behavior-specific questions that assess sexual violence, stalking, and intimate partner violence over the lifetime and during the 12 months prior to the interview. Intimate partner violence-related questions assess psychological aggression, including expressive aggression (5 items) and coercive control (12 items); control of reproductive or sexual health (2 items); physical violence (11 items); sexual violence (21 items); and stalking (7 items). A list of the victimization questions used in the survey can be found in Appendix C.

Psychological aggression, including expressive aggression and coercive control, is an important component of intimate partner violence. Although research suggests that psychological aggression may be even more harmful than physical violence by an intimate partner (Follingstad, Rutledge, Berg, Hause, & Polek, 1990), there is little agreement about how to determine when psychologically aggressive behavior becomes

abusive and can be classified as intimate partner violence. Because of the lack of consensus in the field at the time of this report, the prevalence of psychologically aggressive behaviors is reported, but is not included in the overall prevalence estimates of intimate partner violence. Expressive psychological aggression includes acting dangerous, name calling, insults and humiliation. Coercive control includes behaviors that are intended to monitor and control an intimate partner such as threats, interference with family and friends, and limiting access to money.

Physical violence includes a wide range of behaviors from slapping, pushing or shoving to more severe behaviors such as being beaten, burned, or choked. In this report, severe physical violence includes being hurt by pulling hair, being hit with something hard, being kicked, being slammed against something, attempts to hurt by choking or suffocating, being beaten, being burned on purpose and having a partner use a knife or gun against the victim. While slapping, pushing and shoving are not necessarily minor physical violence, this report distinguishes between these forms of violence and the physical violence that is generally categorized as severe.

Questions on sexual violence were asked in relation to rape (completed forced penetration, attempted penetration, and alcohol or drug-facilitated completed penetration), being made to penetrate another person, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences.

Stalking questions were aimed at determining a pattern of unwanted harassing or threatening tactics used by a perpetrator and included tactics related to unwanted contacts, unwanted tracking and following, intrusion, and technology-assisted tactics.

Perpetrator Information

Respondents who reported experiencing violence were subsequently asked to identify individual perpetrators by initials, nick name or in some other general way so that each violent behavior reported could be tied to a specific perpetrator. Respondents were asked a series of questions about each perpetrator including age, sex, and race/ethnicity. In addition, for each perpetrator reported, respondents were asked their age and their relationship to the perpetrator, both at the time violence first began and at the last time violence was experienced. Additional questions were asked regarding perpetrators of stalking and rape. These include questions about the respondent's age when they first experienced stalking by each perpetrator and the age at which they last experienced stalking. Separately, questions were asked about the respondent's age when they first experienced rape by each perpetrator and the age at which they last experienced rape. Age and relationship at the time the violence began were used throughout this report.

Indicators of the Impact of Violence Experienced

Follow-up questions related to the potential impact of violence committed by individual perpetrators were asked. Respondents were asked about whether or not they experienced any of the following as a result of any violence committed by a specific perpetrator: fearfulness or being concerned about safety, post-traumatic stress disorder (PTSD) symptoms (e.g. nightmares, feeling numb or detached), injury, need for medical care, need for housing services, need for victim's advocate or legal services, having contacted a crisis hotline, and missed days of work or school. Respondents who reported experiencing rape (completed rape, attempted rape, or alcohol/drug-facilitated completed rape), or being made to sexually penetrate another person were asked about additional indicators of impact, such as the contraction of a sexually transmitted disease or pregnancy as a result of the sexual violence.

Cognitive Testing

A key component of the questionnaire design process was conducting cognitive tests on the introductions and key questions used throughout the instrument. The purpose of the cognitive testing was to provide information on how well the questions worked and whether participants understood the text provided.

Survey Administration

Advance Letters

Reverse address matching was used to link available addresses to the landline sample. Approximately 50% of telephone numbers in the landline sample were matched. Prior to contacting participants, informational letters addressed to "Resident" were sent to available addresses to make residents aware that they would be receiving a request for an interview in the coming days. Following the World Health Organization's guidelines

for research on domestic violence, introductory letters were carefully written, providing only general information about the survey to maximize safety and confidentiality (WHO, 2001).

Incentives

Respondents in the landline and cell phone samples were offered an incentive of $10 to participate in the survey. Respondents could choose to have the incentive mailed to them or donated to the United Way on their behalf; 58.4% of respondents chose to donate their incentive. For respondents who chose to receive the incentive, mailing information was obtained so the incentive check could be sent to them. Mailing information was kept in a separate database from data collected during the administration of the survey and destroyed at the end of data collection.

Graduated Informed Consent Process

Following recommended guidelines (Sullivan & Cain, 2004; WHO, 2001) a graduated informed consent protocol was used. Specifically, to ensure respondent safety and confidentiality, the initial person who answered the telephone was provided general non-specific information about the survey topic. The specific topics of the survey (e.g., physical aggression, harassing behaviors, and unwanted sexual activity) were only revealed to the individual respondent selected. After a single adult respondent in a household was randomly selected to participate, the interviewer administered an IRB-approved informed consent that provided information on the voluntary and confidential nature of the survey, the benefits and risks of participation, the survey topic, and telephone numbers to speak with staff from the Centers for Disease Control and Prevention or project staff from the Research Triangle Institute, International (RTI) (which was contracted by the Centers for Disease Control and Prevention to administer the survey).

Respondent Safety and Confidentiality

For topics such as intimate partner violence and other forms of violence and abuse, a graduated consent process is often the safest and most appropriate method of research. Literature about the ethical and safe collection of research data on intimate partner violence offers many reasons for obtaining informed consent in a graduated manner (Sullivan & Cain, 2004; WHO, 2001). In addition to revealing the specific content of the survey only to the respondent selected, a graduated consent process allows the interviewer to build rapport and increases the likelihood of gaining the participant's trust, the key to minimizing non-participation and under-reporting. Carefully conducted studies with well-trained interviewers who are able to build rapport and trust with potential participants are essential both to the collection of valid data and the well-being of respondents.

Interviewers also reminded respondents that they could skip any question and could stop the interview at any time. Interviewers also established a safety plan with the respondents so that respondents would know what to do if they needed to stop an interview for safety reasons. Specifically, interviewers suggested that respondents answer questions in a private setting and instructed them to just say "Goodbye" if at any time they felt physically or emotionally unsafe. Interviewers also checked in with the respondents several times during the interview to make sure they wanted to proceed. At the end of the interview, respondents were provided telephone numbers for the National Domestic Violence Hotline and the Rape, Abuse and Incest National Network.

Length of Interview

The median length of the interview was 24.7 minutes.

Interviewer Recruitment, Training, and Monitoring

Hiring, training and maintaining high quality interviewers is essential to maximize disclosure of sensitive information about sexual violence, stalking, and intimate partner violence. Only female interviewers administered the survey as previous research suggests that female interviewers may be more likely to create conditions conducive to disclosure (Dailey & Claus, 2001). During the hiring process, potential interviewers were informed about the background and purpose of the National Intimate Partner and Sexual Violence Survey and were carefully screened to insure that they were comfortable conducting interviews on the topics included in the survey. Interviewers received 16 hours of training and an additional 2 hours of post-training practice. A detailed training manual written specific to the National Intimate Partner and Sexual Violence Survey was developed. The content of the

training manual focused on the background information relevant to the survey, project-specific protocols, confidentiality procedures, safety protocols, respondent distress, and refusal avoidance.

The interviewer training sessions were conducted using a variety of methods, including lecture, demonstration, round-robin practice, paired-practice, and group and paired mock interviews. Interviewers were also briefed on the potential challenges of administering a survey on sexual violence, stalking, and intimate partner violence, and were trained in administering questions about these sensitive topics. Resource information was provided to interviewers regarding assistance in coping with traumatic and violent events. Interviewers were also provided the opportunity to discuss and process difficult or upsetting interviews.

Project staff held bimonthly quality assurance meetings with interviewers during the data collection. Throughout the data collection period, approximately 10% of interviews were monitored to check the quality of their work and to identify areas needing more training or clarification. The information obtained was then used as a teaching tool for other interviewers, when appropriate.

IRB and OMB Approval

The survey protocol received approval by the Office of Management and Budget (OMB# 0920-0822) as well as the Institutional Review Board of Research Triangle Institute, International.

Data Analysis

Lifetime and 12 month prevalence estimates were calculated for the different forms of violence presented in this report. The 12 month estimates were obtained by asking respondents to report whether the specific form of violence by the perpetrator occurred in the past 12 months. Respondents were anchored to the 12 month period with a CATI reminder of the date (e.g., "…in the past twelve months, that is, since {fill: date, 12 months ago}?"). To be included in the prevalence estimate for sexual violence, physical violence, or psychological aggression, the respondent must have experienced at least one behavior within the relevant violence domain during the time frame of reference (lifetime or in the 12 months prior to taking the survey). Respondents could have experienced each type of violence more than once so prevalence estimates should be interpreted as the percentage of the population who experienced each type of violence at least once. To be included in the prevalence of stalking, a respondent must have experienced more than one of the seven stalking tactics that were measured in the National Intimate Partner and Sexual Violence Survey, or a single tactic multiple times by the same perpetrator, and must have been very fearful or believed that they or someone close to them would be harmed or killed as a result of the perpetrator's behavior.

Within categories of violence (e.g., rape, other sexual violence, any severe physical violence, any reported IPV-related impact), respondents who reported more than one subcategory of violence are included only once in the summary estimate but are included in each relevant subcategory. For example, victims of completed forced penetration and alcohol or drug facilitated penetration are included in each of these subtypes of rape but counted only once in the estimate of rape prevalence.

The denominators in prevalence calculations include persons who answered a question or responded with don't know or refused. Missing data (cases where all questions for constructing an outcome of interest

Lifetime and 12 Month Prevalence Estimates of Violence

Lifetime prevalence refers to the proportion of people in a given population who have ever experienced a particular form of violence. Lifetime prevalence estimates are important because they provide information about the burden of violence within a population.

12 month prevalence provides information about the proportion of people in a given population who have experienced a particular form of violence in the 12 months prior to taking the survey. Twelve-month prevalence estimates provide a snapshot of the recent burden of violence in a population. When collected over multiple years, 12 month estimates can be used to assess trends in the burden of violence over time (suggesting whether violence may be increasing or decreasing).

were not fully administered) were excluded from analyses. All analyses were conducted using SUDAAN™ statistical software for analyzing data collected through complex sample design.

The estimated number of victims affected by a particular form of violence is based on United States population estimates from the census projections by state, sex, age, and race/ethnicity (www.census.gov/popest/states/asrh/).

Statistical inference for prevalence and population estimates were made based on weighted analyses, where complex sample design features such as stratified sampling, weighting for unequal sample selection probabilities, and non-response adjustments were taken into account. The estimates presented in this report are based on complete interviews. An interview is defined as "complete" if the respondent completed the screening, demographic, general health questions, and all questions on all five sets of violence victimization, as applicable. A comparison of the demographic characteristics of the complete interviews in the NISVS sample and the U.S. population is provided in Appendix B.

Analyses were conducted by sex. Prevalence estimates by selected demographic characteristics were also calculated. No formal statistical comparisons of the prevalence estimates between demographic subgroups were made. As prevalence and population estimates were based on a sample population, there is a degree of uncertainty associated with these estimates. The smaller the sample upon which an estimate is based, the less precise the estimate becomes and the more difficult it is to distinguish the findings from what could have occurred by chance. The relative standard error (RSE) is a measure of an estimate's reliability. The RSE was calculated for all estimates in this report. If the RSE was greater than 30%, the estimate was deemed unreliable and is not reported. Consideration was also given to the case count. If the estimate was based on a numerator ≤ 20, the estimate is also not reported. Tables where specific estimates are missing due to high RSEs or small case counts are presented in full with missing unreliable estimates noted by an asterisk so that the reader can clearly see what was assessed and where data gaps remain. Tables showing the confidence intervals around the estimates are available at: www.cdc.gov/violenceprevention/nisvs.

A number of health outcomes were assessed in this survey and were examined with respect to violence victimization. Chi-square tests were conducted to ascertain the difference in the health outcomes of interest with respect to victimization. A p-value of .05 was set as the threshold for establishing statistical significance. Statistical analyses for this report were performed by Research Triangle Institute, International and independently replicated by statisticians from the Centers for Disease Control and Prevention.

Data Quality Assurance

An independent set of programs were developed to ensure that skip patterns, response values, missing values, rotations, range checks, and other logical consistency checks had been implemented as programmed in the computer-assisted telephone interview (CATI) system. The programs created a number of quality control/quality assurance variables and flags to track such data as the frequencies of behaviors with the frequencies of the perpetrators, timeframes, and other responses from each perpetrator in order to compare behaviors and/or their related follow-up data. All discrepancies were investigated and corrected as appropriate. Additional information on the data collection and security procedures is included in Appendix B.

2: Sexual Violence Victimization

2: Sexual Violence Victimization

Previous studies of sexual violence victimization have shown that it is a widespread problem that happens early in the lifespan for many victims, although sexual violence can occur at any age (Kilpatrick, Edmunds, & Seymour, 1992; Tjaden & Thoennes, 2000). It has been more than a decade since the sexual violence field has had national prevalence estimates of a wide range of sexual violence victimization experiences. To date, few national studies have examined the various forms of sexual violence (Basile & Saltzman, 2002), particularly types of sexual violence other than rape. Previously, the only nationally representative prevalence estimates measuring a wide range of types of sexual violence victimization were derived from college populations (Fisher, Cullen, & Turner, 2000; Koss, Gidycz, & Wisniewski, 1987).

This section summarizes lifetime and 12 month experiences of sexual violence victimization of women and men in the United States, including rape (forced penetration, attempted forced penetration, and alcohol or drug facilitated penetration), being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences. What follows also includes lifetime prevalence estimates by self-identified race/ethnicity, as well as the characteristics of the victimization experiences, including the type of

How NISVS Measured Sexual Violence

Five types of sexual violence were measured in NISVS. These include acts of rape (forced penetration), and types of sexual violence other than rape.

- **Rape** is defined as any completed or attempted unwanted vaginal (for women), oral, or anal penetration through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physically harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent. Rape is separated into three types, completed forced penetration, attempted forced penetration, and completed alcohol or drug facilitated penetration.
  - Among women, rape includes vaginal, oral, or anal penetration by a male using his penis. It also includes vaginal or anal penetration by a male or female using their fingers or an object.
  - Among men, rape includes oral or anal penetration by a male using his penis. It also includes anal penetration by a male or female using their fingers or an object.
- **Being made to penetrate someone else** includes times when the victim was made to, or there was an attempt to make them, sexually penetrate someone without the victim's consent because the victim was physically forced (such as being pinned or held down, or by the use of violence) or threatened with physical harm, or when the victim was drunk, high, drugged, or passed out and unable to consent.
  - Among women, this behavior reflects a female being made to orally penetrate another female's vagina or anus.
  - Among men, being made to penetrate someone else could have occurred in multiple ways: being made to vaginally penetrate a female using one's own penis; orally penetrating a female's vagina or anus; anally penetrating a male or female; or being made to receive oral sex from a male or female. It also includes female perpetrators attempting to force male victims to penetrate them, though it did not happen.
- **Sexual coercion** is defined as unwanted sexual penetration that occurs after a person is pressured in a nonphysical way. In NISVS, sexual coercion refers to unwanted vaginal, oral, or anal sex after being pressured in ways that included being worn down by someone who repeatedly asked for sex or showed they were unhappy; feeling pressured by being lied to, being told promises that were untrue, having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority.
- **Unwanted sexual contact** is defined as unwanted sexual experiences involving touch but not sexual penetration, such as being kissed in a sexual way, or having sexual body parts fondled or grabbed.
- **Non-contact unwanted sexual experiences** are those unwanted experiences that do not involve any touching or penetration, including someone exposing their sexual body parts, flashing, or masturbating in front of the victim, someone making a victim show his or her body parts, someone making a victim look at or participate in sexual photos or movies, or someone harassing the victim in a public place in a way that made the victim feel unsafe.

perpetrators, the number and sex of perpetrators, age at the time of the first completed rape victimization, and rape victimization as a minor and subsequent rape victimization in adulthood.

Prevalence of Sexual Violence Victimization

Rape

Nearly 1 in 5 women in the United States has been raped in her lifetime (18.3%) (Table 2.1). This translates to almost 22 million women in the United States. The most common form of rape victimization experienced by women was completed forced penetration, experienced by 12.3% of women in the United States. About 5% of women (5.2%) experienced attempted forced penetration, and 8.0% experienced alcohol/drug-facilitated completed forced penetration. One percent, or approximately 1.3 million women, reported some type of rape victimization in the 12 months prior to taking the survey.

Approximately 1 in 71 men in the United States (1.4%) reported having been raped in his lifetime, which translates to almost 1.6 million men in the United States (Table 2.2). Too few men reported rape in the 12 months prior to taking the survey to produce a reliable 12 month prevalence estimate.

Nearly 1 in 5 women and 1 in 71 men in the U.S. have been raped at some time in their lives.

Table 2.1

Lifetime and 12 Month Prevalence of Sexual Violence — U.S. Women, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Rape	18.3	21,840,000	1.1	1,270,000
Completed forced penetration	12.3	14,617,000	0.5	620,000
Attempted forced penetration	5.2	6,199,000	0.4	519,000
Completed alcohol/drug facilitated penetration	8.0	9,524,000	0.7	781,000
Other Sexual Violence	44.6	53,174,000	5.6	6,646,000
Made to penetrate	*	*	*	*
Sexual coercion	13.0	15,492,000	2.0	2,410,000
Unwanted sexual contact	27.2	32,447,000	2.2	2,600,000
Non-contact unwanted sexual experiences	33.7	40,193,000	3.0	3,532,000

[1]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Table 2.2

Lifetime and 12 Month Prevalence of Sexual Violence — U.S. Men, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Rape	1.4	1,581,000	*	*
Completed forced penetration	0.9	970,000	*	*
Attempted forced penetration	0.4	499,000	*	*
Completed alcohol/drug facilitated penetration	0.6	685,000	*	*
Other Sexual Violence	22.2	25,130,000	5.3	6,027,000
Made to penetrate	4.8	5,451,000	1.1	1,267,000
Sexual coercion	6.0	6,806,000	1.5	1,669,000
Unwanted sexual contact	11.7	13,296,000	2.3	2,565,000
Non-contact unwanted sexual experiences	12.8	14,450,000	2.7	3,037,000

[1]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Sexual Violence Other than Rape

Nearly 1 in 2 women (44.6%) and 1 in 5 men (22.2%) experienced sexual violence victimization other than rape at some point in their lives (Tables 2.1 and 2.2). This equates to more than 53 million women and more than 25 million men in the United States. Approximately 1 in 20 women (5.6%) and men (5.3%) experienced sexual violence victimization other than rape in the 12 months prior to taking the survey.

Being Made to Penetrate Someone Else

Approximately 1 in 21 men (4.8%) reported having been made to penetrate someone else in his lifetime (Table 2.2). Too few women reported being made to penetrate someone else to produce a reliable estimate (Table 2.1).

Sexual Coercion

About 1 in 8 women (13%) reported experiencing sexual coercion in her lifetime, which translates to more than 15 million women in the United States (Table 2.1). Sexual coercion was reported by 2.0% of women in the 12 months prior to taking the survey. Six percent of men reported sexual coercion in their lifetimes (almost 7 million men), and 1.5% in the 12 months prior to taking the survey (Table 2.2).

Unwanted Sexual Contact

More than one-quarter of women (27.2%) have experienced some form of unwanted sexual contact in their lifetime (Table 2.1). This equates to over 32 million women in the United States. The 12 month prevalence of unwanted sexual contact reported by women was 2.2%. Approximately 1 in 9 men (11.7%) reported experiencing unwanted sexual contact in his lifetime, which translates to an estimated 13 million men in the United States (Table 2.2). The 12 month prevalence of unwanted sexual contact reported by men was 2.3%.

Table 2.3

Lifetime Prevalence of Sexual Violence by Race/Ethnicity[1] — U.S. Women, NISVS 2010

		Hispanic	Non-Hispanic				
			Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Rape	Weighted %	14.6	22.0	18.8	*	26.9	33.5
	Estimated Number of Victims[2]	2,202,000	3,186,000	15,225,000		234,000	452,000
Other sexual violence	Weighted %	36.1	41.0	47.6	29.5	49.0	58.0
	Estimated Number of Victims[2]	5,442,000	5,967,000	38,632,000	1,673,000	424,000	786,000

[1]Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.
[2]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Non-Contact Unwanted Sexual Experiences

Non-contact unwanted sexual experiences were the most common form of sexual violence experienced by both women and men (Tables 2.1 and 2.2). One-third of women (33.7%) experienced some type of non-contact unwanted sexual experience in their lifetime, and 1 in 33 women (3.0%) experienced this in the 12 months prior to taking the survey. This equates to 40 million women in the United States for the lifetime estimate and 3.5 million women in the last 12 months. Nearly 1 in 8 men (12.8%) reported non-contact unwanted sexual experiences in his lifetime, and 1 in 37 men (2.7%) experienced this type of sexual violence in the 12 months before taking the survey. These numbers translate to 14 million men in the United States who had these experiences in their lifetimes and 3 million men in the last 12 months.

Prevalence of Rape and Other Sexual Violence by Race/Ethnicity

Approximately 1 in 5 Black (22.0%) and White (18.8%) non-Hispanic women, and 1 in 7 Hispanic women (14.6%) in the United States have experienced rape at some point in their lives (Table 2.3). More than one-quarter of women (26.9%) who identified as American Indian or as Alaska Native and 1 in 3 women (33.5%) who identified as multiracial non-Hispanic reported rape victimization in their lifetime (Table 2.3). Just under half of Black non-Hispanic (41.0%), White non-Hispanic (47.6%), and American Indian or Alaska Native (49.0%) women reported sexual violence other than rape in their lifetime and more than half of multiracial non-Hispanic women (58.0%) reported these experiences in their lifetime. Approximately 1 in 3 Hispanic (36.1%) and Asian or Pacific Islander (29.5%) women reported sexual violence other than rape.

Between one-fifth and one-quarter of Black non-Hispanic (22.6%), White non-Hispanic (21.5%), Hispanic (26.2%), and American Indian or Alaska Native (20.1%) men experienced sexual violence other than rape in their lives (Table 2.4). About 1 in 6 Asian or Pacific Islander

Table 2.4

Lifetime Prevalence of Sexual Violence by Race/Ethnicity[1] — U.S. Men, NISVS 2010

		Hispanic	Non-Hispanic				
			Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Rape	Weighted %	*	*	1.7	*	*	*
	Estimated Number of Victims[2]			1,296,000			
Other sexual violence	Weighted %	26.2	22.6	21.5	15.7	20.1	31.6
	Estimated Number of Victims[2]	4,261,000	2,820,000	16,508,000	802,000	162,000	413,000

[1]Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.
[2]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

(15.7%) men and nearly one-third of multiracial (31.6%) men in the United States had these experiences during their lifetime. The only reportable estimate of rape was for White non-Hispanic men – 1.7% or an estimated 1.3 million men in this group reported being raped at some point in their lifetime.

Type of Perpetrator in Lifetime Reports of Sexual Violence

Rape

The majority of both female and male victims of rape knew their perpetrators. More than half of female victims of rape (51.1%) reported that at least one perpetrator was a current or former intimate partner (Table 2.5). Four out of 10 of female victims (40.8%) reported being raped by an acquaintance. Approximately 1 in 8 female victims (12.5%) reported being raped by a family member, and 2.5% by a person in a position of authority. About 1 in 7 female victims (13.8%) reported being raped by a stranger. In terms of lifetime alcohol/drug-facilitated rape, half of female victims (50.4%) were raped by an acquaintance, while 43.0% were raped by an intimate partner.

Most victims of rape knew their perpetrators.

Table 2.5

Lifetime Reports of Sexual Violence Among Female Victims by Type of Perpetrator[1] — NISVS 2010

	Current or Former Intimate Partner	Family Member[2]	Person of Authority[3]	Acquaintance[4]	Stranger
	Weighted %	Weighted %	Weighted %	Weighted %	Weighted %
Rape	51.1	12.5	2.5	40.8	13.8
Attempted or completed forced penetration	52.5	14.8	2.4	33.0	14.1
Alcohol/drug-facilitated penetration	43.0	6.6	*	50.4	9.6
Other sexual violence	35.7	16.1	7.9	42.1	44.8
Made to penetrate	*	*	*	*	*
Sexual coercion	75.4	6.1	5.7	21.8	*
Unwanted sexual contact	23.5	19.9	8.3	45.9	24.9
Non-contact unwanted sexual experiences	23.1	14.8	4.3	31.2	50.5

[1]Relationship is based on respondents' reports of their relationship at the time the perpetrator first committed any violence against them. Due to the possibility of multiple perpetrators, combined row percents may exceed 100%.
[2]Includes immediate and extended family members.
[3]Includes, for example: boss, supervisor, superior in command, teacher, professor, coach, clergy, doctor, therapist, and caregiver.
[4]Includes friends, neighbors, family friends, first date, someone briefly known, and people not known well.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

More than half of the male victims of rape (52.4%) were raped by an acquaintance, and 1 in 7 male victims (15.1%) was raped by a stranger (Table 2.6). The estimates for male victims raped by other types of perpetrators were based upon numbers too small to calculate a reliable estimate and therefore are not reported.

Sexual Violence Other than Rape

For both women and men, the type of perpetrator varied by the form of sexual violence experienced. The majority of female victims of sexual coercion and unwanted sexual contact reported known perpetrators. Three-quarters of female victims (75.4%) of sexual coercion reported perpetration by an intimate partner, and nearly 1 in 2 female victims (45.9%) of unwanted sexual contact reported perpetration by an acquaintance. Strangers were the most commonly reported perpetrators of non-contact unwanted sexual experiences against women, reported by 1 in 2 female victims (50.5%) (Table 2.5).

Table 2.6

Lifetime Reports of Sexual Violence Among Male Victims by Type of Perpetrator[1] — NISVS 2010

	Current or Former Intimate Partner	Family Member[2]	Person of Authority[3]	Acquaintance[4]	Stranger
	Weighted %	Weighted %	Weighted %	Weighted %	Weighted %
Rape[5]	*	*	*	52.4	15.1
Other sexual violence	36.0	6.2	7.5	50.6	31.1
Made to penetrate	44.8	*	*	44.7	8.2
Sexual coercion	69.7	*	3.4	31.3	*
Unwanted sexual contact	22.6	6.1	9.2	51.7	24.2
Non-contact unwanted sexual experiences	21.1	8.7	7.2	44.9	36.4

[1]Relationship is based on respondents' reports of their relationship at the time the perpetrator first committed any violence against them. Due to the possibility of multiple perpetrators, combined row percents may exceed 100%.
[2]Includes immediate and extended family members.
[3]Includes, for example: boss, supervisor, superior in command, teacher, professor, coach, clergy, doctor, therapist, and caregiver.
[4]Includes friends, neighbors, family friends, first date, someone briefly known, and people not known well.
[5]Includes attempted or completed forced penetration and alcohol/drug-facilitated penetration
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Male victims most commonly reported a known perpetrator for all types of sexual violence other than rape. Nearly half of male victims reported an intimate partner (44.8%) or an acquaintance (44.7%) as a perpetrator in situations where the male was made to penetrate someone else. The majority of male victims of sexual coercion (69.7%) reported an intimate partner as a perpetrator. For both unwanted sexual contact (51.7%) and non-contact unwanted sexual experiences (44.9%), approximately 1 in 2 male victims reported an acquaintance as a perpetrator (Table 2.6).

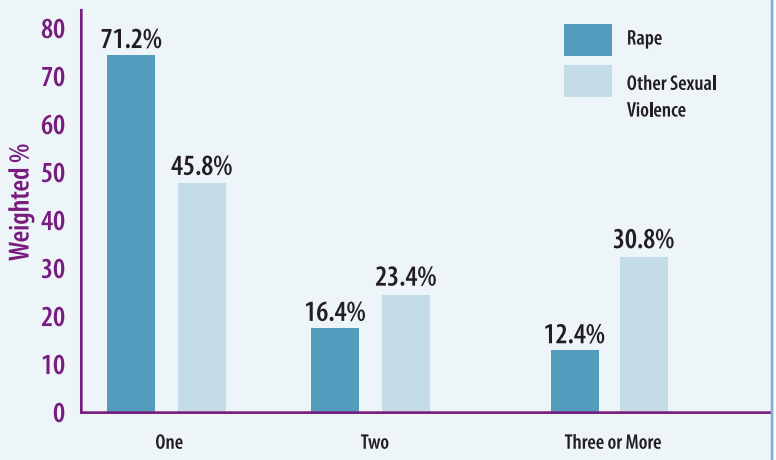
Number of Perpetrators in Lifetime Reports of Sexual Violence

Among sexual violence victims, the majority of both women and men reported one perpetrator in their lifetime. Almost three-quarters of female rape victims (71.2%) reported being raped by one perpetrator. For female rape victims, 1 in 6 (16.4%) reported two perpetrators and 1 in 8 (12.4%) reported three or more perpetrators in their lifetime (Figure 2.1).

Almost half of female victims (45.8%) of lifetime sexual violence other than rape reported one perpetrator, approximately one-quarter (23.4%) reported two perpetrators, and just under one-third (30.8%) reported three or more perpetrators (Figure 2.1). For male victims of rape and sexual violence other than rape, the large majority (86.6% and 92.1%, respectively) reported one perpetrator in their lifetime (data not shown). Too few male victims reported two or more perpetrators to produce a reliable estimate.

Figure 2.1

Lifetime Number of Perpetrators Among Female Victims of Sexual Violence — NISVS 2010



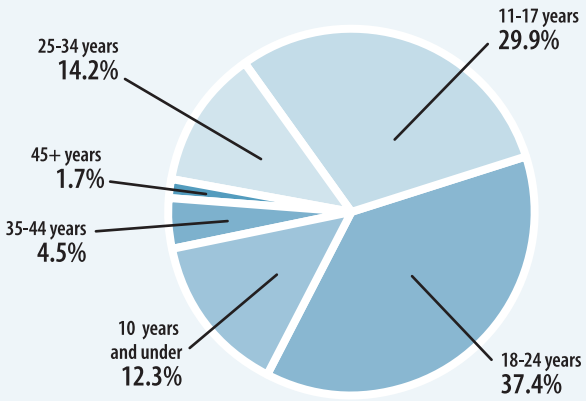
The majority of female victims of rape and sexual violence other than rape reported only male perpetrators. For males, the sex of the perpetrator varied across types of sexual violence.

Sex of Perpetrator in Lifetime Reports of Sexual Violence

Most perpetrators of all forms of sexual violence against women were male. For female rape victims, 98.1% reported only male perpetrators. Additionally, 92.5% of female victims of sexual violence other than rape reported only male perpetrators. For male victims, the sex of the perpetrator varied by the type of sexual violence experienced. The majority of male rape victims (93.3%) reported only male perpetrators. For three of the other forms of sexual violence, a majority of male victims reported only female perpetrators: being made to penetrate (79.2%), sexual coercion (83.6%), and unwanted sexual contact (53.1%). For non-contact unwanted sexual experiences, approximately half of male victims (49.0%) reported only male perpetrators and more than one-third (37.7%) reported only female perpetrators (data not shown).

Figure 2.2

Age at Time of First Completed Rape Victimization In Lifetime Among Female Victims — NISVS 2010[1,2]



[1]The reported age is the youngest age reported across all perpetrators.
[2]All percentages are weighted to U.S. population.

Most female victims of completed rape experienced their first rape before the age of 25 and almost half experienced their first completed rape before age 18.

Age at the Time of First Completed Rape Victimization

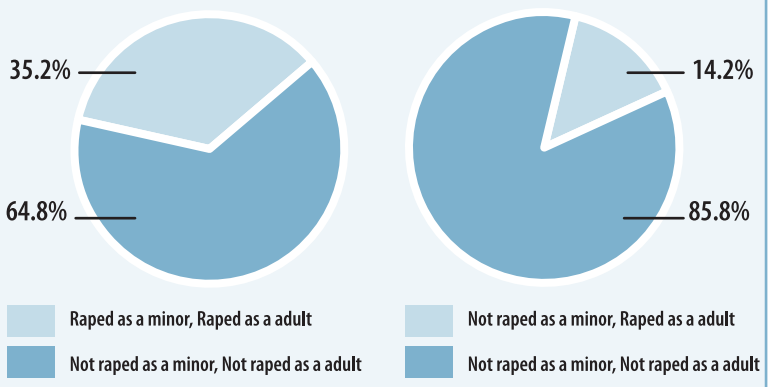
More than three-quarters of female victims of completed rape (79.6%) were first raped before their 25th birthday, with 42.2% experiencing their first completed rape before the age of 18 (29.9% between 11-17 years old and 12.3% at or before age 10) (Figure 2.2). Approximately 1 in 7 female victims (14.2%) experienced their first completed rape between 25-34 years of age.

More than one-quarter of male victims of completed rape (27.8%) were first raped when they were 10 years old or younger (data not shown). With the exception of the youngest age category (i.e., age 10 or younger), the estimates for age at first completed rape for male victims in the other age groups were based upon numbers too small to calculate a reliable estimate and therefore are not reported.

Over one-quarter of male victims of completed rape experienced their first rape at or before the age of 10.

Figure 2.3

Women Raped as an Adult[1] by Whether Raped as a Minor — NISVS 2010



[1]Rape victimization in adulthood could have been by the same or a different perpetrator.

More than one-third of women who were raped as minors were also raped as adults compared to 14% of women without an early rape history.

Rape Victimization as a Minor and Subsequent Rape Victimization

More than one-third (35.2%) of the women who reported a completed rape before the age of 18 also experienced a completed rape as an adult, compared to 14.2% of the women who did not report being raped prior to age 18 (Figure 2.3). Thus, the percentage of women who were raped as children or adolescents and also raped as adults was more than two times higher than the percentage among women without an early rape history.

Too few men reported rape victimization in adulthood to examine rape victimization as a minor and subsequent rape victimization in adulthood.

3: Stalking Victimization

3: Stalking Victimization

In the past decade, stalking victimization has received greater recognition as a problem affecting both women and men in the United States. Much of what we have learned about stalking is based on studies of intimate partner violence and special populations, such as college students (Fisher, et al., 2000). In recent years, technological advances have dramatically increased the options available for communication between people. Less is known about the extent to which newer technologies (e.g., text messages, emails, instant messages) have been used for stalking and harassment of others. Further, there are few recent national level estimates of stalking victimization (Basile, Swahn, Chen & Saltzman, 2006; Baum, Catalano, Rand, & Rose, 2009).

This section summarizes lifetime and 12 month experiences of stalking victimization among women and men in the United States, including characteristics of the victimization experiences such as the type of perpetrator, the number and sex of perpetrators, and age at the time of the first stalking victimization.

How NISVS Measured Stalking

Stalking victimization involves a pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns in the victim. For the purposes of this report, a person was considered a stalking victim if they experienced multiple stalking tactics or a single stalking tactic multiple times by the same perpetrator and felt very fearful, or believed that they or someone close to them would be harmed or killed as a result of the perpetrator's behavior.

Stalking tactics measured:

- Unwanted phone calls, voice or text messages, hang-ups
- Unwanted emails, instant messages, messages through social media
- Unwanted cards, letters, flowers, or presents
- Watching or following from a distance, spying with a listening device, camera, or global positioning system (GPS)
- Approaching or showing up in places such as the victim's home, workplace, or school when it was unwanted
- Leaving strange or potentially threatening items for the victim to find
- Sneaking into victims' home or car and doing things to scare the victim or let the victim know the perpetrator had been there

Prevalence of Stalking Victimization

Approximately 1 in 6 women (16.2%) in the United States has experienced stalking at some point in her lifetime in which she felt very fearful or believed that she or someone close to her would be harmed or killed as a result (Table 3.1).[2] This translates to approximately 19.3 million adult women in the United States. About 4%, or approximately 5.2 million women, were stalked in the 12 months prior to taking the survey.

Approximately 1 in 19 men (5.2%) in the United States (approximately 5.9 million) has experienced stalking victimization at some point during his lifetime in which

[2]Legal statutes vary regarding the requirement of victim fear during a stalking episode. Similarly, there is debate in the research community about the necessity of requiring a criterion of fear in measures of stalking prevalence. If a criterion of fear is used, it is also not clear how much fear is required to be considered a victim of stalking. Similar to the National Violence Against Women Survey (Tjaden & Thoennes, 2000), we used a conservative definition in this report to estimate stalking prevalence which required the victim to report having felt very fearful or concern that harm would come to the victim or someone close to him/her as a result of the perpetrator's behavior. In stalking situations, victims may vary in their assessment of the danger of the situation and consequently report varying levels of fear, such as low or no fear even if the situation would cause a "reasonable person" to feel afraid. Using a less conservative definition of stalking, which considers any amount of fear (i.e., a little fearful, somewhat fearful, or very fearful), 1 in 4 women (25.0%) and 1 in 13 men (7.9%) in NISVS reported being a victim of stalking in their lifetime, with 6.5% and 2.0% of women and men, respectively, reporting stalking in the 12 months prior to taking the survey.

1 in 6 women and 1 in 19 men in the U.S. have experienced stalking at some point in their lives in which they felt very fearful or believed that they or someone close to them would be harmed or killed.

Table 3.1

Lifetime and 12 Month Prevalence of Stalking Victimization — U.S. Women and Men, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Women	16.2	19,327,000	4.3	5,179,000
Men	5.2	5,863,000	1.3	1,419,000

[1]Rounded to the nearest thousand.

Table 3.2

Lifetime Prevalence of Stalking Victimization by Race/Ethnicity[1] — U.S. Women, NISVS 2010

	Hispanic	Non-Hispanic				
		Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Weighted % Estimated Number of Victims[2]	15.2 2,295,000	19.6 2,848,000	16.0 12,997,000	*	22.7 197,000	30.6 414,000

[1]Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.
[2]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Table 3.3

Lifetime Prevalence of Stalking Victimization by Race/Ethnicity[1] — U.S. Men, NISVS 2010

	Hispanic	Non-Hispanic				
		Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Weighted % Estimated Number of Victims[2]	5.1 829,000	6.0 750,000	5.1 3,916,000	*	*	*

[1]Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.
[2]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Figure 3.1

Lifetime Reports of Stalking Among Female Victims by Type of Tactic Experienced — NISVS 2010

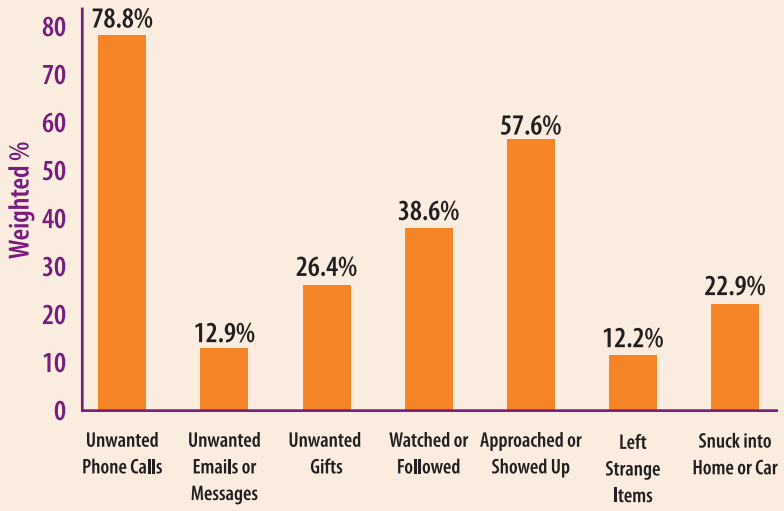
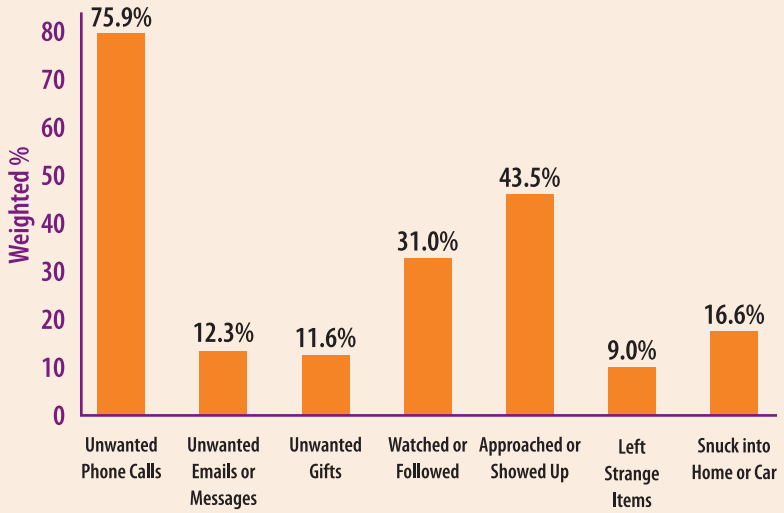


Figure 3.2

Lifetime Reports of Stalking Among Male Victims by Type of Tactic Experienced — NISVS 2010



he felt very fearful or believed that he or someone close to him would be harmed or killed as a result, and 1.3% of men (about 1.4 million) reported being stalked in the 12 months prior to taking the survey.

Prevalence of Stalking Victimization by Race/Ethnicity

In the United States, approximately 1 in 5 Black non-Hispanic women experienced stalking in her lifetime (Table 3.2). The prevalence of stalking for White non-Hispanic and Hispanic women was similar (1 in 6 and 1 in 7, respectively). Additionally, approximately 1 in 3 multiracial non-Hispanic and 1 in 4 American Indian or Alaska Native women reported being stalked at some point during their lives.

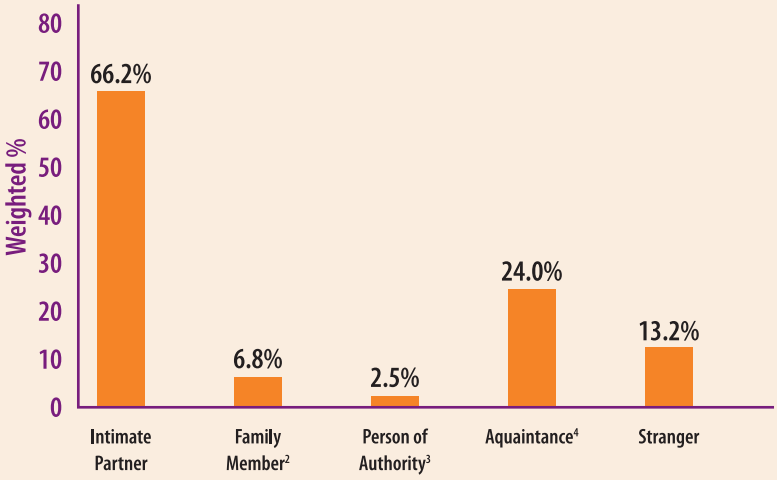
Approximately 1 in 17 Black non-Hispanic men in the United States experienced stalking in their lifetime (Table 3.3). The prevalence of stalking for White non-Hispanic and Hispanic men was similar (about 1 in 20). The estimates for the other racial/ethnic groups of men were based upon numbers too small to produce a reliable estimate and therefore are not reported.

Tactics Used in Lifetime Reports of Stalking Victimization

A variety of tactics were used to stalk victims. More than three-quarters of female stalking victims (78.8%) reported receiving unwanted phone calls, including voice or text messages, or hang ups (Figure 3.1). More than half of female victims (57.6%) reported being approached, such as at their

Figure 3.3

Lifetime Reports of Stalking Among Female Victims by Type of Perpetrator[1] — NISVS 2010



[1]Relationship is based on respondents' reports of their relationship at the time the perpetrator first committed any violence against them.
[2]Includes immediate and extended family members.
[3]Includes, for example: boss, supervisor, superior in command, teacher, professor, coach, clergy, doctor, therapist, and caregiver.
[4]Includes friends, neighbors, family friends, first date, someone briefly known and people not known well.

Two-thirds of female victims of stalking were stalked by intimate partners. Male victims were primarily stalked by intimate partners or acquaintances.

home or work, and more than one-third (38.6%) were watched, followed or tracked with a listening or other device.

Similarly, about three-quarters of male victims (75.9%) reported receiving unwanted phone calls, voice or text messages, or hang ups (Figure 3.2). Just under half (43.5%) reported being approached by the perpetrator. Nearly one-third of male victims (31.0%) reported being watched, followed, or tracked.

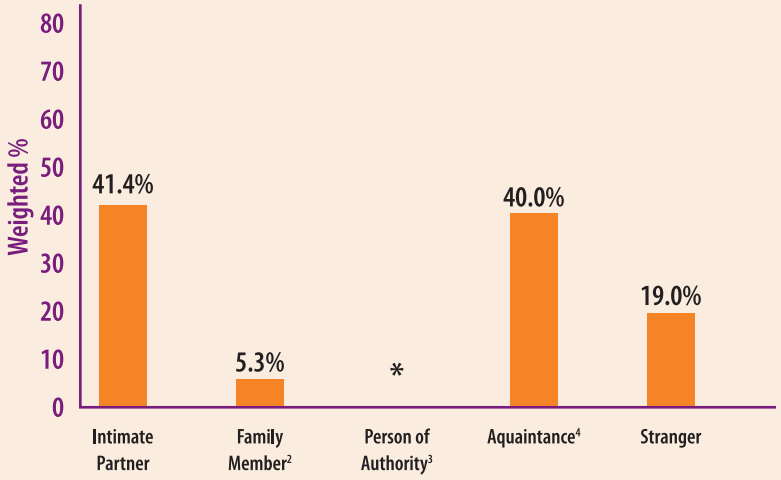
Type of Perpetrator in Lifetime Reports of Stalking Victimization

For both female and male victims, stalking was often committed by people they knew or with whom they had a relationship. Two-thirds of the female victims of stalking (66.2%) reported stalking by a current or former intimate partner and nearly one-quarter (24.0%) reported stalking by an acquaintance (Figure 3.3). About 1 in 8 female victims (13.2%) reported stalking by a stranger.

Approximately 4 out of 10 male stalking victims (41.4%) reported that they had been stalked by an intimate partner in their lifetime, with a similar proportion indicating that they had been stalked by an acquaintance (40.0%) (Figure 3.4). Nearly one-fifth of male victims (19.0%) reported stalking by a stranger and 5.3% reported being stalked by a family member.

Figure 3.4

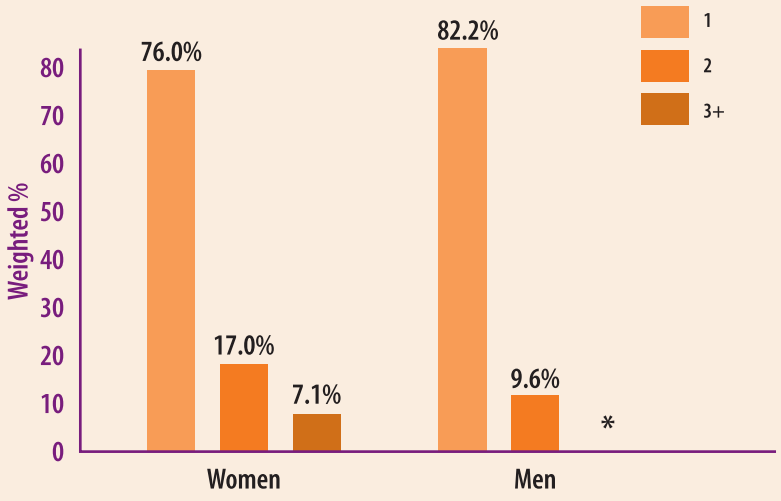
Lifetime Reports of Stalking Among Male Victims by Type of Perpetrator[1] — NISVS 2010



[1]Relationship is based on respondents' reports of their relationship at the time the perpetrator first committed any violence against them.
[2]Includes immediate and extended family members.
[3]Includes, for example: boss, supervisor, superior in command, teacher, professor, coach, clergy, doctor, therapist, and caregiver.
[4]Includes friends, neighbors, family friends, first date, someone briefly known, and people not known well.
*Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

Figure 3.5

Lifetime Number of Perpetrators Among Female and Male Victims of Stalking — NISVS 2010



*Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

Number of Perpetrators in Lifetime Reports of Stalking Victimization

The majority of both women and men reported that they experienced stalking from one perpetrator in their lifetime, 76.0% and 82.2%, respectively (Figure 3.5). Approximately 1 in 6 female victims (17.0%) experienced stalking by two perpetrators, and 1 in 14 (7.1%) had experienced stalking by three or more perpetrators. Among men, about 1 in 10 (9.6%) experienced stalking by two perpetrators.

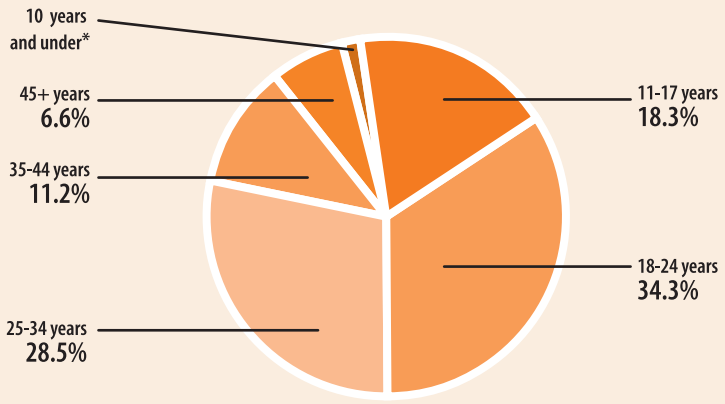
Sex of Perpetrator in Lifetime Reports of Stalking Victimization

Among female stalking victims, 82.5% reported being stalked by only male perpetrators in their lifetime; 8.8% reported only female perpetrators; and 4.6% reported having been stalked by both male and female perpetrators (data not shown).

Among male stalking victims, almost half (44.3%) reported being stalked by only male perpetrators while a similar proportion (46.7%) reported being stalked by only female perpetrators. About 1 in 18 male stalking victims (5.5%) reported having been stalked by both male and female perpetrators in his life (data not shown).

Figure 3.6

Age at Time of First Stalking Victimization In Lifetime Among Female Victims — NISVS 2010[1,2]

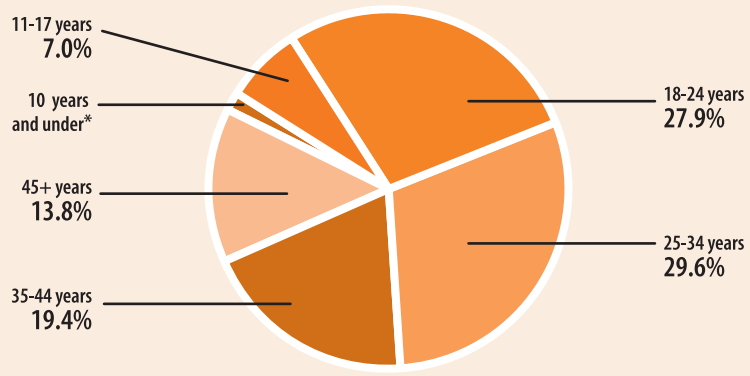


[1]The reported age is the youngest age reported across all perpetrators.
[2]All percentages are weighted to U.S. population.
*Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

More than half of female victims and more than one-third of male victims were stalked before the age of 25.

Figure 3.7

Age at Time of First Stalking Victimization in Lifetime Among Male Victims — NISVS 2010[1,2]



[1]The reported age is the youngest age reported across all perpetrators.
[2]All percentages are weighted to U.S. population.
*Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

Age at the Time of First Stalking Victimization

More than half of female victims and more than one-third of male victims of stalking indicated that they were stalked before the age of 25 (Figures 3.6 and 3.7). About 1 in 5 female victims and 1 in 14 male victims had experienced stalking between the ages of 11 and 17. For both female and male victims, more than one-quarter (28.5% and 29.6%, respectively) reported that their first stalking victimization occurred between 25 to 34 years of age.

4: Violence by an Intimate Partner

4: Violence by an Intimate Partner

Intimate partner violence includes physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner. Intimate partner violence may occur among cohabitating or non-cohabitating romantic or sexual partners and among opposite or same sex couples. Previous large scale surveys of intimate partner violence have primarily examined only certain aspects of intimate partner violence (e.g., physical or sexual violence) or have examined these forms of intimate partner violence within the context of crime or public safety. More recent smaller scale surveys have covered selected populations, for example schools, colleges, individual states and, in general, have included a limited number of questions. By comparison, the National Intimate Partner and Sexual Violence Survey includes a broad range of behaviorally specific questions to capture the full burden of physical, sexual, and psychological violence by an intimate partner, as well as stalking. Respondents were asked about their relationship at the time the perpetrator first committed any violence against them. Incidents perpetrated by a current or former intimate partner are considered violence by an intimate.

How NISVS Measured Intimate Partner Violence

Five types of intimate partner violence were measured in NISVS. These include sexual violence, stalking, physical violence, psychological aggression, and control of reproductive/sexual health.

- **Sexual violence** includes rape, being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences as described in Section 2.
- **Physical violence** includes a range of behaviors from slapping, pushing or shoving to severe acts such as being beaten, burned, or choked.
- **Stalking** victimization involves a pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear or safety concerns in the victim as described in Section 3.
- **Psychological aggression** includes expressive aggression (such as name calling, insulting or humiliating an intimate partner) and coercive control, which includes behaviors that are intended to monitor and control or threaten an intimate partner.
- **Control of reproductive or sexual health** includes the refusal by an intimate partner to use a condom. For a woman, it also includes times when a partner tried to get her pregnant when she did not want to become pregnant. For a man, it also includes times when a partner tried to get pregnant when the man did not want her to become pregnant.

This section summarizes lifetime and 12 month experiences of intimate partner violence among women and men in the United States, including estimates for sexual violence, stalking, physical violence, psychological aggression (expressive aggression and coercive control), and control of reproductive or sexual health by an intimate partner. This section also includes the overlap of lifetime rape, physical violence, and stalking by an intimate partner; lifetime prevalence estimates of these forms of violence by self-identified race/ethnicity; and information on the characteristics of the victimization experiences, including the type of perpetrators, the number of perpetrators, and age at the time of the first intimate partner violence victimization. Detailed information regarding the impact of intimate partner violence is included in Section 5.

Table 4.1

Lifetime and 12 month Prevalence of Rape, Physical Violence, and/or Stalking Victimization by an Intimate Partner — U.S. Women, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Rape	9.4	11,162,000	0.6	686,000
Physical violence	32.9	39,167,000	4.0	4,741,000
Stalking	10.7	12,786,000	2.8	3,353,000
Rape, physical violence, and/or stalking	35.6	42,420,000	5.9	6,982,000
With IPV-related impact[2,3,4]	28.8	34,273,000	–	–

[1]Rounded to the nearest thousand.
[2]Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school. For those who reported being raped it also includes having contracted a sexually transmitted disease or having become pregnant.
[3]IPV-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and reproductive control) in that relationship.
[4]By definition, all stalking incidents result in impact because the definition of stalking includes the impacts of fear and concern for safety.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.
– 12-month prevalence of IPV-related impact was not assessed.

Table 4.2

Lifetime and 12 month Prevalence of Rape, Physical Violence, and/or Stalking Victimization by an Intimate Partner — U.S. Men, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Rape	*	*	*	*
Physical violence	28.2	31,893,000	4.7	5,365,000
Stalking	2.1	2,427,000	0.5	519,000
Rape, physical violence, and/or stalking	28.5	32,280,000	5.0	5,691,000
With IPV-related impact[2,3,4]	9.9	11,214,000	–	–

[1]Rounded to the nearest thousand.
[2]Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacted a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school. For those who reported being raped it also includes having contracted a sexually transmitted disease.
[3]IPV-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and reproductive control) in that relationship.
[4]By definition, all stalking incidents result in impact because the definition of stalking includes the impacts of fear and concern for safety.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.
– 12-month prevalence of IPV-related impact was not assessed.

Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner

Prevalence Among Women

More than one-third of women in the United States (35.6% or approximately 42.4 million) have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime (Table 4.1). One in 3 women (32.9%) has experienced physical violence by an intimate partner and nearly 1 in 10 (9.4%) has been raped by an intimate partner in her lifetime. Approximately 5.9%, or almost 7.0 million women in the United States, reported experiencing these forms of violence by an intimate partner in the 12 months prior to taking the survey.

Nearly 3 in 10 women in the United States (28.8% or approximately 34.3 million) have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to experiencing these or other forms of violent behavior in that relationship. The impact estimate is broader than the experience of rape, physical violence, and/or stalking because violent acts often do not occur in isolation and are frequently experienced in the context of other violence committed by the same perpetrator. More detailed information regarding the prevalence and distribution of IPV-related impacts is described in Section 5.

Prevalence Among Men

More than 1 in 4 men in the United States (28.5%) has experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetime. Most of the violence reported by men was physical violence; only 2.1% reported experiencing stalking by an intimate partner (Table 4.2). An estimated 1 in 20 men in the United States (5.0% or about 5.7 million) reported experiencing rape, physical violence, and/or stalking by an intimate partner in the 12 months prior to taking the survey.

About 1 in 10 men in the United States (9.9% or an estimated 11.2 million) has experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to these or other forms of violent behavior in that relationship.

Prevalence of Intimate Partner Rape, Physical Violence, and/or Stalking by Race/Ethnicity

Prevalence Among Women

Approximately 4 out of every 10 non-Hispanic Black women, 4 out of every 10 American Indian or Alaska Native women (43.7% and 46.0%, respectively), and 1 in 2 multiracial non-Hispanic women (53.8%) have been the victim of rape, physical violence, and/or stalking by an intimate partner in their lifetime (Table 4.3). Among the other racial/ethnic groups of women, about one-third of White non-Hispanic women (34.6%), more than one-third of Hispanic women (37.1%), and about one-fifth of Asian or Pacific Islander non-Hispanic women (19.6%) in the United States reported that they have been the victim of rape, physical violence, and/or stalking by an intimate partner in their lifetime.

Prevalence Among Men

Nearly half (45.3%) of American Indian or Alaska Native men and almost 4 out of every 10 Black and multiracial non-Hispanic men (38.6% and 39.3%, respectively) in the United States reported experiencing rape, physical violence, and/or stalking by an intimate partner during their lifetime (Table 4.4). The estimated prevalence of these forms of violence by an intimate partner among Hispanic and White non-Hispanic men was 26.6% and 28.2%, respectively.

Table 4.3

Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner, by Race/Ethnicity[1] — U.S. Women, NISVS 2010

		Hispanic	Non-Hispanic				
			Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Rape	Weighted % Estimated Number of Victims[2]	8.4 1,273,000	12.2 1,768,000	9.2 7,475,000	*	*	20.1 273,000
Physical violence	Weighted % Estimated Number of Victims[2]	35.2 5,317,000	40.9 5,955,000	31.7 25,746,000	*	45.9 399,000	50.4 683,000
Stalking	Weighted % Estimated Number of Victims[2]	10.6 1,599,000	14.6 2,123,000	10.4 8,402,000	*	*	18.9 256,000
Rape, physical violence, and/or stalking	Weighted % Estimated Number of Victims[2]	37.1 5,596,000	43.7 6,349,000	34.6 28,053,000	19.6 1,110,000	46.0 400,000	53.8 729,000

[1]Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.
[2]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Table 4.4

Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner, by Race/Ethnicity[1] — U.S. Men, NISVS 2010

		Hispanic	Non-Hispanic				
			Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Rape	Weighted % Estimated Number of Victims[2]	*	*	*	*	*	*
Physical violence	Weighted % Estimated Number of Victims[2]	26.5 4,277,000	36.8 4,595,000	28.1 21,524,000	8.4 428,000	45.3 365,000	38.8 507,000
Stalking	Weighted % Estimated Number of Victims[2]	*	*	1.7 1,282,000	*	*	*
Rape, physical violence, and/or stalking	Weighted % Estimated Number of Victims[2]	26.6 4,331,000	38.6 4,820,000	28.2 21,596,000	*	45.3 365,000	39.3 513,000

[1]Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.
[2]Rounded to the nearest thousand.
* Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Overlap of Rape, Physical Violence, and Stalking in Lifetime Reports of Violence by an Intimate Partner

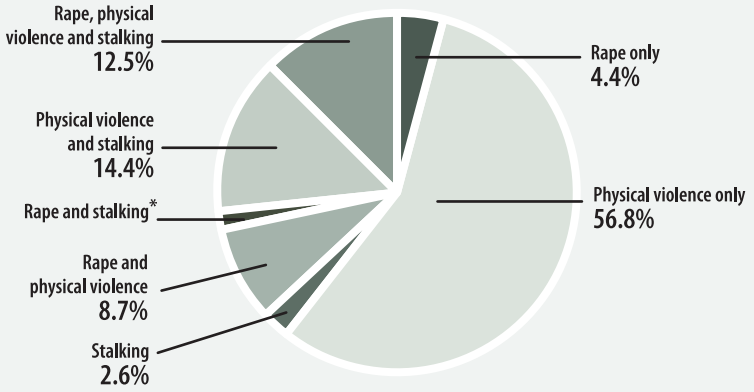
Among all women who experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime, 63.8% experienced one form of violence by an intimate partner; 56.8% experienced physical violence alone, 4.4% experienced rape alone, and 2.6% experienced stalking alone (Figure 4.1). Approximately 8.7% experienced rape and physical violence, 14.4% experienced physical violence and stalking, and 12.5% experienced all three forms of IPV.

Among all men who experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime, approximately 92% experienced physical violence alone, while 6.3% experienced both physical violence and stalking by an intimate partner (Figure 4.2). Too few men reported rape or other combinations of intimate partner violence to produce a reliable estimate.

Nearly 1 in 10 women in the U.S. has been raped by an intimate partner in her lifetime.

Figure 4.1

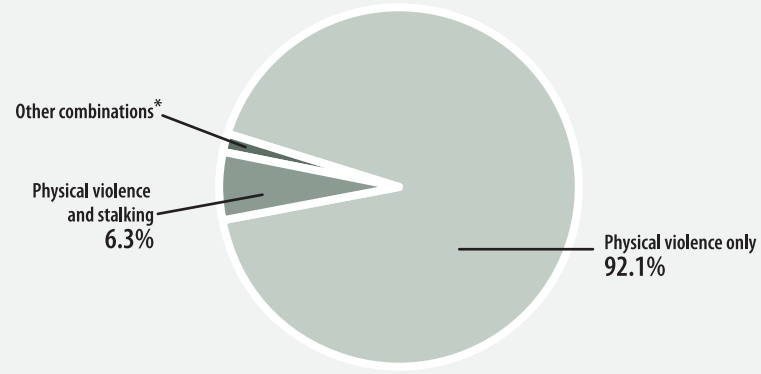
Overlap of Lifetime Intimate Partner Rape, Stalking, and Physical Violence Among Female Victims — NISVS 2010



*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Figure 4.2

Overlap of Lifetime Intimate Partner Rape, Stalking, and Physical Violence Among Male Victims — NISVS 2010



*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Sexual Violence by an Intimate Partner

Prevalence Among Women

Nearly 1 out of 10 women in the United States (9.4% or approximately 11.1 million) has been raped by an intimate partner in her lifetime (Table 4.5). More specifically, 6.6% of women reported completed forced penetration by an intimate partner, 2.5% reported attempted forced penetration, and 3.4% reported alcohol/drug facilitated rape. Approximately 1 in 6 women (16.9% or nearly 19 million) has experienced sexual violence other than rape by an intimate partner in her lifetime; this includes sexual coercion (9.8%), unwanted sexual contact (6.4%) and non-contact unwanted sexual experiences (7.8%).

In the 12 months prior to taking the survey, 0.6% or an estimated 686,000 women in the United States indicated that they were raped by an intimate partner, and 2.3% or an estimated 2.7 million women experienced other forms of sexual violence by an intimate partner.

Prevalence Among Men

Too few men reported rape by an intimate partner to produce reliable prevalence estimates. Approximately 1 in 12 men in the United States (8.0% or approximately 9 million) has experienced sexual violence other than rape by an intimate partner in his lifetime (Table 4.6). This includes being made to penetrate an intimate partner (2.2%), sexual coercion (4.2%), unwanted sexual contact (2.6%) and non-contact unwanted sexual experiences (2.7%). In the 12 months prior to taking the survey, 2.5% or nearly 2.8 million men experienced sexual violence other than rape by an intimate partner.

Table 4.5

Lifetime and 12 Month Prevalence of Sexual Violence by an Intimate Partner — U.S. Women, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Rape	9.4	11,162,000	0.6	686,000
Completed forced penetration	6.6	7,859,000	0.4	472,000
Attempted forced penetration	2.5	2,975,000	*	*
Completed alcohol/drug facilitated	3.4	4,098,000	*	*
Other Sexual Violence	16.9	18,973,000	2.3	2,747,000
Made to penetrate	*	*	*	*
Sexual coercion[2]	9.8	11,681,000	1.7	1,978,000
Unwanted sexual contact[3]	6.4	7,633,000	0.5	645,000
Non-contact unwanted sexual experiences[4]	7.8	9,298,000	0.7	836,000

[1] Rounded to the nearest thousand.
[2]Pressured in a non-physical way (includes, for example, threatening to end the relationship, using influence or authority).
[3]Includes unwanted kissing in a sexual way, fondling or grabbing sexual body parts.
[4]Includes, for example, exposing sexual body parts, being made to look at or participate in sexual photos or movies, harassed in a public place in a way that felt unsafe.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Table 4.6

Lifetime and 12 Month Prevalence of Sexual Violence by an Intimate Partner — U.S. Men, NISVS 2010

	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Rape[2]	*	*	*	*
Other Sexual Violence	8.0	9,050,000	2.5	2,793,000
Made to penetrate	2.2	2,442,000	0.5	586,000
Sexual coercion[3]	4.2	4,744,000	1.0	1,143,000
Unwanted sexual contact[4]	2.6	2,999,000	0.9	1,031,000
Non-contact unwanted sexual experiences[5]	2.7	3,049,000	0.8	882,000

[1]Rounded to the nearest thousand.
[2]Includes completed forced penetration, attempted forced penetration, and completed alcohol/drug-facilitated rape.
[3]Pressured in a non-physical way (includes, for example, threatening to end the relationship, using influence or authority).
[4]Includes unwanted kissing in a sexual way, fondling or grabbing sexual body parts.
[5]Includes, for example, exposing sexual body parts, being made to look at or participate in sexual photos or movies, harassed in a public place in a way that felt unsafe.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Physical Violence by an Intimate Partner

Prevalence Among Women

Nearly 1 in 3 women (30.3%) in the United States has been slapped, pushed or shoved by an intimate partner at some point in her lifetime. This translates to approximately 36.2 million women in the United States. An estimated 3.6%, or approximately 4.3 million women, reported experiencing these behaviors in the 12 months prior to taking the survey (Table 4.7).

Approximately 1 in 4 women in the United States (24.3%) has experienced severe physical violence by an intimate partner in her lifetime, translating to nearly 29 million women. An estimated 17.2% of women have been slammed against something by a partner, 14.2% have been hit with a fist or something hard, and 11.2% reported that they have been beaten by an intimate partner in their lifetime. An estimated 2.7%, or approximately 3.2 million women, reported experiencing severe physical violence by an intimate partner in the 12 months prior to taking the survey.

Approximately 1 in 4 women and nearly 1 in 7 men in the U.S. have experienced severe physical violence by an intimate partner at some point in their lifetime.

Table 4.7

Lifetime and 12 Month Prevalence of Physical Violence by an Intimate Partner — U.S. Women, NISVS 2010

Behavior Experienced	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Slapped, pushed or shoved	30.3	36,164,000	3.6	4,322,000
Slapped	20.4	24,282,000	1.6	1,851,000
Pushed or shoved	27.5	32,783,000	3.4	4,028,000
Any severe physical violence	24.3	28,981,000	2.7	3,163,000
Hurt by pulling hair	10.4	12,416,000	0.8	897,000
Hit with a fist or something hard	14.2	16,923,000	1.1	1,289,000
Kicked	7.1	8,403,000	0.3	373,000
Slammed against something	17.2	20,467,000	1.5	1,843,000
Tried to hurt by choking or suffocating	9.7	11,605,000	0.9	1,121,000
Beaten	11.2	13,386,000	0.7	822,000
Burned on purpose	1.1	1,286,000	*	*
Used a knife or gun	4.6	5,519,000	*	*

[1]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Prevalence Among Men

Approximately 1 in 4 men in the United States (25.7% or about 29 million) has been slapped, pushed or shoved by an intimate partner in his lifetime, and 4.5% or approximately 5 million men, reported experiencing these behaviors in the 12 months prior to taking the survey (Table 4.8).

Nearly 1 in 7 men in the United States (13.8% or approximately 15.6 million) has experienced severe physical violence by an intimate partner in his lifetime. About 9.4% of men have been hit with a fist or something hard by an intimate partner, 4.3% reported being kicked, and less than 3% reported each of the other forms of severe violence by an intimate partner in their lifetime. Two percent of men (approximately 2.3 million men) reported experiencing severe physical violence by an intimate partner in the 12 months prior to taking the survey.

Stalking by an Intimate Partner

Approximately 1 in 10 women in the United States (10.7% or an estimated 12.7 million) has been stalked by an intimate partner in her lifetime, and 2.8% or about 3.3 million, reported being stalked by an intimate partner during the 12 months prior to taking the survey (data not shown). More than three-quarters of the women who reported being stalked by an intimate partner in their lifetime reported receiving unwanted phone calls or text messages (77.4%), nearly two-thirds (64.8%) reported that a current or former intimate partner showed up at their home, workplace or school when they didn't want them to be there, and 37.4% reported being watched or followed by a

Table 4.8

Lifetime and 12 Month Prevalence of Physical Violence by an Intimate Partner — U.S. Men, NISVS 2010

Behavior Experienced	Lifetime		12 Month	
	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Slapped, pushed or shoved	25.7	29,064,000	4.5	5,066,000
Slapped	18.3	20,717,000	2.7	3,103,000
Pushed or shoved	19.4	21,953,000	3.8	4,253,000
Any severe physical violence	13.8	15,581,000	2.0	2,266,000
Hurt by pulling hair	2.9	3,331,000	0.3	390,000
Hit with fist or something hard	9.4	10,695,000	1.4	1,555,000
Kicked	4.3	4,817,000	0.7	737,000
Slammed against something	2.7	3,004,000	0.4	459,000
Tried to hurt by choking or suffocating	1.1	1,259,000	*	*
Beaten	2.6	2,982,000	0.3	376,000
Burned on purpose	0.6	654,000	*	*
Used a knife or gun	2.8	3,121,000	*	*

[1]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

current or former intimate partner. Approximately 2.1% of men in the United States (2.4 million) were stalked by an intimate partner during their lifetime, and 0.5% (approximately 519,000 men) reported being stalked during the 12 months prior to taking the survey (data not shown). The most frequently reported stalking behaviors by an intimate partner were unwanted phone calls or text messages (83.7%); being approached or having a current or former intimate partner show up at their home, workplace or school when they didn't want them to be there (52.1%), and being watched or followed by a current or former intimate partner (52.1%).

Psychological Aggression by an Intimate Partner

Prevalence Among Women

Nearly half of all women in the United States (48.4% or approximately 57.6 million) have experienced at least one form of psychological aggression by an intimate partner during their lifetime, with 4 in 10 (40.3%) reporting some form of expressive aggression (e.g., their partner acted angry in a way that seemed dangerous, told them they were a loser or a failure, insulted or humiliated them), or some form of coercive control (41.1%) by an intimate partner (Table 4.9). Nearly 1 in 7 women in the United States (13.9% or approximately 16.6 million) reported experiencing psychological aggression by an intimate partner in the 12 months prior to taking the survey. The prevalence of expressive aggression or coercive control by an intimate partner in the 12 months prior to taking the survey was similar at 10.4% and 10.7%, respectively.

Prevalence Among Men

Nearly half of men in the United States (48.8% or approximately 55.2 million) have experienced psychological aggression by an intimate partner during their lifetime (Table 4.10). Approximately one-third (31.9%) experienced some form of expressive aggression and about

Table 4.9

Lifetime and 12 Month Prevalence of Psychological Aggression by an Intimate Partner — U.S. Women, NISVS 2010

	Lifetime		12 Month	
Behavior Experienced	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Any Psychological Aggression	48.4	57,613,000	13.9	16,578,000
Any expressive aggression	40.3	47,994,000	10.4	12,334,000
Any coercive control	41.1	48,972,000	10.7	12,689,000

[1]Rounded to the nearest thousand.

Table 4.10

Lifetime and 12 Month Prevalence of Psychological Aggression by an Intimate Partner — U.S. Men, NISVS 2010

	Lifetime		12 Month	
Behavior Experienced	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Any Psychological Aggression	48.8	55,249,000	18.1	20,548,000
Any expressive aggression	31.9	36,186,000	9.3	10,573,000
Any coercive control	42.5	48,105,000	15.2	17,253,000

[1]Rounded to the nearest thousand.

4 in 10 (42.5%) experienced coercive control. Nearly 1 in 5 men (18.1%) experienced at least one of these behaviors by an intimate partner in the 12 months prior to taking the survey; 9.3% experienced expressive aggression and 15.2% experienced coercive control.

Psychologically Aggressive Behaviors Experienced by Female Victims

Among female victims of psychological aggression, the most commonly reported behaviors were expressive forms of aggression such as being called names like ugly, fat, crazy, or stupid (64.3%), witnessing an intimate partner act angry in a way that seemed dangerous (57.9%), and being insulted, humiliated, or made fun of (58.0%) (Figure 4.3). Being kept track of by demanding to know her whereabouts (61.7%) was also a commonly reported behavior.

Psychologically Aggressive Behaviors Experienced by Male Victims

Among male victims of psychological aggression, the most commonly reported forms were: being kept track of by demanding to know his whereabouts (63.1%); being called names such as ugly, fat, crazy, or stupid (51.6%); being told he was a loser, a failure, or not good enough (42.4%); witnessing an intimate partner act angry in a way that seemed dangerous (40.4%); and being insulted, humiliated, or made fun of (39.4%) (Figure 4.4).

Figure 4.3

Lifetime Reports of Psychological Aggression Among Female Victims by Type of Behavior Experienced — NISVS 2010

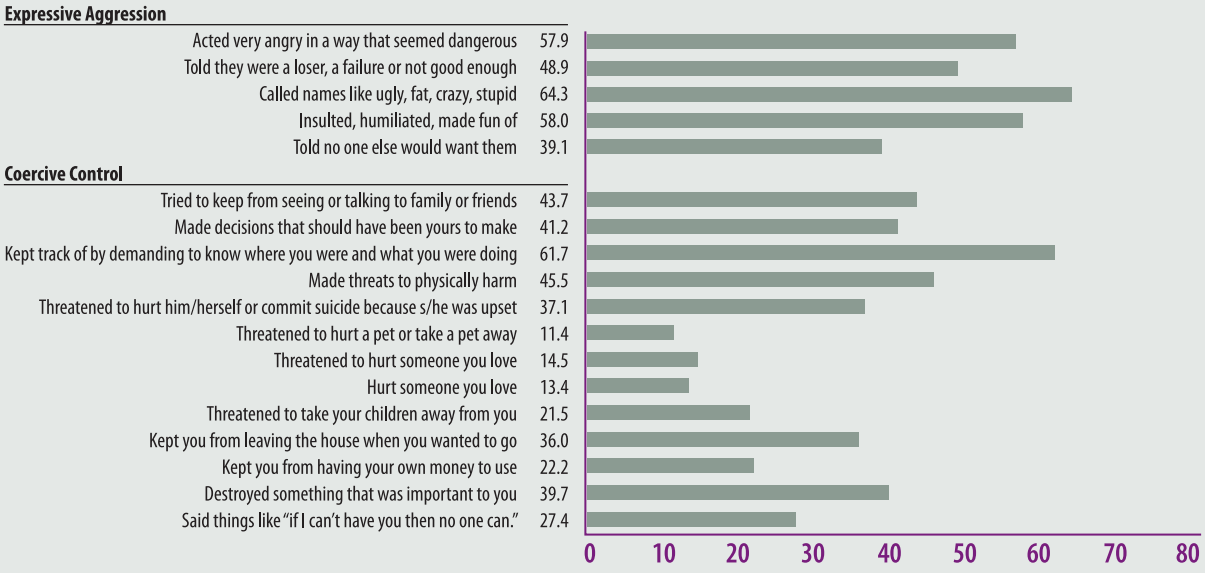
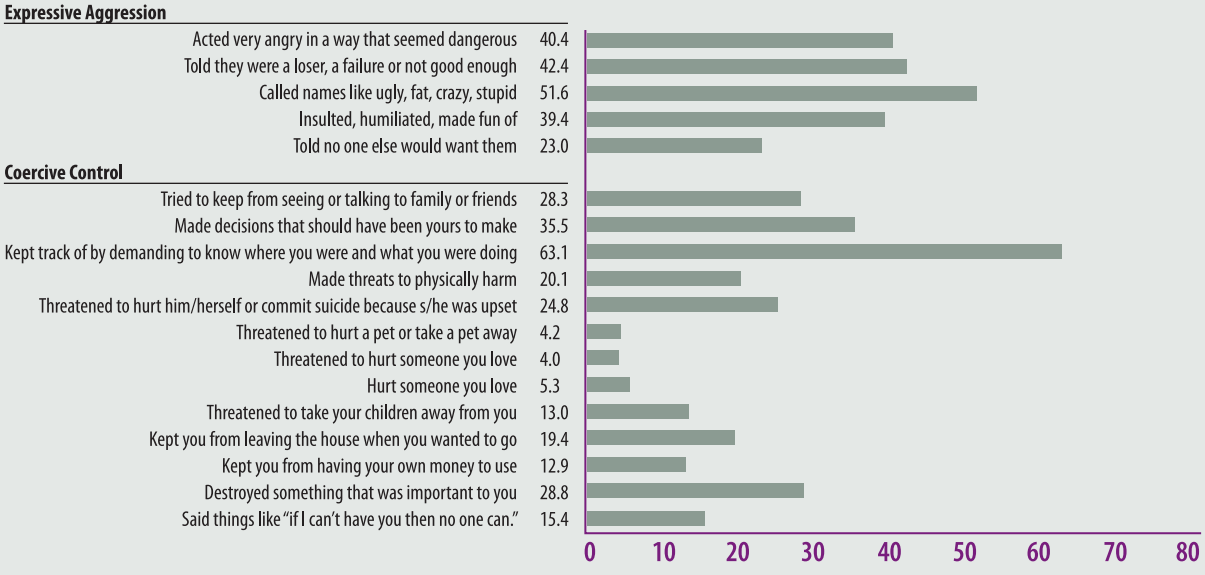


Figure 4.4

Lifetime Reports of Psychological Aggression Among Male Victims by Type of Behavior Experienced — NISVS 2010



Nearly half of women and men in the U.S. have experienced psychological aggression by an intimate partner in their lifetime.

Prevalence of Control of Reproductive or Sexual Health by an Intimate Partner

Approximately 8.6% (or an estimated 10.3 million) of women in the United States reported ever having an intimate partner who tried to get them pregnant when they did not want to, or refused to use a condom, with 4.8% having had an intimate partner who tried to get them pregnant when they did not want to, and 6.7% having had an intimate partner who refused to wear a condom (data not shown).

Approximately 10.4% (or an estimated 11.7 million) of men in the United States reported ever having an intimate partner who tried to get pregnant when they did not want to or tried to stop them from using birth control, with 8.7% having had an intimate partner who tried to get pregnant when they did not want to or tried to stop them from using birth control and 3.8% having had an intimate partner who refused to wear a condom (data not shown).

Victim-Perpetrator Relationship in Lifetime Reports of Violence by an Intimate Partner

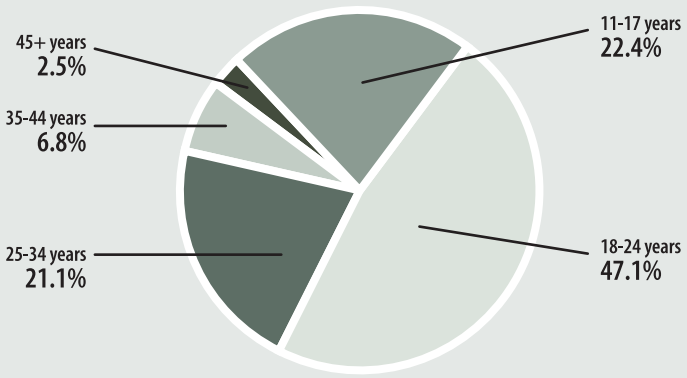
Approximately 86.1% of women and 83.6% of men who experienced rape, physical violence, and/or stalking by an intimate partner during their lifetime reported that the perpetrator was a current intimate partner at the time when the violence first occurred, while less than a quarter (21.9% and 23.1%, respectively) experienced one of these forms of intimate partner violence by someone who was a former intimate partner at the time the violence first occurred (data not shown).

Number of Perpetrators in Lifetime Reports of Violence by an Intimate Partner

The majority of women (70.8%) who ever experienced rape, physical violence, and/or stalking by an intimate partner reported being victimized by one partner, 20.9% were victimized by two partners and 8.3% were victimized by three or more partners. Similarly, the majority of men (73.1%) reported being victimized by one partner, 18.6% were victimized by two partners and 8.3% were victimized by three or more partners (data not shown).

Figure 4.5

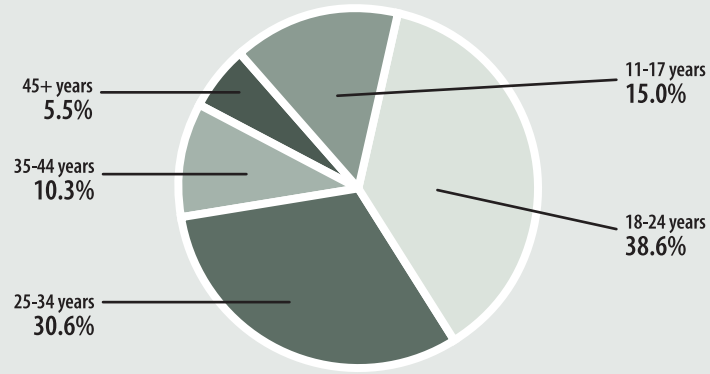
Age at Time of First IPV[1] Experience Among Women Who Experienced Rape, Physical Violence, and/or Stalking by an Intimate Partner — NISVS 2010



[1]IPV includes physical violence, all forms of sexual violence, stalking, psychological aggression, and control of reproductive or sexual health.

Figure 4.6

Age at time of First IPV[1] Experience Among Men Who Experienced Rape, Physical Violence, and/or Stalking by an Intimate Partner—NISVS 2010



[1]IPV includes physical violence, all forms of sexual violence, stalking, psychological aggression, and control of reproductive or sexual health.

Age at the Time of First IPV Experience among those who Experienced Rape, Physical Violence, and/or Stalking by an Intimate Partner

Among women who ever experienced rape, physical violence, and/or stalking by an intimate partner, more than 1 in 5 women (22.4%) experienced some form of intimate partner violence for the first time between the ages of 11 and 17 years (Figure 4.5). Nearly half (47.1%) were between 18 and 24 years of age when they first experienced violence by an intimate partner.

Among men who ever experienced rape, physical violence, and/or stalking by an intimate partner, 15.0% experienced some form of IPV between the ages of 11 and 17 years (Figure 4.6). In addition, 38.6% were between the ages of 18 and 24 when they first experienced violence by an intimate partner.

1 in 5 women and nearly 1 in 7 men who ever experienced rape, physical violence, and/or stalking by an intimate partner, first experienced some form of intimate partner violence between 11 and 17 years of age.

5: Impact of Intimate Partner Violence

5: Impact of Intimate Partner Violence

Factors beyond whether a person has ever experienced intimate partner violence are important to measure and understand in order to achieve a more complete picture of the true burden of intimate partner violence. Evidence from several studies suggests a dose-response effect of violence; as the frequency and severity of violence increases, the impact of the violence on the health of victims also becomes increasingly severe (Campbell, 2002; Cox, Coles, Nortje, Bradley, Chatfield, Thompson, & Menon, 2006). However, given that intimate partner violence victimization can range from a single act experienced once to multiple acts, including acts of severe violence over the course of many years, it is difficult to represent the variation in severity experienced by victims in a straightforward manner. To this end, NISVS included a number of questions to assess a range of impacts that victims of intimate partner violence may have experienced. This information provides not only a measure of the severity of the violence experienced, but also documents the magnitude of negative impacts to better focus preventive services and response.

Impact was measured using a set of indicators that represent a range of direct impacts that may be experienced by victims of intimate partner violence. IPV-related impact was assessed in relation to specific perpetrators, without regard to the time period in which impact occurred, and asked in relation to the forms of intimate partner violence experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship.

How NISVS Measured the Impact of Intimate Partner Violence

For each perpetrator of intimate partner violence, respondents were asked about whether they had experienced:

- being fearful
- being concerned for safety
- symptoms of post-traumatic stress disorder (PTSD)
  - having nightmares
  - trying hard not to think about it or avoiding being reminded of it
  - feeling constantly on guard, watchful, or easily startled
  - feeling numb or detached from others, activities, or surroundings
- being injured
- needing healthcare as a result of the intimate partner violence experienced
- needing housing services
- needing victim's advocate services
- needing legal services
- contacting a crisis hotline
- missing days of work or school because of the intimate partner violence experienced
- for those reporting rape by an intimate partner – contracting a sexually transmitted infection or becoming pregnant (for women)

The questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred. Because violent acts often do not occur in isolation and are frequently experienced in the context of other violence committed by the same perpetrator, questions regarding the impact of the violence were asked in relation to all forms of violence (sexual violence, physical violence, stalking, expressive aggression, coercive control, and reproductive control) committed by the perpetrator in that relationship. Such information provides a better understanding of how individual and cumulative experiences of violence interact to result in harm to victims and provides a more nuanced understanding of the overall impact of violence.

Table 5.1

Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner With IPV-Related Impact — U.S. Women, NISVS 2010

	Weighted %	Estimated Number of Victims[1]
Any Reported IPV-Related Impact [2,3,4]	28.8	34,273,000
Fearful	25.7	30,611,000
Concerned for safety	22.2	26,448,000
Any PTSD symptoms[5]	22.3	26,546,000
Injury	14.8	17,640,000
Needed medical care	7.9	9,362,000
Needed housing services	2.4	2,911,000
Needed victim's advocate services	2.7	3,195,000
Needed legal services	7.6	8,998,000
Contacted a crisis hotline	2.1	2,496,000
Missed at least one day of work/school	10.0	11,887,000
Contracted a sexually transmitted disease[6]	1.5	1,804,000
Became pregnant[6]	1.7	2,053,000

[1]Rounded to the nearest thousand.
[2]Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school. For those who reported being raped it also includes having contracted a sexually transmitted disease or having become pregnant.
[3]IPV-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship; 12-month prevalence of IPV-related impact was not assessed.
[4]By definition, all stalking incidents result in impact because the definition of stalking includes the impacts of fear and concern for safety.
[5]Includes: nightmares; tried not to think about or avoided being reminded of; felt constantly on guard, watchful, or easily startled; felt numb or detached.
[6]Asked only of those who reported rape by an intimate partner.

Prevalence of Rape, Physical Violence, and/or Stalking with IPV-Related Impact

Prevalence Among Women

Nearly 3 in 10 women in the United States (28.8% or approximately 34.2 million) have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to experiencing these or other forms of violent behavior in that relationship (Table 5.1). Approximately one-quarter of women reported being fearful (25.7%), and more than 1 in 5 reported being concerned for their safety (22.2%), or reported at least one post-traumatic stress disorder (PTSD) symptom (22.3%) as a result of the violence experienced. More than 1 in 7 (14.8%) experienced an injury, while 1 in 10 (10.0%) missed at least one day of work or school as a result of these or other forms of intimate partner violence.

Nearly 3 in 10 women and 1 in 10 men in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to these or other forms of violence in that relationship.

Table 5.2

Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner With IPV-Related Impact — U.S. Men, NISVS 2010

	Weighted %	Estimated Number of Victims[1]
Any Reported IPV-Related Impact[2,3,4]	9.9	11,214,000
Fearful	5.2	5,925,000
Concerned for safety	4.5	5,080,000
Any PTSD symptoms[5]	4.7	5,304,000
Injury	4.0	4,489,000
Needed medical care	1.6	1,773,000
Needed housing services	0.4	489,000
Needed victim's advocate services	*	*
Needed legal services	3.1	3,477,000
Contacted a crisis hotline	*	*
Missed at least one day of work/school	3.9	4,397,000
Contracted a sexually transmitted disease[6]	*	*

[1]Rounded to the nearest thousand.
[2]Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school. For those who reported being raped it also includes having contracted a sexually transmitted disease.
[3]IPV-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship; 12-month prevalence of IPV-related impact was not assessed.
[4]By definition, all stalking incidents result in impact because the definition of stalking includes the impacts of fear and concern for safety.
[5]Includes: nightmares; tried not to think about or avoided being reminded of; felt constantly on guard, watchful, or easily startled; felt numb or detached.
[6]Asked only of those who reported rape by an intimate partner.
* Estimate is not reported; relative standard error >30% or cell size ≤ 20.

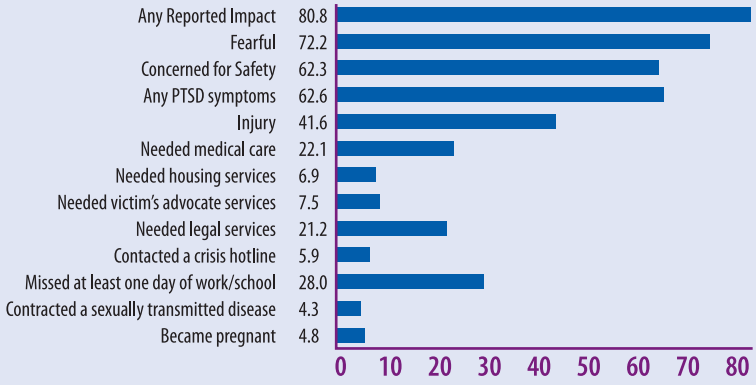
Approximately 1 in 7 women and 1 in 25 men were injured as a result of IPV that included rape, physical violence, and/or stalking by an intimate partner.

Prevalence Among Men

Approximately 1 in 10 men in the United States (9.9% or an estimated 11.2 million) has experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to these or other forms of violent behavior in that relationship (Table 5.2). One in 20 men (5.2%) was fearful as a result of the violence experienced. Approximately 1 in 25 men (4.0%) experienced injury, and nearly 1 in 25 men (3.9%) missed at least one day of work or school as a result of these or other forms of intimate partner violence.

Figure 5.1

Distribution of IPV-Related Impacts Among Female Victims of Rape, Physical Violence, and/or Stalking by an Intimate Partner — NISVS 2010



Among victims of rape, physical violence, and/or stalking by an intimate partner, approximately 6 out of 10 women and 1 in 6 men reported being concerned for their safety because of the violence in that relationship.

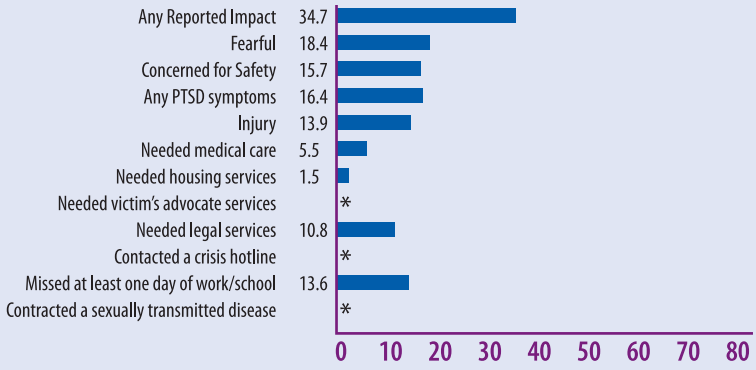
Distribution of IPV-Related Impacts Among Victims

Distribution Among Female Victims

Among female victims of rape, physical violence, and/or stalking by an intimate partner, approximately 8 in 10 (80.8%) experienced at least one of the impacts measured in the survey from these or other forms of intimate partner violence in that relationship (Figure 5.1). Specifically, 72.2% of victims were fearful, 62.3% were concerned for their safety, 62.6% experienced at least one post-traumatic stress disorder (PTSD) symptom, 41.6% were injured as a result of the violence, and 28.0% missed at least one day of work or school.

Figure 5.2

Distribution of IPV-Related Impacts Among Male Victims of Rape, Physical Violence, and/or Stalking by an IntimatePartner — NISVS 2010



* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

Distribution Among Male Victims

Among male victims of rape, physical violence, and/or stalking by an intimate partner, more than 1 in 3 (34.7%) experienced at least one of the impacts measured in the survey from these or other forms of intimate partner violence in that relationship (Figure 5.2). Specifically, 18.4% of victims were fearful, 15.7% were concerned for their safety, 16.4% experienced at least one post-traumatic stress disorder (PTSD) symptom, 13.9% were injured as a result of the violence, and 13.6% missed at least one day of work or school.

6: Physical and Mental Health Outcomes by Victimization History

6: Physical and Mental Health Outcomes by Victimization History

Previous research suggests that victims of intimate partner and sexual violence make more visits to health providers over their lifetime, have more hospital stays, have longer duration of hospital stays, and are at risk of a wide range of physical, mental, reproductive, and other health consequences over their lifetime than non-victims (Basile & Smith, 2011; Black, 2011). Many studies have documented increased risk for a number of adverse physical, mental, reproductive, and other health outcomes among those who have experienced intimate partner violence and sexual violence. A smaller body of research has also documented that stalking has a negative impact on health (Davis, Coker, & Sanderson, 2002). Most studies that have evaluated the adverse health impact of intimate partner violence and sexual violence are based on female victims of such violence; less is known about the risk for adverse health events among men (Breiding, Black, & Ryan, 2008; Smith & Breiding, 2011).

The cross-sectional nature of NISVS does not allow for a determination of causality or the temporal precedence of violence victimization and associated health outcomes. However, there may be a number of potential mechanisms by which violence is related to health over one's lifetime (Black, 2011). For example, some health conditions may result directly from a physical injury. Other health conditions may result from the adoption of health-risk coping behaviors such as smoking and the harmful use of alcohol or drugs (Campbell, 2002; Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith, 2002). Another explanation for the association between violence victimization and poor health is the harmful biologic response to chronic stress associated with experiences of violence (Sutherland, Bybee, & Sullivan, 2002).

This section compares the prevalence of various health outcomes among persons with a lifetime history of rape by any perpetrator, stalking by any perpetrator, or physical violence by an intimate partner in relation to those who have not experienced these forms of violence in their lifetime.

How NISVS Measured Health Outcomes

Before being asked about sexual violence, stalking, and intimate partner violence, all survey participants were asked the following health related questions:

- Have you ever been told by a doctor, nurse, or other health professional that you had…
  - Asthma?
  - Irritable bowel syndrome or IBS?
  - Diabetes?
  - High blood pressure?
- Do you have…
  - Frequent headaches?
  - Chronic pain?
  - Difficulty sleeping?
- Are any of your activities limited in any way because of physical, mental, or emotional problems?
- Would you say that in general your physical health is excellent, very good, good, fair, or poor?
- Would you say that in general your mental health is excellent, very good, good, fair, or poor?

Table 6.1

Prevalence of Physical and Mental Health Outcomes Among Those With and Without a History of Rape or Stalking by any Perpetrator or Physical Violence by an Intimate Partner — U.S. Women, NISVS 2010

	Weighted %		
Health Outcome	History	No History[1]	p value[2]
Asthma	23.7	14.3	<.001
Irritable Bowel Syndrome	12.4	6.9	<.001
Diabetes	12.6	10.2	<.001
High Blood Pressure	27.3	27.5	n.s.[3]
Frequent Headaches	28.7	16.5	<.001
Chronic Pain	29.8	16.5	<.001
Difficulty Sleeping	37.7	21.0	<.001
Activity Limitations	35.0	19.7	<.001
Poor Physical Health	6.4	2.4	<.001
Poor Mental Health	3.4	1.1	<.001

[1]No history of rape, stalking, or intimate partner physical violence
[2]p-value determined using chi-square test of independence in SUDAAN™
[3]Non-significant difference

Prevalence of Physical and Mental Health Outcomes by Victimization History

Prevalence Among Women

With the exception of high blood pressure, the prevalence of adverse mental and physical health outcomes was significantly higher among women with a history of rape or stalking by any perpetrator, or physical violence by an intimate partner, compared to women without a history of these forms of violence (Table 6.1). This includes a higher reported prevalence of asthma, irritable bowel syndrome, diabetes, frequent headaches, chronic pain, difficulty sleeping, and activity limitations. The percentage of women who considered their physical or mental health to be poor was almost three times higher among women with a history of violence compared to women who have not experienced these forms of violence. The observed differences in the prevalence of health outcomes were in most cases quite large. The largest differences in prevalence of health outcomes between those with and without a violence history were observed for difficulty sleeping, activity limitations, chronic pain, and frequent headaches.

Prevalence Among Men

Compared to men without a history of rape or stalking by any perpetrator, or physical violence by an intimate partner, men with such histories had significantly higher prevalence of frequent headaches, chronic pain, difficulty sleeping, activity limitations, and consider their physical and mental health to be poor (Table 6.2). There were no significant differences between the two groups of men in the prevalence of asthma, irritable bowel syndrome, diabetes, or high blood pressure.

Table 6.2

Prevalence of Physical and Mental Health Outcomes Among Those With and Without A History of Rape or Stalking by Any Perpetrator or Physical Violence by an Intimate Partner — U.S. Men, NISVS 2010

	Weighted %		
Health Outcome	History	No History[1]	p value[2]
Asthma	14.5	12.9	n.s.[3]
Irritable Bowel Syndrome	4.4	3.5	n.s.[3]
Diabetes	10.0	10.5	n.s.[3]
High Blood Pressure	30.1	29.3	n.s.[3]
Frequent Headaches	17.0	8.9	<.001
Chronic Pain	23.5	13.1	<.001
Difficulty Sleeping	33.0	18.4	<.001
Activity Limitations	29.7	17.9	<.001
Poor Physical Health	5.1	2.6	<.001
Poor Mental Health	2.7	1.2	<.01

[1]No history of rape, stalking, or intimate partner physical violence
[2]p-value determined using chi-square test of independence in SUDAAN™
[3]Non-significant difference

7: Sexual Violence, Stalking, and Intimate Partner Violence by State

7: Sexual Violence, Stalking, and Intimate Partner Violence by State

The National Intimate Partner and Sexual Violence Survey is designed to provide data for states as well as the nation. Although some individual states have collected data at various points during the past decade, most states do not have state prevalence data on sexual violence, stalking, and intimate partner violence. State-level data on these forms of violence help to define the nature and burden of the problem within a state and can be used to inform prevention planning and response. They can also help guide and evaluate progress toward reducing the substantial health, social, and economic costs associated with sexual violence, stalking, and intimate partner violence.

Lifetime estimates of the prevalence of sexual violence, stalking, and intimate partner violence are presented by state in this section. These estimates reflect the proportion of people in a given state population with a history of sexual violence, stalking, and intimate partner violence. The lifetime victimization experiences reported by individuals in a given state may include violence that occurred elsewhere. These estimates, however, provide important information about the proportion of women and men with victimization histories currently residing in a state. Given the potential long-term health consequences of victimization and the likelihood of ongoing health and service needs, these estimates can help states better understand the burden of violence in their populations. This information can also be used to inform prevention planning, resource allocation, and advocacy efforts.

Separate tables are provided for women and men. When reportable, prevalence estimates are presented for rape, sexual violence other than rape, and stalking by any perpetrator. State-level prevalence estimates of rape, physical violence, and/or stalking by an intimate partner are also provided along with the prevalence of lifetime intimate partner violence victimization with IPV-related impact. State-level 12 month estimates of sexual violence, stalking, and intimate partner violence are not included in this first report due to small numbers. In order to be able to provide reliable state-level annual estimates, many of the 12 month prevalence rates will be released in subsequent reports as moving averages over multiple years.

The findings in the detailed state tables show a range in lifetime victimization experiences of rape, sexual violence other than rape, and intimate partner violence across states. Lifetime estimates for women ranged from 11.4% to 29.2% for rape; 28.9% to 58% for sexual violence other than rape; and 25.3% to 49.1% for rape, physical violence, and/or stalking by an intimate partner. For men, lifetime estimates ranged from 10.8% to 33.7% for sexual violence other than rape; and 17.4% to 41.2% for rape, physical violence, and/or stalking by an intimate partner. Confidence intervals for these estimates are available at www.cdc.gov/violenceprevention/nisvs. For women, the percentage reporting rape, physical violence, and/or stalking by an intimate partner and experiencing at least one measured impact from these or other forms of violence in the relationship ranged from 19.3% to 39.5%. Data on IPV-related impact for men are not reported due to small numbers resulting in unreliable estimates.

When reviewing state level data it is important to recognize that although there are variations between states, the purpose in presenting these data is not to compare states but rather to help states understand the burden of the problem in their populations. The states, themselves, vary in a number of ways, including in their demographic characteristics (e.g., age distribution), social, economic and cultural characteristics, as well as external stressors (e.g., economic downturn, job loss, poverty), and other factors.

For information on how sexual violence and stalking were measured in NISVS, refer to Sections 2 and 3, respectively. For more information regarding how intimate partner violence was measured, refer to Section 4. For information regarding how IPV-related impact was measured, refer to Section 5. The prevalence estimates reported in Table 7.6 for women represent the percentage of women who experienced rape, physical violence, and/or stalking and reported experiencing at least one of the impacts measured as a result of these or other forms of intimate partner violence in a specific relationship. To provide a point of reference, the U.S. total is provided in the first row in each table.

Sexual Violence Victimization among Women

Table 7.1

Lifetime Prevalence of Sexual Violence by Any Perpetrator by State of Residence — U.S. Women, NISVS 2010

	Rape		Sexual Violence Other Than Rape	
State	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
United States Total	18.3	21,840,000	44.6	53,174,000
Alabama	17.1	321,000	39.3	737,000
Alaska	29.2	72,000	58.0	143,000
Arizona	18.0	441,000	43.6	1,064,000
Arkansas	20.4	230,000	42.2	475,000
California	14.6	2,024,000	40.7	5,634,000
Colorado	23.8	451,000	47.4	897,000
Connecticut	22.1	310,000	48.6	683,000
Delaware	14.2	50,000	34.9	123,000
District of Columbia	*	*	43.0	112,000
Florida	17.0	1,266,000	41.8	3,111,000
Georgia	17.6	655,000	46.4	1,731,000
Hawaii	*	*	41.9	210,000
Idaho	18.6	105,000	46.9	265,000
Illinois	18.6	930,000	50.6	2,526,000
Indiana	20.4	505,000	43.9	1,091,000
Iowa	16.9	198,000	33.1	389,000
Kansas	15.6	168,000	39.4	424,000
Kentucky	20.3	345,000	47.7	812,000

Table 7.1 — *continued*

State	Rape		Sexual Violence Other Than Rape	
	Weighted %	Estimated Number of Victims[1]	Weighted %	Estimated Number of Victims[1]
Louisiana	15.9	280,000	28.9	509,000
Maine	17.3	94,000	42.5	231,000
Maryland	20.5	466,000	54.9	1,248,000
Massachusetts	15.1	406,000	41.1	1,105,000
Michigan	25.6	1,005,000	45.2	1,773,000
Minnesota	22.2	452,000	48.4	982,000
Mississippi	*	*	33.8	387,000
Missouri	17.5	413,000	39.8	939,000
Montana	18.5	70,000	40.2	153,000
Nebraska	18.8	129,000	47.5	325,000
Nevada	26.1	252,000	48.0	463,000
New Hampshire	23.5	125,000	51.2	272,000
New Jersey	*	*	46.7	1,606,000
New Mexico	19.5	149,000	49.0	374,000
New York	17.7	1,398,000	48.2	3,798,000
North Carolina	21.6	794,000	51.0	1,875,000
North Dakota	19.3	48,000	30.6	77,000
Ohio	16.2	743,000	41.2	1,886,000
Oklahoma	24.9	353,000	48.0	680,000
Oregon	27.2	409,000	55.7	837,000
Pennsylvania	18.8	960,000	45.3	2,313,000
Rhode Island	14.8	64,000	34.9	151,000
South Carolina	15.0	273,000	45.9	831,000
South Dakota	*	*	38.7	120,000
Tennessee	13.6	340,000	44.4	1,108,000
Texas	21.7	1,963,000	46.5	4,201,000
Utah	18.1	174,000	47.8	459,000
Vermont	15.4	39,000	43.3	110,000
Virginia	11.4	354,000	42.0	1,302,000
Washington	23.7	608,000	53.2	1,367,000
West Virginia	18.9	139,000	35.9	265,000
Wisconsin	17.7	390,000	41.3	912,000
Wyoming	22.2	45,000	43.8	89,000

[1]Rounded to the nearest thousand.
* Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Sexual Violence Victimization Other than Rape among Men

Table 7.2

Lifetime Prevalence of Sexual Violence Other Than Rape[1] by Any Perpetrator by State of Residence — U.S. Men, NISVS 2010

State	Weighted %	Estimated Number of Victims[2]
United States Total	22.2	25,130,000
Alabama	21.5	367,000
Alaska	17.9	48,000
Arizona	25.9	627,000
Arkansas	18.5	195,000
California	22.1	3,015,000
Colorado	26.5	505,000
Connecticut	*	*
Delaware	18.4	60,000
District of Columbia	*	*
Florida	20.4	1,437,000
Georgia	22.1	776,000
Hawaii	17.1	86,000
Idaho	27.3	153,000
Illinois	*	*
Indiana	25.8	606,000
Iowa	19.8	222,000
Kansas	*	*
Kentucky	19.6	313,000
Louisiana	32.4	523,000
Maine	25.8	130,000
Maryland	17.3	359,000
Massachusetts	23.3	577,000
Michigan	22.5	834,000
Minnesota	22.4	442,000
Mississippi	21.1	220,000
Missouri	20.9	459,000
Montana	28.7	108,000
Nebraska	26.3	174,000
Nevada	21.3	212,000
New Hampshire	28.0	141,000

Table 7.2 — *continued*

State	Weighted %	Estimated Number of Victims[2]
New Jersey	*	*
New Mexico	21.5	158,000
New York	20.2	1,463,000
North Carolina	16.8	576,000
North Dakota	*	*
Ohio	24.7	1,048,000
Oklahoma	27.3	368,000
Oregon	18.6	270,000
Pennsylvania	18.6	880,000
Rhode Island	18.7	74,000
South Carolina	17.8	296,000
South Dakota	*	*
Tennessee	25.7	592,000
Texas	26.3	2,328,000
Utah	22.8	217,000
Vermont	23.6	57,000
Virginia	20.9	614,000
Washington	33.7	850,000
West Virginia	21.6	150,000
Wisconsin	23.7	507,000
Wyoming	29.3	61,000

[1]Estimates of rape among men are not included due to small numbers.
[2]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Stalking Victimization among Women

Table 7.3

Lifetime Prevalence of Stalking Victimization by Any Perpetrator by State of Residence — U.S. Women[1], NISVS 2010

State	Weighted %	Estimated Number of Victims[2]
United States Total	16.2	19,327,000
Alabama	24.1	452,000
Alaska	20.1	50,000
Arizona	14.9	364,000
Arkansas	18.6	210,000
California	14.0	1,943,000
Colorado	17.2	325,000
Connecticut	*	*
Delaware	*	*
District of Columbia	*	*
Florida	15.8	1,175,000
Georgia	14.8	554,000
Hawaii	*	*
Idaho	17.5	99,000
Illinois	13.8	691,000
Indiana	16.7	413,000
Iowa	17.3	203,000
Kansas	*	*
Kentucky	24.7	420,000
Louisiana	13.5	237,000
Maine	13.5	73,000
Maryland	15.5	352,000
Massachusetts	*	*
Michigan	18.2	715,000
Minnesota	18.4	373,000
Mississippi	20.1	230,000
Missouri	14.7	347,000
Montana	18.4	70,000
Nebraska	17.4	119,000
Nevada	24.4	236,000
New Hampshire	15.9	84,000

Table 7.3 — *continued*

State	Weighted %	Estimated Number of Victims[2]
New Jersey	*	*
New Mexico	22.3	171,000
New York	13.9	1,099,000
North Carolina	21.3	784,000
North Dakota	*	*
Ohio	17.9	818,000
Oklahoma	22.3	315,000
Oregon	16.8	252,000
Pennsylvania	19.1	977,000
Rhode Island	13.5	58,000
South Carolina	19.0	345,000
South Dakota	*	*
Tennessee	20.0	498,000
Texas	15.6	1,407,000
Utah	21.1	203,000
Vermont	14.6	37,000
Virginia	11.3	352,000
Washington	17.0	437,000
West Virginia	14.7	108,000
Wisconsin	12.7	280,000
Wyoming	20.6	42,000

[1]State-level stalking estimates for men are not reported; relative standard error >30% or cell size ≤ 20.
[2]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner among Women

Table 7.4

Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner by State of Residence — U.S. Women, NISVS 2010

State	Weighted %	Estimated Number of Victims[1]
United States Total	35.6	42,420,000
Alabama	31.0	582,000
Alaska	44.2	109,000
Arizona	36.5	891,000
Arkansas	37.3	420,000
California	32.9	4,563,000
Colorado	32.7	618,000
Connecticut	32.9	462,000
Delaware	34.9	124,000
District of Columbia	*	*
Florida	34.2	2,546,000
Georgia	35.1	1,310,000
Hawaii	35.7	179,000
Idaho	29.3	166,000
Illinois	37.7	1,882,000
Indiana	40.4	1,001,000
Iowa	31.3	368,000
Kansas	29.0	312,000
Kentucky	37.5	638,000
Louisiana	33.4	586,000
Maine	36.6	199,000
Maryland	42.1	957,000
Massachusetts	31.7	851,000
Michigan	41.8	1,638,000
Minnesota	33.7	684,000
Mississippi	40.1	460,000
Missouri	36.1	854,000
Montana	39.2	149,000

Table 7.4 — *continued*

State	Weighted %	Estimated Number of Victims[1]
Nebraska	38.5	263,000
Nevada	48.1	465,000
New Hampshire	40.4	214,000
New Jersey	26.2	902,000
New Mexico	34.4	263,000
New York	32.3	2,544,000
North Carolina	43.9	1,615,000
North Dakota	25.3	64,000
Ohio	35.6	1,629,000
Oklahoma	49.1	697,000
Oregon	37.3	561,000
Pennsylvania	37.7	1,927,000
Rhode Island	29.9	129,000
South Carolina	41.5	752,000
South Dakota	33.7	104,000
Tennessee	40.0	997,000
Texas	34.5	3,116,000
Utah	36.9	355,000
Vermont	33.6	85,000
Virginia	31.3	971,000
Washington	42.6	1,094,000
West Virginia	33.6	249,000
Wisconsin	32.4	714,000
Wyoming	35.8	73,000

[1]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner among Men

Table 7.5

Lifetime Prevalence of Rape, Physical Violence, and/or Stalking[1] by an Intimate Partner by State of Residence — U.S. Men, NISVS 2010

State	Weighted %	Estimated Number of Victims[2]
United States Total	28.5	32,280,000
Alabama	26.9	459,000
Alaska	25.0	67,000
Arizona	27.1	657,000
Arkansas	35.6	375,000
California	27.3	3,737,000
Colorado	28.6	545,000
Connecticut	33.9	442,000
Delaware	36.8	119,000
District of Columbia	24.4	55,000
Florida	24.6	1,731,000
Georgia	39.9	1,401,000
Hawaii	21.8	110,000
Idaho	33.3	187,000
Illinois	25.7	1,215,000
Indiana	26.8	631,000
Iowa	19.6	219,000
Kansas	23.0	239,000
Kentucky	31.0	495,000
Louisiana	28.4	457,000
Maine	26.7	135,000
Maryland	27.2	563,000
Massachusetts	19.2	474,000
Michigan	23.0	850,000
Minnesota	23.5	465,000
Mississippi	25.8	268,000
Missouri	40.4	886,000
Montana	32.6	122,000
Nebraska	26.1	172,000
Nevada	30.9	307,000
New Hampshire	37.8	191,000

Table 7.5 — *continued*

State	Weighted %	Estimated Number of Victims[2]
New Jersey	29.3	944,000
New Mexico	29.1	214,000
New York	33.5	2,423,000
North Carolina	19.3	660,000
North Dakota	26.1	66,000
Ohio	30.0	1,274,000
Oklahoma	40.7	550,000
Oregon	33.6	487,000
Pennsylvania	27.5	1,298,000
Rhode Island	19.3	76,000
South Carolina	17.4	290,000
South Dakota	30.2	92,000
Tennessee	32.5	750,000
Texas	35.1	3,104,000
Utah	19.6	187,000
Vermont	*	*
Virginia	22.1	647,000
Washington	28.3	716,000
West Virginia	41.2	286,000
Wisconsin	23.0	492,000
Wyoming	35.8	75,000

[1]Most of the violence reported by men was physical violence; 2.1% of men, overall, experienced stalking by an intimate partner.
[2]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner and Impact from these or other forms of IPV among Women

Table 7.6

Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner with IPV-related Impact by State of Residence — U.S. Women[1], NISVS 2010

	Any IPV-related impact[2-5]		Prevalence of Selected Impacts					
			Any fear or concern for safety		Any PTSD Symptoms[6]		Injury and/or Need for Medical Care	
State	Weighted %	Estimated Number of Victims[7]	Weighted %	Estimated Number of Victims[7]	Weighted %	Estimated Number of Victims[7]	Weighted %	Estimated Number of Victims[7]
United States Total	28.8	34,388,000	27.0	31,895,000	22.3	26,546,000	14.8	19,153,000
Alabama	26.6	498,000	24.8	465,000	21.5	404,000	12.4	232,000
Alaska	39.5	98,000	37.4	93,000	30.8	76,000	20.9	52,000
Arizona	28.2	688,000	26.7	652,000	19.4	474,000	*	*
Arkansas	27.9	314,000	24.8	280,000	21.2	239,000	15.8	178,000
California	25.9	3,589,000	24.0	3,324,000	18.8	2,603,000	14.5	2,004,000
Colorado	28.9	547,000	27.9	529,000	22.3	422,000	14.5	275,000
Connecticut	23.2	327,000	21.8	306,000	19.8	278,000	17.9	252,000
Delaware	29.0	103,000	27.3	97,000	22.5	80,000	*	*
District of Columbia	*	*	*	*	*	*	*	*
Florida	29.4	2,183,000	28.7	2,133,000	22.9	1,706,000	14.4	1,072,000
Georgia	31.7	1,184,000	28.9	1,077,000	24.0	895,000	19.7	735,000
Hawaii	28.3	142,000	26.8	134,000	22.9	115,000	*	*
Idaho	22.1	125,000	21.5	122,000	19.8	112,000	13.7	77,000
Illinois	32.7	1,635,000	28.8	1,441,000	21.7	1,084,000	17.4	870,000
Indiana	31.2	774,000	27.1	673,000	23.5	582,000	17.7	439,000
Iowa	24.2	285,000	22.1	260,000	16.9	198,000	14.5	170,000
Kansas	24.7	266,000	24.7	266,000	19.9	214,000	*	*
Kentucky	30.5	519,000	28.6	486,000	26.3	447,000	22.8	388,000
Louisiana	25.4	456,000	23.9	420,000	18.8	330,000	18.5	325,000
Maine	31.3	170,000	29.4	160,000	24.1	130,000	11.4	62,000
Maryland	32.0	727,000	27.2	618,000	20.9	476,000	15.2	346,000
Massachusetts	25.1	673,000	22.6	606,000	20.5	550,000	*	*
Michigan	34.4	1,348,000	32.8	1,286,000	27.9	1,093,000	22.8	894,000
Minnesota	27.1	550,000	26.8	543,000	23.6	478,000	13.1	266,000
Mississippi	31.2	358,000	28.2	324,000	24.5	281,000	23.3	268,000
Missouri	30.8	727,000	29.4	694,000	25.4	600,000	14.6	345,000

Table 7.6 — *continued*

State	Any IPV-related impact[2-5]		Prevalence of Selected Impacts					
			Any fear or concern for safety		Any PTSD Symptoms[6]		Injury and/or Need for Medical Care	
	Weighted %	Estimated Number of Victims[7]	Weighted %	Estimated Number of Victims[7]	Weighted %	Estimated Number of Victims[7]	Weighted %	Estimated Number of Victims[7]
Montana	32.3	123,000	30.8	117,000	24.0	91,000	15.5	59,000
Nebraska	29.2	200,000	27.5	188,000	25.0	171,000	16.1	110,000
Nevada	40.6	392,000	39.3	380,000	32.5	314,000	25.4	246,000
New Hampshire	33.0	175,000	29.0	154,000	26.4	140,000	15.4	82,000
New Jersey	21.3	733,000	19.6	676,000	*	*	*	*
New Mexico	29.9	228,000	28.1	215,000	22.2	170,000	20.0	153,000
New York	23.2	1,829,000	22.3	1,756,000	20.0	1,577,000	15.1	1,187,000
North Carolina	37.3	1,372,000	33.3	1,227,000	29.8	1,096,000	20.3	747,000
North Dakota	20.9	53,000	20.4	51,000	18.3	46,000	*	*
Ohio	31.5	1,442,000	29.2	1,336,000	21.2	970,000	17.6	808,000
Oklahoma	37.7	534,000	36.0	516,000	30.9	439,000	24.5	347,000
Oregon	26.2	393,000	25.0	375,000	19.9	299,000	14.5	217,000
Pennsylvania	28.3	1,447,000	25.0	1,280,000	22.8	1,163,000	17.3	884,000
Rhode Island	19.3	83,000	18.9	82,000	16.6	71,000	11.9	51,000
South Carolina	34.1	618,000	33.3	603,000	26.3	477,000	18.2	330,000
South Dakota	29.6	91,000	*	*	*	*	*	*
Tennessee	34.2	854,000	32.2	803,000	26.3	657,000	17.9	446,000
Texas	28.9	2,611,000	27.0	2,443,000	23.9	2,163,000	16.0	1,447,000
Utah	32.4	312,000	29.3	281,000	27.4	264,000	15.6	150,000
Vermont	26.7	68,000	25.6	65,000	21.1	54,000	15.3	39,000
Virginia	23.9	741,000	22.5	697,000	18.5	575,000	*	*
Washington	32.8	842,000	30.2	775,000	30.6	775,000	19.6	502,000
West Virginia	28.9	213,000	27.0	199,000	22.5	166,000	17.6	130,000
Wisconsin	23.4	516,000	22.5	496,000	17.9	394,000	11.4	251,000
Wyoming	25.4	52,000	22.7	46,000	18.9	38,000	15.3	31,000

[1]Data for men are not reported; relative standard error >30% or cell size ≤ 20.
[2]Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for healthcare, injury, crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work/school.For those who reported being raped it also includes having contracted a sexually transmitted disease or having become pregnant.
[3]IPV-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of IPV experienced (rape, physical violence, stalking, expressive aggression, coercive control, and reproductive control) in that relationship; 12-month prevalence of IPV-related impact was not assessed.
[4]By definition, all stalking incidents result in impact because the definition of stalking includes the impacts of fear and concern for safety.
[5]The individual impact measures in this table were selected because the majority of states had reportable data for these impacts.
[6]Includes having nightmares; trying hard not to think about what happened; feeling constantly on guard, watchful, or easily startled; feeling numb or detached from others, activities or surroundings.
[7]Rounded to the nearest thousand.
*Estimate is not reported; relative standard error >30% or cell size ≤ 20.

8: Discussion

8: Discussion

Highlights and Cross-Cutting Findings

The findings in this report indicate that sexual violence, stalking, and intimate partner violence continue to be important public health issues affecting many women and men in the United States. Although no demographic group is immune to these forms of violence, consistent patterns emerged with respect to the subpopulations in the United States that are most heavily affected. Consistent with previous national studies (Tjaden & Thoennes, 2000), the findings in this report indicate that women are heavily affected by sexual violence, stalking, and intimate partner violence. Many of these forms of violence are first experienced during childhood and remain prevalent among young adults aged 18-24. Furthermore, victims who reported rape prior to 18 years of age had a higher prevalence of subsequent victimization of rape as an adult. These data provide further evidence that when victimization occurs, particularly when it occurs in childhood, it is often repeated in adulthood (Tjaden & Thoennes, 2000; Smith, White, & Holland, 2003; Maker, Kemmelmeier, & Peterson, 2001; West, Williams, & Seigel, 2000).

For all types of violence examined in this report, the majority of both female and male victims had one perpetrator. Across all forms of violence, the majority of female victims reported that the perpetrators were male. Male rape victims and male victims of non-contact unwanted sexual experiences reported predominantly male perpetrators. Nearly half of male stalking victims also reported perpetration by a male. Male victims of other forms of violence reported predominantly female perpetrators. Across all subpopulations and all forms of violence, the vast majority of victims knew their perpetrator – for women, perpetrators were often current or former intimate partners and for men they were often acquaintances. A substantial number of female victims of intimate partner violence experienced multiple forms of violence (e.g., rape, physical violence, and stalking) in their lifetime. Among male victims of intimate partner violence, the majority experienced physical violence, with a smaller percentage of men having experienced both physical violence and stalking.

Additionally, racial and ethnic minority women and men continue to bear a relatively heavier burden of sexual violence, stalking, and intimate partner violence. This is likely a reflection of the many stressors that racial and ethnic minority communities continue to experience. For example, a number of social determinants of mental and physical health, such as low income and limited access to education, community resources, and services, likely play important roles.

These findings also confirm and extend the literature documenting that exposure to sexual violence, stalking, and intimate partner violence has significant adverse consequences for physical and mental health. The severity and range of health consequences were greater for victims of these forms of violence than for persons without a history of victimization. This is the first U.S. survey that enables us to document and track these consequences on a national scale.

For many states, the findings in this report provide the first reliable and representative state-level prevalence estimates for sexual violence, stalking, and intimate partner violence. State-level data reveal variation across states for all types of violence examined. Demographic composition and other factors may play an important role in the nature and magnitude of violence within and across states.

Comparison of Prevalence Estimates to Previous National Studies

Differences in methodology between the National Intimate Partner and Sexual Violence Survey and other population-based surveys or data sources make comparisons of prevalence estimates difficult. NISVS uses a combination of strategies to enhance accuracy of reporting and safety of respondents. The extent to which similar strategies

are utilized in other surveys that measure violent victimization varies. For example, to facilitate recall, NISVS is designed to be consistent with the way victims tend to recall experiences of violence – all behaviors are linked to a specific perpetrator (e.g., ex-husband, acquaintance, stranger). All questions are asked within the context of that perpetrator. Additionally, as described in the background section of this report, NISVS uses a number of methods that are designed to safely maximize disclosure of sensitive information. A key example is that one adult is randomly selected from each household and the specific survey content is only disclosed to that adult; no other household members are aware of the specific questions being asked. The respondent then answers questions about their own experiences with violence and they do not have to inform anyone else in the household about the nature of the questions. Other features of NISVS also are designed to reduce underreporting, such as use of only female interviewers, creating a social distance by interviewing over the telephone instead of in person, use of extensive introductions to questions asking about sensitive topics, and specialized training for interviewers to prepare them to collect sensitive information. The NISVS procedures are intended to enhance respondents' comfort and safety so that they are willing and able to disclose their victimization experiences.

Other differences between NISVS and other surveys may include differing contexts for survey questions (e.g., health, relationship, or crime), differences in question wording, and differences in the number and range of victimization experiences included in the violence measures. For example, in addition to forced penetration, the findings for rape in this report include attempted forced penetration and alcohol/drug-facilitated forced penetration in the calculation of the overall prevalence estimate for rape. The differences between the findings in this survey and other similar surveys could also be due, in part, to differing sampling strategies (e.g., sampling cell phones); differing methods used to produce representative estimates (e.g., weighting); and differing methods of data collection (e.g., in-person versus telephone) and who is interviewed (e.g., victims only or victims and proxies).

As an example of prevalence differences between the National Intimate Partner and Sexual Violence Survey and other surveys, the lifetime prevalence estimate of rape for men in this report is lower than what has been reported in other surveys (e.g., for forced sex more broadly) (Basile, Chen, Black, & Saltzman, 2007). This could be due in part to the National Intimate Partner and Sexual Violence Survey making a distinction between rape and being made to penetrate someone else. Being made to penetrate is a form of sexual victimization distinct from rape that is particularly unique to males and, to our knowledge, has not been explicitly measured in previous national studies. It is possible that rape questions in prior studies captured the experience of being made to penetrate someone else, resulting in higher prevalence estimates for male rape in those studies.

The findings in this report also show a higher prevalence of stalking among women and men than previous national surveys (Baum et al., 2009; Tjaden & Thoennes, 2000). Although victims reported experiencing the conventional forms of stalking (e.g., watching and showing up unexpectedly), the higher prevalence estimates in the National Intimate Partner and Sexual Violence Survey may largely be due to the inclusion of stalking tactics related to newer technologies (e.g., persistent cell phone texting) that did not exist as a stalking modality when some of the previous studies were conducted. Cell phone ownership has grown tremendously in the last several years. Furthermore, advancements in wireless technology have led to Internet access that is no longer dependent upon the use of home or business computers. For many people, these technologies provide greater convenience and easier accessibility to others; however, this growth in technology may have also increased the ease of engaging in certain stalking behaviors.

The prevalence estimates for intimate partner violence reported here also differ from those reported in other similar national surveys. The estimates are higher for both men and women, but particularly for physical violence victimization of men. In addition to the previously mentioned changes related to the measurement of stalking and sexual violence, which are components of intimate partner violence, another key factor may account for the differences in prevalence estimates. Specifically, some previous national surveys

have asked respondents to identify whether they have experienced physical violence by any perpetrator, and then respondents are subsequently asked whether the perpetrator was an intimate partner. By contrast, respondents in the National Intimate Partner and Sexual Violence Survey are asked whether they have experienced physically violent acts specifically by a romantic or sexual partner. This difference may have increased reporting by focusing respondents on intimate partner violence specifically rather than physically violent acts that may have been perpetrated by others, such as strangers and acquaintances. This may particularly be true for men as they are more likely to have experienced physical violence outside the context of an intimate relationship (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Limitations

The findings of this report are subject to a number of limitations. Random digit dial telephone surveys face two major issues that have the potential to affect the representativeness of the sample population. This includes declining response rates and an increasing number of households without landline telephones (Peytchev, Carley-Baxter, & Black, 2011). While the overall response rate for the 2010 National Intimate Partner and Sexual Violence Survey was relatively low, the cooperation rate was high. A number of efforts were also made to mitigate the potential for non-response and non-coverage bias. These include a non-response follow-up in which randomly selected non-responders were re-contacted and offered an increased incentive for participation. In addition, the inclusion of a cell-phone component provided increased coverage of a growing population that would have otherwise been excluded. The cell-phone only population tends to be young, low income, and comprised of racial/ethnic minorities (Peytchev, Carley-Baxter, & Black, 2011). Importantly, these demographic groups have higher prevalence of sexual violence, stalking, and intimate partner violence.

Follow-up questions were designed to reflect the victim's experience with each perpetrator across the victim's lifetime. There are several limitations associated with how these questions were asked. First, respondents were asked about the impact from any of the violence inflicted by each perpetrator. Therefore, it is not possible to examine the impact of specific violent behaviors. However, results from the cognitive testing process for the National Intimate Partner and Sexual Violence Survey suggested that victims who experienced multiple forms of violence with a perpetrator would have a difficult time distinguishing which type of violence from that perpetrator resulted in a particular type of impact. Second, because we used victims' reports of the age and relationship at the time any violence started with each perpetrator it was not always possible to assess the age or relationship at the time specific types of violent behavior occurred. Based on the data we have about the relationship at the first victimization and last victimization, we estimate that less than 3% of perpetrators had a relationship with the victim that changed categories over time (e.g., from acquaintance to intimate partner). All of the estimates in this report reflect the relationship at the time the perpetrator first committed any violence against the victim.

Even though the National Intimate Partner and Sexual Violence Survey captures a full range of victimization experiences, the estimates reported here are likely to underestimate the prevalence of sexual violence, stalking, and intimate partner violence for a number of reasons. These include: 1) potential respondents that are currently involved in violent relationships may not participate in the survey or fully disclose the violence they are experiencing because of concern for their safety; 2) although the survey gathers information on a wide range of victimizations, it is not feasible to measure all of the violent behaviors that may have been experienced; 3) given the sensitive nature of these types of violence it is likely that some respondents who had been victimized did not feel comfortable participating or did not feel comfortable reporting their experiences because of the social stigma associated with being a victim of these forms of violence; 4) although potentially mitigated by the use of a cell-phone sample, RDD surveys may not capture populations living in institutions (e.g., prisons, nursing homes, military bases, college dormitories), or those who may be living in shelters, or homeless and transient; and 5) it is possible that some respondents forgot about violence experiences that were less severe in nature or that occurred long ago.

In addition to the possible causes of underestimation of the prevalence, it is important to consider the limitations of self report data and that errors in recall or reluctance to discuss specific types of violence or perpetrators might impact the accuracy of estimates in unpredictable ways and in a manner that could potentially vary across subgroups of victims (e.g., by age or sex). Also, the reader is cautioned against making comparisons across groups or across states because apparent variation in estimates might not reflect statistically meaningful differences. Even with these limitations, population-based surveys that collect information directly from victims remain one of the most important sources of data on sexual violence, stalking, and intimate partner violence, particularly for capturing victimization experiences that are not likely to come to the attention of police, that may not be considered a crime by victims, or do not require treatment by a health provider. Population-based surveys that are carefully conducted, with well-trained interviewers who are able to build rapport and trust with participants, are essential to the collection of valid data and the well-being of respondents.

9: Implications for Prevention

9: Implications for Prevention

The findings in this report underscore the heavy toll that sexual violence, stalking, and intimate partner violence places on women, men, and children in the United States. Given the scope and impact of sexual violence, stalking, and intimate partner violence, it is critical that feasible, evidence-informed actions are taken to prevent and respond to these problems. Collective action is needed to implement prevention approaches, ensure appropriate responses, and support these efforts based on strong data and research.

Implement Prevention Approaches

The goal of public health is to prevent violence from occurring in the first place. The following primary prevention strategies are scientifically credible, can potentially impact multiple forms of sexual violence, stalking and intimate partner violence, and represent areas where states and communities can make reasonable investments.

Promote Healthy, Respectful Relationships Among Youth

Relationships with Parents

Building healthy parent-child relationships can address a range of risk factors for sexual violence, stalking, and intimate partner violence. These relationships can benefit from efforts to build positive, effective parenting skills; include and support fathers; increase positive family relationships and interactions; and develop emotionally supportive familial environments, which facilitate respectful interactions and open communication. Further, parents who model healthy, respectful intimate relationships free from violence or aggression foster these relationship patterns in their children. It is also important to give adults, particularly parents, the skills and resources to prevent child sexual abuse.

Relationships with Peers and Dating Partners

Characteristics of respectful relationships include: a belief in nonviolent conflict resolution; effective communication and conflict resolution skills; the ability to negotiate and adjust to stress and safely manage emotions such as anger and jealousy; and a belief in a partner's right to autonomy, shared decision-making, and trust. From preschool through the teen years, young people are refining the skills they need to form positive relationships with others. It is important to promote healthy relationships among young people and prevent patterns of dating violence that can last into adulthood. It is also important to reinforce respectful relationships among peers to prevent sexual harassment and bullying.

Prevention strategies that engage parents and youth in skill-building activities and encourage or reward respectful, healthy peer interactions and dating relationships can be implemented in the home, community, or school to ensure more youth experience and practice healthy relationships during this key developmental phase.

Address Beliefs, Attitudes, and Messages that Condone, Encourage, or Facilitate Sexual Violence, Stalking, or Intimate Partner Violence

The promotion of respectful, nonviolent relationships is not just the responsibility of individuals and partners, but also of the communities and society in which they live. It is important to continue addressing the beliefs, attitudes and messages that are deeply embedded in our social structures and that create a social climate that condones sexual violence, stalking, and intimate partner violence. One way is through norms change. Societal and community norms, policies, and structures create environments that can support or undermine respectful, nonviolent relationships. Such beliefs and social norms are reinforced by media messages that portray sexual violence, stalking, or intimate partner violence as normative and acceptable, that reinforce negative stereotypes about masculinity, or that objectify and degrade women.

Further, failure to enforce existing policies and laws against these

forms of violence may perpetuate beliefs that these behaviors are acceptable. It is important for all sectors of society to work together as part of any effort to end sexual violence, stalking, and intimate partner violence, both to change norms, attitudes, and beliefs, as well as support women and men in rejecting violence.

Another strategy involves engaging bystanders to change social norms and intervene before violence occurs. In many situations, there are a variety of opportunities and numerous people who can choose to step forward and demonstrate that violence will not be tolerated within the community. For instance, bystanders may speak out against beliefs, attitudes, and behaviors that support or condone sexual violence, stalking, and intimate partner violence – such as media portrayals that glamorize violence – and change the perceptions of these social norms in their peer groups, schools, and communities.

Ensure Appropriate Response

An emphasis on primary prevention is essential for reducing the violence-related health burden in the long term. However, secondary and tertiary prevention programs and services are also necessary for mitigating the more immediate consequences of violence. These programs and services are valuable for treating and reducing the sequelae and severity of violence and for intervening in the cycle of violence. Sexual violence, stalking, and intimate partner violence are often repetitive and can recur over long time periods. Several strategic foci for the secondary and tertiary prevention of violence have emerged from the existing knowledge base.

Provide Survivors with Coordinated Services and Develop a System of Care to Ensure Healing and Prevent The Recurrence of Victimization

The effects of sexual violence, stalking, and intimate partner violence on survivors and communities are profound. For example, survivors of sexual violence are at a higher risk for a number of physical and mental health problems and other adverse life events, including further victimization. The health care system's response must be strengthened and better coordinated for sexual violence, stalking, and intimate partner violence survivors to help navigate the health care system and access needed services and resources in the short and long term. For instance, more physicians and other health care professionals need training on forensic and patient care issues related to sexual violence. The health care response can be enhanced—and survivors can be better served—if more providers are equipped with the specific knowledge and skills necessary to provide good forensic medical care, direction, supervision, and leadership, as well as provide respectful, sensitive care and guidance to survivors. Education and training should be targeted specifically to stakeholders who may be involved in Sexual Assault Response Teams (SARTs), as these first responders set the tone for the victim's experience in the criminal justice, health care, and legal systems.

It is also important that health professionals be alert to the signs and symptoms of sexual violence and intimate partner violence at initial, follow-up, and annual visits. When signs and symptoms of violence are present, it should be required that an appropriate history is taken, assessment of symptoms is conducted, and appropriate treatment, counseling, protection referrals, and follow-up care are provided. A recent report by the Institute for Medicine (IOM, 2011) also called upon the U.S. Department of Health and Human Services to require coverage for screening and counseling for all women and adolescent girls for interpersonal and domestic violence as a preventive service in health insurance plans. The IOM recommends that these services be carried out in a culturally sensitive and supportive manner as part of women's preventive services without charging a co-payment, co-insurance or a deductible.

Ensure Access to Services and Resources

It is also critically important to ensure legal, housing, mental health, and other services and resources are available and accessible to survivors. Creating a resource environment that is safe and where confidentiality is maintained should be a priority. This can be particularly challenging in rural areas given potentially long distances to resources and threats to confidentiality; however, access to appropriate services

and maintaining confidentiality are critical both for response to violence as well as recovery for the survivor.
One strategy to improve access is co-located, multi-disciplinary service centers that include mental health, legal, economic, housing and other related services for survivors. It is also important that services are specifically designed to meet the needs of a wide range of different populations such as teens, older adults, men, gay, lesbian, bisexual, and transgendered people.

Hold Perpetrators Accountable

Incidents of sexual violence, stalking, and intimate partner violence are underreported as crimes in the United States. Survivors may be reluctant to disclose their victimization—whether to law enforcement or to family and friends—for a variety of reasons including shame, embarrassment, fear of retribution from perpetrators, or a belief that they may not receive support from law enforcement. Laws may also not be enforced adequately or consistently, and perpetrators may become more dangerous after their victims report these crimes. Understanding that there are many reasons why victims delay or avoid reporting is a prerequisite for developing better forms of engagement and support for victims and thus holding perpetrators more accountable for their crimes. Although survivors may understandably decide not to report immediately, if at all, they should receive information from advocates, health care personnel, law enforcement, and others so they can make the decision that is best for them.

Some communities have developed highly trained, coordinated teams with expertise related to sexual violence victimization, stalking, and intimate partner violence and can provide compassionate, informed responses. These and other efforts aimed at enhancing training within the criminal justice system can facilitate reporting, provide survivors with the support they need, and ensure that perpetrators are held accountable for their crimes.

Support Efforts Based on Strong Research and Data

Actions need to be supported by a strong foundation of data and research. Data are necessary to set priorities, guide the development of interventions, programs and policies, and monitor progress. Research is necessary to identify new trends in violence as well as strategies for prevention and intervention.

Implement Strong Data Systems for Monitoring and Evaluation

Improved data collection and monitoring is needed to better understand the prevalence of and trends in sexual violence, stalking, and intimate partner violence at the local, state and national levels; to provide information on which to base the development and evaluation of prevention and intervention programs; and to monitor and measure the effectiveness of prevention efforts. Particularly with regard to perpetration, innovative methods are needed to improve reporting when using survey methods. Ultimately, establishing cost-efficient and timely surveillance systems for all states, by using consistent definitions and uniform survey methods, will assist states by providing policymakers much needed information for enhancing prevention efforts at the state level. The National Intimate Partner and Sexual Violence Survey is a major step forward to fill this data gap.

Identify Ways to Prevent First-Time Perpetration of Sexual Violence, Stalking, and Intimate Partner Violence

Additional research is needed to develop and evaluate strategies to effectively prevent the first-time perpetration of sexual violence, stalking, and intimate partner violence. This includes research that addresses the social and economic conditions such as poverty, sexism, and other forms of discrimination and social exclusion, that increase risk for perpetration and victimization. Such research will complement efforts focused on preventing initial victimization and the recurrence of victimization.

Research examining risk and protective factors, including inequities in the distribution of and access to resources and opportunities, and their interactions at all levels of the social ecology is key to understanding how perpetration of violence develops and to determine the optimal times, settings, and strategies for preventing sexual violence, stalking, and intimate partner violence.

Documenting program costs and cost-effectiveness, when appropriate, will help practitioners and policymakers understand how to best use resources to implement effective programs. It is equally important to monitor strategies being used by the field, to identify and rigorously evaluate these approaches and document the value of efforts underway. As effective strategies are identified, research examining how to best disseminate, implement, and adapt evidence-based prevention strategies, will become increasingly important.

Conclusion

Much progress has been made in violence prevention. There is strong reason to believe that the application of effective strategies combined with the capacity to implement them will make a difference. The lessons already learned during public health's short experience with violence prevention are consistent with those from public health's much longer experience with the prevention of infectious and chronic diseases. Sexual violence, stalking and intimate partner violence can be prevented with data driven, collaborative action.

References

References

American Association for Public Opinion Research (AAPOR). (2011). Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys (7th ed). Retrieved from http://www.aapor.org/StandardDefinitions/3049.html.

Basile, K.C., Chen, J., Black, M.C., & Saltzman, L.E. (2007). Prevalence and characteristics of sexual violence victimization among U.S. Adults 2001-2003. *Violence and Victims, 22*, 4, 437–448.

Basile K.C., & Saltzman, L.E. (2002). Sexual violence surveillance: Uniform definitions and recommended data elements. Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

Basile, K.C., & Smith, S.G. (2011). Sexual violence victimization of women: Prevalence, characteristics, and the role of public health and prevention. *American Journal of Lifestyle Medicine, 5,* 407–417.

Basile, K. C., Swahn, M. H., Chen, J., & Saltzman, L. E. (2006). Stalking in the United States: Recent national prevalence estimates. *American Journal of Preventive Medicine*, *31*, 2, 172–175.

Baum, K., Catalano, S., Rand, M., & Rose, K. (2009). Stalking victimization in the United States. Special Report. (BJS Publication No. 224527). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Black, M.C. (2011). Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine, 5,* 428–439.

Blumberg, S. J., & Luke, J.V. (2008). *Wireless substitution: Early release of estimates based on data from the National Health Interview Survey, July–December 2007*. Retrieved from http://www.cdc.gov/nchs/nhis.html.

Breiding, M.J., Black, M.C., & Ryan, G.W. (2008). Chronic disease and health risk behaviors associated with intimate partner violence—18 U.S. states/territories, 2005. *Annals of Epidemiology*, *18*, 538–544.

Campbell J. (2002). Health consequences of intimate partner violence. *The Lancet, 359,* 1331–1336.

Centers for Disease Control and Prevention. (2000). *Building data systems for monitoring and responding to violence against women: Recommendations from a workshop*. (MMWR 49, No. RR-11). Atlanta, GA: Centers for Disease Control and Prevention.

Coker, A.L., Davis, K.E., Arias, I., Desai, S., Sanderson, M., Brandt, H.M., & Smith, P.H. (2002) Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine, 23*, 260–268.

Cox A.L., Coles, A.J., Nortje, J., Bradley, P.G., Chatfield, D.A., Thompson, S.J., & Menon, D.K. (2006). An investigation of autoreactivity after head-injury. *Journal of Neuroimmunology, 174*, 180–186.

Dailey, R., & Claus, R.E. (2001). The relationship between interviewer characteristics and physical and sexual abuse disclosures among substance users: A multilevel analysis. *Journal of Drug Issues*, *31*, 867–888.

Davis, K.E., Coker, A.L., & Sanderson, M. (2002). Physical and mental health effects of being stalked for men and women. *Violence and Victims*, *17*, 429–443.

Fisher, B.S., Cullen, F.T., & Turner, M.G. (2000). *The sexual victimization of college women*. (NIJ Publication No. 182369). Washington, DC: U.S. Department of Justice, National Institute of Justice.

Follingstad, D.R., Rutledge, L.L., Berg, B.J., Hause, E.S., & Polek, D.S. (1990). The role of emotional abuse in physically abusive relationships. *Journal of Family Violence*, *1*, 37–49.

Institute of Medicine. (2011) *Clinical preventive services for women: closing the gaps*. Washington, DC: The National Academy of Sciences.

Kilpatrick, D.G., Edmunds, C.N., & Seymour, A.K. (1992). *Rape in America: A report to the nation*. Arlington, VA: National Victim Center & Medical University of South Carolina.

Koss, M.P., Gidycz, C.A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology, 55*, 162–170.

Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R. (Eds). (2002). *World report on violence and health*. Geneva, Switzerland: World Health Organization.

Logan, T.K., & Cole, J. (2007). The impact of partner stalking on mental health and protective order outcomes over time. *Violence and Victims*, *22*, 546–562.

Maker, A.H., Kemmelmeier, M., & Peterson, C. (2001). Child sexual abuse, peer sexual abuse, and sexual assault in adulthood: A multi-risk model of revictimization. *Journal of Traumatic Stress*, *14*, 351–368.

National Victim Center & Medical University of South Carolina (1992). *Rape in America: A report to the nation*. Arlington, VA.

Peytchev A., Carley-Baxter, L.R., & Black, M.C. (2011). Multiple sources of nonobservation error in telephone surveys: Coverage and nonresponse. *Sociological Methods and Research*, *40*, 1, 138–168.

Randall, T. (1990). Domestic violence intervention: Calls for more than treating injuries. *Journal of the American Medical Association*, *264*, 939–940.

Rizzo L.J., Brick M., & Park I. (2004). A minimally intrusive method for sampling persons in random digit dial surveys. *Public Opinion Quarterly, 68*, 267–274.

Smith, P.H., White, J.W., & Holland, L.J. (2003). A longitudinal perspective on dating violence among adolescent and college-age women. *American Journal of Public Health, 93*, 1104–1109.

Smith, S.G., & Breiding, M.J. (in press). Chronic disease and health behaviors linked to experiences of nonconsensual sex among women and men. *Public Health*.

Sullivan, C.M., & Cain, D. (2004). Ethical and safety considerations when obtaining information from or about battered women for research purposes. *Journal of Interpersonal Violence*, *19*, 603–618.

Sutherland, C.A., Bybee, D.I., & Sullivan, C.M. (2002). Beyond bruises and broken bones: the joint effects of stress and injuries on battered women's health. *American Journal of Community Psychology, 30*, 609–636.

Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the national violence against women survey. (NIJ Publication No. 183781). Washington, DC: U.S. Department of Justice, National Institute of Justice.

Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence: findings from the National Violence Against Women Survey*. (NIJ Publication No. 181867). Washington, DC: U.S. Department of Justice.

West, C.M., Williams, L.M., & Siegel, J.A. (2000). Adult sexual revictimization among black women sexually abused in childhood: A prospective examination of serious consequences of abuse. *Child Maltreatment*, *5*, 49-57.

World Health Organization. (2001). *Putting women first: Ethical and safety recommendations for research on domestic violence against women.* (WHO Publication No. WHO/FCH/GWH/01.1). Geneva, Switzerland: Department of Gender and Women's Health.

Appendices

Appendix A: Expert Panel from the 2007 CDC Consultation on NISVS[3]

Antonia Abbey
Department of Psychology
Wayne State University
Detroit, MI

Bernard Auchter
Senior Social Science Analyst
Office of Research and Evaluation
National Institute of Justice
Washington, DC

Elaine Cassidy
Program Officer
Robert Wood Johnson Foundation
Princeton, NJ

Sarah Cook
Department of Psychology
Georgia State University
Atlanta, GA

Walter S. DeKeseredy
Criminology, Justice and Policy Studies
University of Ontario Institute of Technology
Oshawa, Ontario
Canada

Diane Follingstad
Department of Psychiatry
University of Kentucky
Lexington, KY

Sherry Hamby
Department of Psychology
Sewanee: The University of the South
Sewanee, TN

David Lloyd
Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy
Department of Defense
Washington, DC

Angela Moore
Division Director
Justice Systems Research
National Institute of Justice
Washington, DC

Rebecca K. Odor
Director
Sexual and Domestic Violence Prevention
Virginia Department of Health
Richmond, VA

K. Daniel O'Leary
Department of Psychology
Stony Brook University
Stony Brook, NY

Brian Spitzberg
School of Communication
San Diego State University
San Diego, CA

[3]Affiliations listed for panel members are based on affiliation at the time of the 2007 expert panel consultation.

Appendix B: Technical Note

Sampling Strategy

NISVS employs a dual-frame, stratified random digit dial (RDD) sampling design, with continuous data collection. The cell phone-only population has been growing at a rate of approximately two percentage points per year in recent years. As of the first half of 2010, one in four adults in the U.S. lived in a household with a cell phone but no landline ("cell phone-only" households), based on the National Health Interview Survey (Blumberg & Luke 2010). To meet the challenges of rising non-coverage rates in U.S. landline-based telephone surveys, NISVS implemented a dual-frame design where both landline and cell phone frames were sampled simultaneously.

List-Assisted Landline Frame. The landline sampling frame was comprised of hundred-banks of telephone numbers where each bank had at least one known listed residential number. A hundred-bank is the 100 telephone numbers that are generated by fixing the first eight digits of a telephone number and changing the last two digits (e.g., (800) 555-55XX). Known business numbers were excluded from the frame. In addition, non-working numbers were removed after sample selection through screening.

Cell-Phone Frame. The cell phone frame consisted of phone numbers in telephone banks identified as active and currently in use for cell phones. At the time the sample was drawn and at the time of this report, directory listings of cell phone numbers were not available. Thus, list-assisted screening was not possible.

Stratification for State-Level Estimates. NISVS has the dual objectives of providing national and state-level estimates. A sample design optimized for national estimates would use proportionate allocation across states (resulting in a sample size in each state that is proportionate to the adult population in that state), whereas a design optimized for providing stable state-level estimates might allocate the sample approximately equally across states. Considering these competing objectives, NISVS survey samples were stratified by state, balancing between stable state-level estimates and weight variation for the national estimates from oversampling of smaller states.

Within-Household Selection. Each state sample included both landline and cell phone samples. When reaching a household in the landline sample, the interviewer asked about the number of males and females living in the household. In a one-adult household, the adult was automatically selected to participate. In households with only two adults, the person on the phone or the other adult in the household was randomly selected. When there were more than two adults in the household, the adult with the most recent birthday was selected. This within-household selection has been found to be less likely to lead to overrepresentation of females in the pool of respondents compared to using only the most recent birthday method for all households with more than one adult (Rizzo, Brick, & Park, 2004). Because cell phones are personal use devices, the person answering the cell phone was selected as the respondent, if eligible.

Nonresponse Phase. To increase participation, NISVS was administered as a two-phase survey. Phase One was the main data collection phase. Respondents in the first phase were offered an incentive of $10 to participate in the survey. A random subsample of non-respondents from the first phase was selected during Phase Two, with the goal of reducing non-response and non-response bias. The second phase included a substantially higher incentive ($40) to further encourage participation.

Other Samples. In addition to the general population sample, samples were drawn from two additional populations: 1) a separate targeted sample of persons of American Indian or Alaska Native ethnicity, and 2) a random sample of female active duty military and female spouses of active duty military. Data from these two additional samples are not presented in this initial report but will be described in future publications.

Sample Distributions and Demographic Characteristics

From January 22, 2010 through December 31, 2010, a total of 201,881 telephone numbers were sampled. Of these, 31% were ineligible (business or nonworking telephone numbers), 53% were of unknown eligibility, and 15% were eligible. From the 31,241 eligible households (including eligible non-interviews such as refusals and break-offs), a total of 18,049 adults were interviewed nationally**.** This includes 16,507 completed and 1,542 partially completed interviews.

For comparison to the United States population, demographic characteristics of the selection weighted landline and cell phone samples, the post stratified combined samples, and the United States population is included below. Consistent with other studies, the landline and cell phone samples yield different demographic distributions. When combined, these samples complement each other and provide estimates that more closely approximate the U.S. population distribution.

Combined post stratified estimates are presented for the demographic variables used in weighting to illustrate how distributions are further adjusted to match the population distributions. In addition, demographic variables that were not used in weighting (education, marital status and household income) are included in the table as a further comparison between the sample population and the U.S. population. The sample population, when compared to the U.S. population, had higher levels of education, a larger percentage of never married respondents, fewer respondents who were currently married, and a higher percentage of respondents with lower household income.

Response Rate

The overall weighted response rate for the 2010 data collection for NISVS ranged from 27.5% to 33.6%. The computation of the weighted response rate reflects the stratified, two-phase, dual-frame survey design used in NISVS, and accounts for the disproportionate sampling across states, combined response rates from Phases One and Two, and combined response rates resulting from the two sampling frames.

The disproportionate sampling to maximize the stability of state-level estimates was taken into account by weighting each case with the inverse of the state-level probability of selection. Using the weighted case counts, the American Association for Public Opinion Research (AAPOR) Response Rate 4 (AAPOR, 2011) was computed separately for each combination of sample and phase. In the formula below, P and I denote partial and complete interviews, respectively. Cases such as a non-working number, beeper/pager, mobile phone, modem/fax, pay phone/blocked number, business, group quarters, and non-residence were coded as ineligible (IE). Non-interviewed cases from households with at least one adult were coded as eligible non-interviews (R, NC, and O). All remaining cases were coded as non-interviews with unknown eligibility (UH and UO). An eligibility rate (e) was computed by dividing the number of cases known as eligible (I, P, R, NC, and O) by the sum of the numbers of cases known as eligible and ineligible (IE). This factor was then applied to the cases with unknown eligibility in the denominator. This was computed separately for the landline and cell phone samples, and by phase.

$$RR4 = \frac{I+C}{(I+P)+(R+NC+O)+e(UH+UO)}$$

The response rates from the two phases are combined by computing the complement of the product of the non-response rates in each phase. This is equivalent to the Phase One response rate plus the product of the Phase One non-response rate and the Phase Two response rate.

The two combined-phase response rates from the landline and cell phone samples were combined into a single estimate by weighting them to their respective proportions in the population based on the National Health Interview Survey (Blumberg and Luke, 2010).

The range in the overall response rates reflects differences in how the proportion of the unknowns that are eligible is estimated (e). The 27.5% is an estimate of the proportion of the unknowns that are eligible based on the information identified by interviewers when calling numbers. The upper estimate (33.6%) also includes information from the prescreening process.

Table B.1

Demographic Characteristics of the NISVS Sample and the U.S. Population

	Women (%)				Men (%)				Total (%)	
	NISVS			U.S.	NISVS			U.S.	NISVS	US
Demographic Characteristics	Landline Sample, Selection Weighted	Cell Sample, Selection Weighted	Combined Samples, Post-stratified		Landline Sample Selection Weighted	Cell Sample, Selection Weighted	Combined Samples, Post-stratified		Combined Landline and Cell Samples, Post-stratified	
Characteristics Used to Weight the Data										
Sex										
Female									51.3	51.3
Male									48.7	48.7
Age										
18-24	3.9	19.2	12.4	12.4	4.6	18.8	13.8	13.8	13.1	13.1
25-29	3.0	16.6	8.9	8.9	4.1	17.0	9.8	9.8	9.4	9.3
30-44	16.3	26.7	25.7	25.6	17.6	28.9	27.4	27.3	26.5	26.4
45-64	42.2	30.2	34.2	34.1	44.1	28.5	34.3	34.2	34.3	34.2
65+	34.5	7.3	18.8	19.1	29.6	6.7	14.7	14.8	16.8	17.0
Race/Ethnicity										
Hispanic	9.5	14.9	12.7	12.7	6.6	16.6	14.4	14.5	13.6	13.6
White Non-Hispanic	77.4	67.2	68.4	68.5	79.9	64.7	68.1	68.0	68.2	68.2
Black Non-Hispanic	9.15	11.9	12.3	12.2	8.5	10.7	11.1	11.2	11.9	11.7
Asian or Pacific Islander Non-Hispanic	1.7	2.3	4.8	4.8	1.9	4.2	4.5	4.5	4.7	4.7
American Indian or Alaskan Native Non-Hispanic	0.6	0.8	0.7	0.7	0.9	0.7	0.7	0.7	0.7	0.7
Multiracial Non-Hispanic	1.8	2.9	1.1	1.1	2.2	3.1	1.2	1.0	1.2	1.1

Table B1 — *continued*

Characteristics Not Used to Weight the Data										
Education										
Didn't graduate from high school	10.9	10.0	9.8	12.9	11.6	10.8	11.3	13.8	10.6	13.3
High School Graduate	26.2	23.4	24.2	30.8	25.3	27.7	26.1	31.4	25.1	31.1
Technical school or college	30.0	32.3	29.8	27.3	24.7	28.4	26.0	24.7	27.9	26.1
Four year college graduate	19.7	21.4	21.7	19.0	20.1	20.8	20.9	19.0	21.3	19.0
Postgraduate	13.3	12.9	14.5	10.1	18.3	12.3	15.7	11.1	15.1	10.6
Marital Status										
Married	48.2	40.5	45.5	53.3	59.8	37.9	48.7	56.9	47.1	55.1
Divorced	16.1	14.1	14.0	11.4	14.5	11.6	11.7	9.0	12.9	10.3
Separated	2.0	3.7	2.8	2.7	1.9	3.6	2.7	2.0	2.8	2.4
Widowed	19.3	5.0	10.6	9.8	5.9	2.4	3.6	2.6	7.2	6.3
Never married	14.5	36.7	27.1	22.8	17.9	44.6	33.3	29.5	30.2	26.1
Household Income[1]										
< $10,000	6.2	9.6	7.4		4.7	8.3	6.6		7.0	4.8
$10,000 - $14,999	6.7	5.6	5.7		5.5	5.1	4.8		5.3	3.3
$15,000 - $19,999	7.4	9.6	8.0		6.3	8.0	6.6		7.3	4.0
$20,000 - $24,999	9.3	9.8	9.4		7.7	8.7	8.2		8.8	5.0
$25,000 - $34,999	10.5	10.3	9.8		11.1	10.0	9.7		9.8	9.7
$35,000 - $49,999	12.9	11.8	11.8		11.9	13.1	12.1		12.0	13.6
$50,000 - $74,999	13.1	13.1	13.2		15.4	14.0	14.2		13.7	19.4
> $ 75,000	20.6	19.7	22.8		29.5	23.6	28.9		25.8	40.2

[1]Income data in NISVS do not add up to 100% due to missing data for some categories (ranging from 8.1% to 13.3%).

Cooperation Rate

It is increasingly difficult to have actual contact with potential study participants because of the increased use of answering machines, caller ID, call screening, and privacy monitors. However, these telephone numbers are part of the denominator in calculating a response rate. An alternative measure, the cooperation rate, reflects the proportion who agreed to participate in the interview among those who were contacted and determined to be eligible. The cooperation rate for the 2010 NISVS data collection is based on the AAPOR cooperation rate formula 4 (COOP4). This cooperation rate is calculated as the sum of complete plus partial interviews divided by the sum of complete interviews, partial interviews, and non-interviews that involve the identification of and contact with an eligible respondent (refusal and break-off).

The cooperation rate formula 4 defines those individuals who were unable to do an interview as also incapable of cooperating and they are excluded from the denominator. The AAPOR cooperation rate formula 4 is:

$$COOP4 = \frac{I+C}{(I+P)+R}$$

The weighted cooperation rate for the 2010 NISVS data collection was 81.3% . In short, once contact was made and eligibility determined, the majority of respondents chose to participate in the interview.

Weighting Procedures

Weight Components

To generate estimates representative of the U.S. adult population, weights reflecting sampling features, non-response, coverage, and sampling variability were developed for analyses. There are several main weight components contributing to the final sampling weights: selection, multiplicity, non-response, and post-stratification. The selection weight accounts for different sampling rates across states, the varying selection probabilities in the landline and in the cell phone frames, the within household probability of selection, and the subsampling of non-respondents in Phase Two of data collection. The multiplicity weight component takes into consideration that some sample members had both landline and cell phone services, thereby having multiple chances of entering the survey. The non-response weight accounts for the variation in response rates within the selected sample. Finally, the post-stratification weight adjusts the product of the selection, multiplicity, and non-response weights to match the population distribution on main demographic characteristics. This is accomplished using benchmark counts from census projections to correct for both coverage and non-response, which allows the landline and cell phone samples to be merged together.

Two main sets of weights were computed for the analysis of NISVS data. Applying the same principles in constructing the various weight components, one set of weights were computed for all partial and complete interviews, while another set of weights were computed for the complete interviews only. An interview is defined as "complete" if the respondent completed the screening, demographic, general health questions, and all questions on all five sets of violence victimization, as applicable. An interview is defined as "partial" if the respondent completed the screening, demographic, and general health questions and at least all questions on the first set of violence victimization (psychological aggression).

Application of Weights

The estimates presented in this report are based on complete interviews and, therefore, use the set of weights for complete interviews.

Mid-Year Changes to the Survey Instrument

Minor changes to skip patterns were implemented in the third and fourth quarters of 2010 to improve data collection, decrease repetitiveness and increase efficiency. Changes include:

- Respondents who reported experiencing one psychologically aggressive behavior one time (for example, being called a name one time) without any other form of violence by the same perpetrator no longer received the general follow-up questions about that perpetrator (e.g., injury, absence from work/school, need for medical care or other services). This change does not affect the data in this report because these respondents are still included in the overall prevalence estimates for psychological aggression. This change also does not affect the estimates in the impact section

because those impacts were assessed for respondents who had experienced rape, stalking or physical violence; individuals who reported only experiencing psychological aggression were not included in these estimates.

- A skip pattern error allowed follow-ups on individuals who only experienced one stalking tactic one time, with no other violence. This error was corrected because this does not meet the definition of stalking. This change does not affect the prevalence of stalking because such cases were appropriately excluded.

Data Collection and Security

In an effort to reduce respondent burden and coding errors, and to increase efficiency, the survey instrument was programmed as a computer-assisted telephone interview (CATI) using the Blaise software package. The CATI system includes the actual interview program (including the question text, response options, interviewer instructions, and interviewer probes). The CATI's data quality and control program included skip patterns, rotations, range checks and other on-line consistency checks and procedures during the interview, assuring that only relevant and applicable questions were asked of each respondent. Data collection and data entry occur simultaneously with the CATI data entry system. The quality of the data was also improved through the ability of the CATI system to automatically detect errors. Data were extracted and analyzed directly from the system using existing statistical packages.

Several steps were taken throughout the data collection period to ensure that no respondent identifying information was linked to survey data. Before data collection began, lead letters were sent to all potential landline respondents for whom a telephone number and an address could be matched. The address files used to send the lead letters were destroyed and were not linked to survey responses. Additionally, RTI's CATI system included a compartmentalized data structure, in which personally identifying information was maintained separately from the actual questionnaire responses. Further, all identifying information was destroyed, once the interview was completed.

Data were collected continuously to allow for the optimal timing of the release of samples, the size of the samples, and the sample allocation across frames based on the latest landline and cell phone household data as well as interview outcomes in previous quarters.

Appendix C: Victimization Questions

Sexual Violence

How many people have ever…	• exposed their sexual body parts to you, flashed you, or masturbated in front of you? • made you show your sexual body parts to them? Remember, we are only asking about things that you didn't want to happen. • made you look at or participate in sexual photos or movies?
How many people have ever…	• harassed you while you were in a public place in a way that made you feel unsafe? • kissed you in a sexual way? Remember, we are only asking about things that you didn't want to happen. • fondled or grabbed your sexual body parts?
When you were drunk, high, drugged, or passed out and unable to consent, how many people ever…	• had vaginal sex with you? By vaginal sex, we mean that {if female: a man or boy put his penis in your vagina} {if male: a woman or girl made you put your penis in her vagina}? • {if male} made you perform anal sex, meaning that they made you put your penis into their anus? • made you receive anal sex, meaning they put their penis into your anus? • made you perform oral sex, meaning that they put their penis in your mouth or made you penetrate their vagina or anus with your mouth? • made you receive oral sex, meaning that they put their mouth on your {if male: penis} {if female: vagina} or anus?
How many people have ever used physical force or threats to physically harm you to make you…	• have vaginal sex? • {if male} perform anal sex? • receive anal sex? • make you perform oral sex? • make you receive oral sex? • put their fingers or an object in your {if female: vagina or} anus?
•How many people have ever used physical force or threats of physical harm to…	• {if male} try to make you have vaginal sex with them, but sex did not happen? • try to have {if female: vaginal} oral, or anal sex with you, but sex did not happen?
•How many people have you had vaginal, oral, or anal sex with after they pressured you by…	• doing things like telling you lies, making promises about the future they knew were untrue, threatening to end your relationship, or threatening to spread rumors about you? • wearing you down by repeatedly asking for sex, or showing they were unhappy? • using their authority over you, for example, your boss or your teacher?

Stalking Tactics

How many people have ever…

- watched or followed you from a distance, or spied on you with a listening device, camera, or GPS [global positioning system]?
- approached you or showed up in places, such as your home, workplace, or school when you didn't want them to be there?
- left strange or potentially threatening items for you to find?
- sneaked into your home or car and did things to scare you by letting you know they had been there?
- left you unwanted messages? This includes text or voice messages.
- made unwanted phone calls to you? This includes hang-up calls.
- sent you unwanted emails, instant messages, or sent messages through websites like MySpace or Facebook?
- left you cards, letters, flowers, or presents when they knew you didn't want them to?

Expressive Aggression

How many of your romantic or sexual partners have ever…

- acted very angry towards you in a way that seemed dangerous?
- told you that you were a loser, a failure, or not good enough?
- called you names like ugly, fat, crazy, or stupid?
- insulted, humiliated, or made fun of you in front of others?
- told you that no one else would want you?

Coercive Control

How many of your romantic or sexual partners have ever…

- tried to keep you from seeing or talking to your family or friends?
- made decisions for you that should have been yours to make, such as the clothes you wear, things you eat, or the friends you have?
- kept track of you by demanding to know where you were and what you were doing?
- made threats to physically harm you?
- threatened to hurt him or herself or commit suicide when he or she was upset with you?
- threatened to hurt a pet or threatened to take a pet away from you?
- threatened to hurt someone you love?
- hurt someone you love?
- {if applicable} threatened to take your children away from you?
- kept you from leaving the house when you wanted to go?
- kept you from having money for your own use?
- destroyed something that was important to you?
- said things like "If I can't have you, then no one can"?

Control of Reproductive and Sexual Health

How many of your romantic or sexual partners have ever. . .

- {if female: tried to get you pregnant when you did not want to become pregnant; if male: tried to get pregnant when you did not want them to get pregnant} or tried to stop you from using birth control?
- refused to use a condom when you wanted them to use one?

Physical Violence

How many of your romantic or sexual partners have ever. . .

- slapped you?
- pushed or shoved you?
- hit you with a fist or something hard?
- kicked you?
- hurt you by pulling your hair?
- slammed you against something?
- tried to hurt you by choking or suffocating you?
- beaten you?
- burned you on purpose?
- used a knife or gun on you?

Notes

Notes

Notes

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention

4770 Buford Highway NE, MS-F64
Atlanta, Georgia 30341-3742
www.cdc.gov/violenceprevention

National Center for Injury Prevention and Control
Division of Violence Prevention