



National Intimate Partner and Sexual Violence Survey

2010 Summary Report

EXECUTIVE SUMMARY

National Center for Injury Prevention and Control
Division of Violence Prevention



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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.

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