

Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization — National Intimate Partner and Sexual Violence Survey, United States, 2011

MMWR in Brief summarizes key points from "Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization — National Intimate Partner and Sexual Violence Survey, United States, 2011." MMWR 2014;63(No. SS-8). Available at http://www.cdc.gov/mmwr/pdf/ss/ss6308.pdf. Certain text might not have appeared in the original publication.

New Information

The report presents 2011 data from the National Intimate Partner and Sexual Violence Survey (NISVS) on the public health burden of sexual violence, stalking, and intimate partner violence victimization as well as the characteristics of victimization. Before implementation of NISVS in 2010, the most recent detailed national data on the public health burden from these forms of violence were obtained from the National Violence against Women Survey conducted during 1995–1996.

Analysis

The lifetime prevalence of sexual violence, stalking, and intimate partner violence victimization was stratified by sex. Among victims, the age at which victimization was first experienced was examined for each violence type.

Summary Findings

A substantial proportion of U.S. female and male adults have experienced some form of sexual violence, stalking, or intimate partner violence at least once during their lifetimes. Consistent with previous studies, the overall pattern of results indicate that women are heavily affected by these types of violence over their lifetimes. However, the results also indicate that many men experience sexual violence, stalking, and, in particular, physical violence by an intimate partner.

Data Source and Methods

NISVS is a national random-digit—dial telephone survey of the noninstitutionalized English- and Spanish-speaking U.S. population aged ≥18 years. NISVS gathers data on experiences of sexual violence, stalking, and intimate partner violence among adults in the United States by using a dual-frame sampling strategy that includes both landline and cellular

telephones. The survey was conducted in 50 states and the District of Columbia; in 2011, the second year of NISVS data collection, 12,727 interviews were completed, and 1,428 interviews were partially completed. Statistical inference for prevalence and population estimates were made using weighted analyses, in which complex sample design (e.g., dual frame, stratified sampling, and unequal sample selection probabilities) and nonresponse were taken into account to produce nationally representative estimates.

Main Results

In the United States, an estimated 19.3% of women and 1.7% of men have been raped during their lifetimes. An estimated 43.9% of women and 23.4% of men experienced other forms of sexual violence during their lifetimes, including being made to penetrate (0.6% of women and 6.7% of men), sexual coercion (i.e., nonphysically pressured unwanted penetration) (12.5% of women and 5.8% of men), unwanted sexual contact (e.g., kissing or fondling) (27.3% of women and 10.8% of men), and noncontact unwanted sexual experiences (e.g., being flashed or forced to view sexually explicit media) (32.1% of women and 13.3% of men). An estimated 15.2% of women and an estimated 5.7% of men have experienced stalking during their lifetimes.

The lifetime prevalence of rape by an intimate partner was an estimated 8.8% for women and an estimated 0.5% for men. An estimated 15.8% of women and 9.5% of men experienced other forms of sexual violence by an intimate partner during their lifetimes. Severe physical violence by an intimate partner was experienced by an estimated 22.3% of women and 14.0% of men during their lifetimes. The lifetime prevalence

Corresponding author: Matthew J. Breiding, PhD, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC. Telephone: 770-488-1396; E-mail: dvi8@cdc.gov.



of stalking by an intimate partner was 9.2% for women and 2.4% for men.

Many victims of sexual violence, stalking, and intimate partner violence were first victimized at a young age. Among female victims of completed rape, an estimated 78.7% were first raped before age 25 years, with 40.4% experiencing rape before age 18 years (Figure 1). Among male victims who were made to penetrate a perpetrator, an estimated 71.0% were victimized before age 25 years and an estimated 21.3% were victimized before age 18 years (Figure 1). In addition, an estimated 53.8% of female stalking victims and 47.7% of male stalking victims were first stalked before age 25 years (16.3% of female victims and 20.5% of male victims before age 18 years). Among victims of contact sexual violence, physical violence, or stalking by an intimate partner, an estimated 71.1% of women and 58.2% of men first experienced these or other forms of intimate partner violence before age 25 years, with 23.2% of female victims and 14.1% of male victims experiencing these types of victimization before age 18 years.

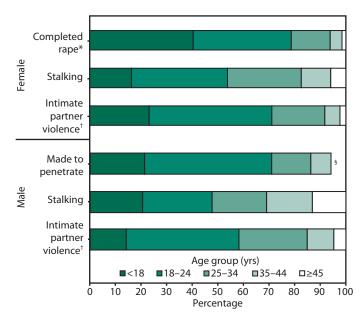
Limitations

The findings in this report are subject to at least four limitations. First, the overall response rate for the 2011 NISVS survey was relatively low (33.1%), but the cooperation rate was high (83.5%), and multiple efforts were made to reduce the likelihood of nonresponse and undercoverage bias (e.g., inclusion of a cellular telephone sample and follow-up of nonrespondents). Second, the estimates presented likely underestimate the actual prevalence of these forms of violence. Victims who are currently involved in violent relationships or who have recently experienced severe forms of violence might be less likely to participate in surveys or might not be willing to disclose their experiences because of unresolved emotional trauma or concern for their safety, among other reasons. Third, a telephone survey might be less likely to capture some populations that could be at higher risk for victimization (e.g., persons living in nursing homes, military bases, prisons, or shelters and those who are homeless). Finally, self-reported data are subject to recall bias because respondents might believe that events occurred closer in time than they did in actuality (i.e., telescoping), and this type of bias might particularly affect 12-month prevalence estimates.

Public Health Implications

Primary prevention of sexual violence, stalking, and intimate partner violence must begin early because a substantial portion is experienced at a young age. CDC seeks to prevent these forms of violence with strategies that address known risk

FIGURE 1. Age at the time of first victimization among female and male victims, by type of victimization — National Intimate Partner and Sexual Violence Survey, United States, 2011



* Includes completed forced penetration and completed alcohol/drug-facilitated penetration but not attempted forced penetration.

[†] Represents the age at time of first experience of intimate partner violence among those who experienced contact sexual violence, physical violence, or stalking by an intimate partner. Includes physical violence, all forms of sexual violence, stalking, psychological aggression, and control of reproductive or sexual health. Contact sexual violence by an intimate partner includes rape, being made to penetrate a perpetrator, sexual coercion, or unwanted sexual contact perpetrated by an intimate partner.

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

factors for perpetration and by changing social norms and behaviors through bystander and other prevention strategies. In addition, primary prevention of intimate partner violence is focused on the promotion of healthy relationship behaviors and other protective factors, with the goal of helping children and adolescents develop these positive behaviors before their first relationships. The early promotion of healthy relationships while behaviors are still relatively modifiable makes it more likely that young persons can avoid violence in their relationships.

Readers who have difficulty accessing this PDF file may access the HTML file at http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6308_brief.htm?s_cid=ss6308_brief_w. Address all inquiries about the MMWR Series, including material to be considered for publication, to Editor, MMWR Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30329-4027 or to mmwrq@cdc.gov.