NISVS

The National Intimate Partner and Sexual Violence Survey

2023/2024
Data Assessment Report

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

The National Intimate Partner and Sexual Violence Survey:

2023/2024 Data Assessment Report

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List of Abbreviations

AAPOR	American Association for Public Opinion Research
ABS	Address-Based Sampling
ACS	American Community Survey
BRFSS	Behavioral Risk Factor Surveillance System
CBG	Census Block Group
CDC	Centers for Disease Control and Prevention
CHIS	California Health Interview Survey
CDS	Computerized Delivery Sequence
MEPS-HC	Medical Expenditure Panel Survey Household Component
NCHS	National Center for Health Statistics
NHANES	National Health and Nutrition Examination Survey
NHIS	National Health Interview Survey
NISVS	National Intimate Partner and Sexual Violence Survey
NSDUH	National Survey on Drug Use and Health
NSFG	National Survey of Family Growth
PUMS	Public Use Microdata Sample
RDD	Random-Digit Dialing
SE	Standard Error
USPS	United States Postal Service

Introduction

The National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing, national population-based survey of non-institutionalized English- and/or Spanish-speaking women and men aged 18 or older living in the United States (50 states and the District of Columbia). Data from NISVS are used to estimate the prevalence of sexual violence, stalking, and intimate partner violence. Launched by the Centers for Disease Control and Prevention (CDC) in 2010, NISVS is designed to provide reliable prevalence estimates at both the national and state levels, supporting efforts to understand and prevent these forms of violence.

The NISVS 2023/2024 administration represented a new national population-based data collection within the NISVS system. Data collection occurred from September 5, 2023, through September 2, 2024. To facilitate efficient field operations, sampled household addresses were divided into three sample releases (Releases 1, 2, and 3). Within each release, data collection was implemented in two phases. The overall protocol was applied consistently across releases, with certain adjustments introduced in Release 3 to accommodate operational considerations. Compared with previous iterations, NISVS 2023/2024 featured an updated sampling methodology, revised data collection protocols, and an enhanced survey instrument. Detailed information on the sampling frame and procedures, data collection modes, survey instrument, and survey administration is available in the NISVS 2023/2024 Methodology Report.[1] Because these methodological and procedural updates represent substantial changes from earlier administrations of NISVS, a comprehensive assessment of the quality of the NISVS 2023/2024 data was warranted. This report extends the NISVS 2023/2024 Methodology Report by presenting in-depth analyses of the survey data.

The purpose of this report is to evaluate the quality, strengths, and limitations of the NISVS 2023/2024 survey data using available information. By examining key aspects of the data and highlighting its characteristics, the report is intended to support informed interpretation and appropriate use of the NISVS 2023/2024 data. All analyses were conducted by staff at the CDC or the contracting company that administered the survey. Sections of this data assessment report are listed below:

I. **Methodological Context**
II. **Common Measures of Survey Performance**
III. **Demographic Characteristics of the Sample**
IV. **Internal Consistency**
V. **External Consistency**
VI. **Estimation of Other Sources of Error**
VII. **Discussion**
VIII. **References**
IX. **Technical Notes**

Section I summarizes the background that informed the project's methodological and procedural changes, the key features implemented in the NISVS 2023/2024 survey administration to mitigate the risk of bias, and the project's alignment with the methodologies and procedures used by other surveys during the same period. The review of the broad survey methodology is presented first because the methodology is central to survey design. A sound methodological framework establishes the parameters necessary to measure the intended constructs and increases the likelihood that findings derived from the survey data can be generalized to the U.S. adult population.

Section II presents commonly recognized measures of survey performance, while acknowledging that a survey's performance cannot be accurately captured by a few high-level indicators. To provide a more comprehensive evaluation, subsequent sections present findings on data quality from multiple perspectives.

Section III provides an overview of the demographic characteristics of the data, focusing on the representativeness of the weighted sample with respect to specific personal and household-level demographic characteristics of the population. To assess alignment, comparisons were conducted between selection-weighted estimates and population benchmarks, as well as between the final weighted estimates and the same benchmarks. In addition, analyses were undertaken to evaluate the extent to which the final weighted data aligned with population benchmarks across selected demographic characteristics, using both the original survey response categories and the collapsed categories employed for weighting and calibration. These analyses provide insight into the extent to which the weighting procedures improved alignment with the target population.

Sections IV and V both explore benchmarking analyses, with Section IV addressing internal consistency and Section V discussing external consistency. These analyses are designed to evaluate the quality of the NISVS 2023/2024 data as a standalone cross-sectional survey and to assess its correspondence with estimates from other surveys that similarly assess health and victimization.

Section VI examines additional potential sources of error that may affect data quality but were not addressed in the preceding sections, recognizing that survey errors can arise from multiple aspects of the survey process.

Section VII summarizes the analysis results, discusses the limitations of the analyses, and presents conclusions based on the findings.

I. Methodological Context

Over the years, substantial changes in the telecommunications landscape have occurred, with the random-digit dialing (RDD) method experiencing a steady decline in participation rates, rising costs, and criticisms regarding the quality of data collected, partly due to low response rates. In contrast, the web survey mode has been shown to offer several advantages, including easy access, cost savings, and simpler processing after data collection.[2–8] Against this backdrop, a NISVS Redesign Study was conducted from 2018 to 2022, including a rigorous randomized trial (May 4, 2020, through October 6, 2020), in which survey participants were randomly assigned to experimental conditions to investigate the viability of continuing with an RDD approach or shifting to an address-based sampling (ABS) push-to-web design. The randomized trial compared RDD and ABS methodologies for NISVS and consisted of a series of experiments designed to identify an improved approach to NISVS data collection. These experiments implemented parallel surveys to compare different sampling frames—RDD and ABS—as well as different modes of data collection. Specifically, in the ABS condition, the study compared a multimode strategy in which respondents could complete the survey via self-administered web, self-administered paper, or an interviewer-administered telephone interview, depending on their assigned condition. Informed by the findings from the NISVS Redesign Study and rounds of cognitive testing carried out by the CDC's National Center for Health Statistics (NCHS), NISVS 2023/2024 adopted an ABS push-to-web methodology, supplemented with an option for respondents to complete the survey with a live interviewer by telephone, if desired. This methodology represented a significant departure from the dual-frame sampling approach previously utilized, which involved RDD of both landline and cellular phones for data collection.

For NISVS 2023/2024, the sampling frame was based on the contracting company's in-house ABS framework, which was built upon the Computerized Delivery Sequence (CDS) file from the United States Postal Service (USPS). This in-house ABS frame was used as a means to enhance the CDS file by incorporating additional

information from both private and public sources. Using address geocoding, the frame allowed contact materials to be mailed in both English and Spanish to areas where Spanish-speaking households were more likely to reside. This approach may have made it easier for potential respondents who prefer Spanish-language materials to participate, thereby facilitating survey responses.

A total of 118,608 household addresses were sampled from all 50 states and the District of Columbia. Within each state and for each randomly selected household, an enumeration process was conducted to gather information on the sex and age (by age group) of each adult in the household. This household-level screening process enabled the selection of a respondent from within the household. An adult (i.e., age 18 years and older) was then randomly chosen and encouraged to complete the main interview online ("push-to-web") in a setting of their choosing. This approach was distinct from previous NISVS administrations, in which an interviewer guided the respondent through all applicable survey questions.

The NISVS 2023/2024 data collection implemented a two-phase design. Phase 1 was the primary data collection period, whereas Phase 2 was intended to convert initial nonrespondents to respondents. One important methodological difference in the data collection protocol between the two phases was a substantially increased monetary incentive. While household respondents received $10 to complete the screener regardless of phase, Phase 1 respondents were offered $15 to complete the main survey. In contrast, Phase 2 respondents received $40 for completing the main survey (on the web or by phone). NISVS has historically implemented a two-phase data collection design, with the intent to recruit respondents who might otherwise have been missed. At the end of the Phase 1 data collection period, two-thirds of the initial nonrespondents were recontacted and invited again to participate, but at the higher incentive level. Overall, about 81.5% of the final completed surveys (12,727) were collected during the Phase 1 data collection period, with the remainder obtained through initial nonrespondent conversions in Phase 2. The majority of respondents (97.7%) completed the survey online, while approximately 2.3% of the final survey sample completed it by telephone using the provided toll-free number.

The ABS push-to-web approach has increasingly been utilized as an alternative to RDD and in-person surveys, as reflected in the growing use of online surveys in recent years.[9–10] Research has shown that this method can effectively address ongoing survey challenges, such as low participation and response rates, rising costs, and the extended data collection periods associated with RDD and face-to-face surveys.[11–16] In summary, the NISVS 2023/2024 ABS sampling and push-to-web data collection approaches align with methodological changes observed more broadly in the survey field. These approaches are increasingly utilized in other U.S. federal and local government-sponsored health-focused surveys, where ABS mixed-mode surveys have replaced RDD surveys (e.g., the U.S. Food and Drug Administration Food Safety and Nutrition Survey, the National Survey on Drug Use and Health (NSDUH), the Healthy Chicago Survey, and the California Health Interview Survey (CHIS)).[17–20]

II. Common Measures of Survey Performance

The NISVS 2023/2024 data collection performance was measured at two levels: the household level and the respondent level. At the household level, the screening questionnaire completion rate was 19.7% (Table 1). Among the completed household-level screeners, the majority (87.9%) were completed during Phase 1 of data collection.

At the respondent level, 12,727 completed surveys were collected in Phase 1, while 2,882 surveys were collected in Phase 2. The total completed survey sample (n = 15,609) consisted of 8,842 women and 6,767 men. Additionally, NISVS 2023/2024 collected 632 partially completed surveys, including those in which respondents completed at least the first violence victimization section (i.e., the Stalking section) but not all the other violence victimization sections. Of the 15,609 completed surveys, 115 (or 0.7%) were completed in Spanish.

Table 1

NISVS 2023/2024 Performance Measures

Measure	Estimate
Household-Level Screening Survey Completion Rate	19.7%
Respondent-Level Main Survey Weighted Response Rate (AAPOR RR4)	16.5%
Count of surveys completed in Phase 1	12,727
Count of surveys completed in Phase 2	2,882
Count of partially completed surveys	632
Respondent-Level Weighted Cooperation Rate (AAPOR COOP4)	72.1%

Source: NISVS Methodology Report for Sample Releases 1–3 (contracted survey company, unpublished report, 2024).

According to the American Association for Public Opinion Research (AAPOR) Standard Definitions,[21] the NISVS 2023/2024 weighted response rate was 16.5% (AAPOR RR4). The weighted cooperation rate, defined as the proportion of completed and partially completed surveys among the total completed, partially completed, and refusal cases, was 72.1% (AAPOR COOP4).

The survey response rate has been widely used as a key metric of survey performance and data quality.[22–23] As such, low survey response rates have been a concern for many researchers and stakeholders. It is generally assumed that a survey with a higher response rate results in a sample that better represents the study population. Response rate can affect statistical precision and may also introduce bias into survey estimates, leading to the belief that lower response rates may compromise the validity and reliability of the survey data, undermining the inferential value of the findings.[24–26] Many studies have sought to understand survey responsiveness, its effects on mean scores, ways to improve response rate, and mechanisms through which nonresponse may introduce bias.[27–29]

Some studies have shown that there is not necessarily a linear correspondence between the response rate and survey estimate accuracy. For example, using five successive waves of a web-based, self-reported format with the same data collection protocol, Meterko et al.[30] showed that while response rates fluctuated across waves, there were no significant differences in demographic characteristics, facility attributes, missing data, responses to two factual report questions, or the single- or multi-item scale measures of attitudes. However, precision and statistical power improved as the number of respondents increased with each additional wave of data collection. Similarly, in a review of 252 articles comprising 446 correlations from studies published from 2000 through 2020, Beehr and colleagues[31] reported that the relationship between response rate and effect size was not statistically significant ($r = 0.01$, $p = 0.92$). They argued, based on these findings, that higher survey nonresponse was unlikely to cause significant bias in the results. They further concluded that while sample sizes are important for studying relationships among key psychological or sociological variables, response rates may not be as critical.

Determining whether a survey response rate is low, adequate, or high can be somewhat subjective without a context that includes the understanding of survey response rates from studies conducted using comparable data collection methods and on similar topics. One study that fits these criteria relatively closely is the NISVS Redesign Study conducted in 2018–2022. However, despite the similarities between the NISVS Redesign Study and the NISVS 2023/2024 survey, several key differences remain. For instance, the NISVS Redesign Study was conducted by a different data collection company roughly two years prior to the NISVS 2023/2024 survey, and the surveys employed distinct fielding strategies. These differences constrain the ability to make direct comparisons using survey performance metrics and complicate efforts to draw definitive conclusions.

Prior research has shown that public opinion surveys on the same topic can yield divergent results for various reasons, one of which is the organization administering the survey—a phenomenon known as house effects, which can include differences in sampling, respondent recruitment strategies, and interviewer effects. Contextual factors surrounding the periods when the surveys were conducted may also have influenced participation rates. For instance, the NISVS Redesign Study was fielded during the COVID-19 pandemic, whereas the NISVS 2023/2024 survey was administered post-pandemic. It has been suggested that response rates were higher during the COVID-19 pandemic because many individuals were confined to their homes and may have had greater availability to complete surveys. However, the U.S. Census Bureau reported an increase in American Community Survey (ACS) participation from the COVID period to the post-COVID period, noting that "[t]he effects of the pandemic on ACS activities in 2020 resulted in lower response rates than a typical year."[32]

Another factor considered in examining survey performance was whether the survey topic might have encouraged or discouraged potential respondents from participating. The "leverage-saliency" theory posits that participation depends on how potential respondents weigh salient features of a survey against their personal priorities. A review of the NISVS 2023/2024 data identified 476 respondents who refused to participate. These individuals did not have the opportunity to view the survey content or questionnaire items. Although refusals may directly affect survey performance, the lack of exposure to the survey content suggests that the specific questionnaire topics were unlikely to have played a major role in their decision not to participate.

III. Demographic Characteristics of the Sample

Characteristics and Categories That Were Used in Weighting

One of the objectives of survey weighting was to align the NISVS 2023/2024 sample with the study population based on five key demographic characteristics: respondent age, sex, race/ethnicity, marital status, and education. If the raw sample under- or over-represents these characteristics, it can lead to greater variation in the weights, resulting in a higher design effect (reduction in the statistical precision and power to detect differences between estimates) associated with the final weights.[33] The Nonresponse Bias Analysis Report (prepared by the contracting company) indicated that most sociodemographic characteristics assessed showed significant differences between the ACS and selection-weighted NISVS data. However, the final weighted (i.e., after applying the analysis weights) sample aligned with the ACS benchmarks across the five demographic variables, specifically with the collapsed categories (e.g., six categories of marital status were collapsed into four: Married; Divorced/Separated; Widowed; Not married/Other) used for weighting. These comparisons confirm that the weighting process successfully aligned the sample with the study population it was intended to represent based on the selected demographic variables and categories.[1]

Effects of the Two-Phase Design on Sample Demographic Characteristics

The two-phase design, with Phase 1 serving as the primary data collection phase and Phase 2 focusing on follow-up with initial nonrespondents, was implemented to achieve several methodological advantages. These included increasing survey participation, increasing the sample size, reducing nonresponse error, and recruiting potential respondents who might otherwise have been missed. The analysis examined whether Phase 2 respondents, who had more time and a larger incentive, differed from Phase 1 respondents. By combining data from both phases, it was expected that the demographic characteristics of the sample would better represent those of the study population. Comparisons of demographic characteristics showed that, except for the household income groups of $20,000 to less than $25,000 and $50,000 to less than $75,000, there were no significant differences between the Phase 1 and Phase 2 data (Table 2). Note that, for the final analysis sample, data from both phases were combined into a single dataset and weighted to account for selection probabilities and sampling rates, while also aligning the combined sample to the study population based on the five key demographic variables mentioned above.

Table 2

Comparison of Demographic Characteristics Between the NISVS 2023/2024 Phase 1 and Phase 2 Samples

Demographic Characteristic	NISVS 2023/2024 Phase 1		NISVS 2023/2024 Phase 2		Difference Phase 1 – Phase 2		*p*-value[2]
	Weighted[1] %	SE	Weighted[1] %	SE	Weighted %	SE	
Sex							
Male	48.7993	0.7712	48.8014	1.5321	-0.0021	1.7152	>0.9999
Female	51.2007	0.7712	51.1986	1.5321	0.0021	1.7152	>0.9999
Age (Years)							
18-24	11.2204	0.6073	11.2105	1.0341	0.0099	1.1989	0.9934
25-34	17.7496	0.6247	17.7473	1.2426	0.0023	1.3905	>0.9999
35-44	16.8642	0.5220	16.8524	1.0272	0.0118	1.1523	0.9919
45-54	16.1947	0.5721	16.1860	1.1490	0.0087	1.2840	0.9946
55-64	16.7713	0.5376	16.7874	1.1303	-0.0162	1.2512	0.9897
65+	21.1999	0.5755	21.2164	1.2121	-0.0165	1.3420	0.9902
Race/Ethnicity							
Hispanic	16.8085	0.6982	16.7968	1.3300	0.0117	1.5181	0.9938
Non-Hispanic White	61.8907	0.7805	61.9156	1.5262	-0.0249	1.7307	0.9885
Non-Hispanic Black	11.5771	0.5495	11.5699	0.9698	0.0072	1.1188	0.9949
Non-Hispanic Asian or Pacific Islander	6.0999	0.3670	6.0945	0.7421	0.0054	0.8316	0.9948
Non-Hispanic American Indian or Alaska Native	0.5207	0.0934	0.5203	0.1950	0.0005	0.2164	>0.9999
Non-Hispanic Multiracial/Other	3.1030	0.2374	3.1029	0.4957	0.0001	0.5501	>0.9999
Education (Six Levels)							
Less than High School	7.8671	0.5491	9.1265	1.1466	-1.2594	1.2717	0.3220
High School/GED	30.0399	0.8016	28.7919	1.4576	1.2480	1.6656	0.4537
Technical School/Some College	21.3932	0.5819	21.6922	1.2085	-0.2990	1.3417	0.8237
Two-Year Degree	8.3117	0.3867	7.7688	0.7455	0.5429	0.8398	0.5180
Four-Year Degree	17.9296	0.4598	18.6413	1.0636	-0.7117	1.1586	0.5390
Postgraduate	14.4207	0.3980	13.7344	0.8979	0.6863	0.9836	0.4853

Abbreviation: SE = standard error.
[1] Percentages in the columns may not sum to 100% because of missing responses (e.g., "Don't Know" or "Refused").
[2] Based on an independent two-group *t*-test. Each phase was weighted independently to the study population.

Table 2 (continued)

Comparison of Demographic Characteristics Between the NISVS 2023/2024 Phase 1 and Phase 2 Samples

Demographic Characteristic	NISVS 2023/2024 Phase 1		NISVS 2023/2024 Phase 2		Difference Phase 1 – Phase 2		*p*-value[2]
	Weighted[1] %	SE	Weighted[1] %	SE	Weighted %	SE	
Education (Three Levels)							
High School/GED or Less	37.9070	0.8240	37.9184	1.5732	-0.0115	1.7787	0.9949
Some College/Associate Degree	29.7135	0.6606	29.7059	1.3454	0.0076	1.4995	0.9959
College or Higher	32.3795	0.6100	32.3757	1.3169	0.0038	1.4538	>0.9999
Marital Status							
Married	51.4372	0.7689	51.4702	1.5246	-0.0330	1.7075	0.9846
Divorced/Separated	13.0607	0.5114	13.0591	0.9445	0.0016	1.0741	>0.9999
Widowed	5.7216	0.3334	5.7165	0.6142	0.0051	0.6990	0.9942
Not Married/Other	29.7805	0.7414	29.7542	1.4262	0.0263	1.6072	0.9869
Household Income							
< $10,000	9.2046	0.5430	8.2518	0.8457	0.9528	1.0053	0.3432
$10,000 - < $15,000	4.5851	0.3552	5.9574	0.8624	-1.3723	0.9327	0.1412
$15,000 - < $20,000	4.3660	0.3675	4.5280	0.6812	-0.1619	0.7742	0.8343
$20,000 - < $25,000	4.0889	0.3126	6.3355	0.7728	-2.2465	0.8339	0.0071
$25,000 - < $35,000	7.3072	0.4020	9.1060	0.9178	-1.7988	1.0020	0.0726
$35,000 - < $50,000	11.8333	0.5184	13.5575	1.1458	-1.7242	1.2586	0.1707
$50,000 - < $75,000	15.7984	0.5682	12.6271	0.9948	3.1714	1.1462	0.0057
$75,000 +	41.0451	0.7230	38.2858	1.4228	2.7592	1.5991	0.0845

Abbreviation: SE = standard error.
[1] Percentages in the columns may not sum to 100% because of missing responses (e.g., "Don't Know" or "Refused").
[2] Based on an independent two-group t-test. Each phase was weighted independently to the study population.

Characteristics That Were Not Used or Were Collapsed for Purposes of Weighting

Household Income

Several personal and household-level attributes were assessed but not used in weight calibration, or were collapsed into broader categories than in the original data collection (e.g., nine categories of educational attainment were collapsed into three: High School/GED or Less; Some College/Associate Degree; College or Higher Degree), due to the lack of suitable population benchmark data or constraints imposed by small subgroup sample sizes. One of these attributes was the total before-tax income from all household members in the preceding year. This household-level characteristic was not used in weighting. The selection-weighted (i.e., reflecting the adjustment of only the unequal selection probabilities) and final weighted (adjusted for all complex sample design features and nonresponse) estimates are presented in Tables 3 and 4.

Table 3

Selection-Weighted NISVS 2023/2024 (Sample Releases 1 & 2) Distribution of Household Income Compared with ACS 2018–2022 Five-Year Estimates

Characteristic	NISVS 2023/2024 Sample Releases 1 & 2			ACS 2018-2022		Bias[1]	*p*-value[2]
	n	Percent	SE	Percent	SE		
Household Income							
<$10,000	680	5.9	0.32	3.5	0.01	2.4	<0.0001
$10,000-$14,999	491	3.4	0.23	2.1	0.01	1.4	<0.0001
$15,000-$19,999	421	3.3	0.24	2.4	0.01	0.9	0.0001
$20,000-$24,999	491	3.5	0.23	3.0	0.01	0.5	0.0438
$25,000-$34,999	855	6.7	0.32	6.7	0.01	0.0	0.9121
$35,000-$49,999	1,457	10.8	0.39	10.6	0.01	0.2	0.5400
$50,000-$74,999	1,989	14.9	0.44	17.1	0.01	-2.2	<0.0001
$75,000+	5,862	49.6	0.63	54.7	0.03	-5.1	<0.0001

Source: NISVS Nonresponse Bias Analysis Report Sample Releases 1 & 2 (contracted survey company, unpublished report, 2024).
Note: NISVS income percentages may not sum to 100% because of missing responses.
Abbreviations: ACS = American Community Survey; SE = standard error; n = unweighted sample size.
[1] Bias is defined as the NISVS Releases 1 & 2 estimate minus the benchmark survey (ACS) estimate.
[2] Based on an independent two-group z-test.

Table 4

Final Weighted NISVS 2023/2024 (Sample Releases 1 & 2) Distribution of Household Income Compared with ACS 2018–2022 Five-Year Estimates

Characteristic	NISVS 2023/2024 Sample Releases 1 & 2			ACS 2018-2022		Bias[1]	*p*-value[2]
	n	Percent	SE	Percent	SE		
Household Income							
<$10,000	680	8.7	0.51	3.5	0.01	5.3	<0.0001
$10,000-$14,999	491	4.8	0.35	2.1	0.01	2.7	<0.0001
$15,000-$19,999	421	4.5	0.36	2.4	0.01	2.1	<0.0001
$20,000-$24,999	491	4.4	0.33	3.0	0.01	1.4	<0.0001
$25,000-$34,999	855	8.1	0.43	6.7	0.01	1.5	0.0006
$35,000-$49,999	1,457	12.4	0.54	10.6	0.01	1.8	0.0011
$50,000-$74,999	1,989	14.8	0.55	17.1	0.01	-2.3	<0.0001
$75,000+	5,862	40.3	0.72	54.7	0.03	-14.4	<0.0001

Source: NISVS Nonresponse Bias Analysis Report Sample Releases 1 & 2 (contracted survey company, unpublished report, 2024).
Note: NISVS income percentages may not sum to 100% because of missing responses.
Abbreviations: ACS = American Community Survey; SE = standard error; n = unweighted sample size.
[1] Bias is defined as the NISVS Releases 1 & 2 estimate minus the benchmark survey (ACS) estimate.
[2] Based on an independent two-group z-test.

For household income, final weighting did not improve alignment with ACS benchmarks relative to the selection-weighted estimates. After final weighting, the magnitude of bias increased across all income categories (based on NISVS 2023/2024 Sample Releases 1 & 2), as shown in Tables 3 and 4. Approximately 88% (14 of 16) of the differences across income categories were statistically significant ($p < 0.05$) after applying the selection or final analysis weights. This indicated a significant misalignment between the household income distribution of the selection-weighted NISVS 2023/2024 Sample Releases 1 & 2 data and the U.S. population benchmarks (Table 3). More misalignment was observed between the final weighted NISVS 2023/2024 Sample Releases 1 & 2 data and the U.S. population benchmarks regarding income (Table 4). It is important to note that education, albeit in broad categories, was one of the variables used to calibrate the final weights. However, the adjustment and alignment of educational attainment did not improve the representativeness of the final weighted sample for household income. This finding raises questions about whether education is a reasonable proxy for household income in NISVS 2023/2024.

It may be helpful to note the differences in how income information was collected in the two surveys. In NISVS 2023/2024, household income information was collected using self-reported responses to the following question and instructions: *What was the total income from ALL household members during [fill previous year], before taxes? Include income from all sources such as work, investments, child support, and public assistance. If you are a student living separately from your parents, you should NOT include your parents' income.* Survey respondents selected one of eight (listed in Tables 3 and 4 above) household-income categories, ranging from less than $10,000 to $75,000 or more.

In contrast, the ACS collected income for each household member (aged 15 and older) for the prior calendar year. The first of eight individual income items was on wages, salary, commissions, bonuses, or tips from all jobs, with instructions to report the amount before deductions for taxes, bonds, dues, or other items. For each of the eight income items, survey respondents were allowed to fill in blank bubbles to report the corresponding income amount. To compute "household income," responses to each individual item for each household member were summed. In addition, the ACS allowed collecting income information by using self- and proxy-reports. The observed differences between NISVS 2023/2024 and the ACS may be partially influenced by differences in how income information was collected.

Disability Indicators

It is not feasible to include all personal- or household-level characteristics in weighting due to sample size limitations and the lack of suitable population benchmark data. Other characteristics that were assessed but not used in NISVS 2023/2024 weighting include the disability indicators. To compare the NISVS 2023/2024 data with the study population in terms of disability status, three publicly available datasets were identified: the ACS 2018–2022 five-year Public Use Microdata Sample (PUMS) files, the Behavioral Risk Factor Surveillance System (BRFSS) 2022 data, and the National Health Interview Survey (NHIS) 2023 data.[34–36] Comparisons of results are presented in Table 5. Compared with the ACS 2018–2022, NISVS 2023/2024 produced significantly higher disability-prevalence estimates for both women and men, with one exception: reports of "Self-Care" did not differ across the two surveys. When compared with BRFSS 2022, NISVS 2023/2024 reported significantly lower "Self-Care" and "Ambulatory" impairment measures for both women and men. In addition, the estimated prevalence of vision impairment among women was significantly lower in NISVS 2023/2024 than in BRFSS 2022 ($p = 0.002$). None of the remaining comparisons was statistically significant. Compared with NHIS 2023, the NISVS 2023/2024 data revealed statistically significant differences for all measured disability impairments, regardless of respondent sex, with NISVS 2023/2024 estimates lower than NHIS 2023 in every category except "Independent Living." When looking at both sexes combined, "Ambulatory" and "Vision" are the two disability categories that showed statistically significant differences between overall NISVS 2023/2024 and each of the three data sources used for comparison.

The overall patterns show that NISVS 2023/2024 produces generally higher disability estimates than ACS 2018–2022 but lower estimates than BRFSS 2022 and NHIS 2023. However, it should be noted that there are some notable measurement differences across the four surveys. For example, unlike the other surveys, the ACS 2018–2022 allowed respondents to proxy-report on the disability status of others in the same household. Among the study population in the ACS 2018–2022 PUMS files, about 4 in 10 disability cases were identified through proxy reporting. In contrast, NISVS 2023/2024, BRFSS 2022, and NHIS 2023 only used self-reported data. Another notable difference is that NHIS 2023 was the only survey that provided a non-binary response option for assessing disability status. In NHIS 2023, individuals were allowed to self-report using a four-category Likert scale ranging from "No difficulty" to "Cannot do at all." The three other surveys only allowed survey participants to respond with a Yes/No answer. The questions and orders presented in NHIS 2023 also differed notably from those used in the NISVS 2023/2024, ACS 2018–2022, and BRFSS 2022 surveys.

Table 5 Comparison of NISVS 2023/2024 with Other National Surveys on Disability Characteristics

	NISVS 2023/2024 (n=8,842)	ACS 2018–2022 (n=6,175,366)	Diff[1]	*p*-value[2]	BRFSS 2022 (n=235,894)	Diff[1]	*p*-value[2]	NHIS 2023 (n=16,059)	Diff[1]	*p*-value[2]
Women (%)										
Self-Care	3.4	3.1	0.3	0.427	4.1	-0.7	0.048	4.5	-1.1	0.005
Hearing	5.9	3.6	2.2	<0.001	5.8	0.1	0.893	13.8	-7.9	<0.001
Vision	4.9	3.1	1.9	<0.001	6.3	-1.4	0.002	20.9	-15.9	<0.001
Independent Living	9.7	6.6	3.1	<0.001	9.8	-0.1	0.818	7.8	1.8	0.004
Ambulatory	11.9	9.1	2.8	<0.001	15.9	-4.0	<0.001	20.6	-8.7	<0.001
Cognitive	15.6	5.4	10.2	<0.001	14.8	0.8	0.244	22.3	-6.7	<0.001
Men (%)										
	NISVS 2023/2024 (n=6,767)	ACS 2018–2022 (n=5,670,380)	Diff[1]	*p*-value[2]	BRFSS 2022 (n=209,238)	Diff[1]	*p*-value[2]	NHIS 2023 (n=13,457)	Diff[1]	*p*-value[2]
Self-Care	2.8	2.5	0.3	0.432	3.6	-0.8	0.023	3.8	-1.0	0.015
Hearing	8.3	5.3	3.0	<0.001	8.5	-0.2	0.793	16.8	-8.5	<0.001
Vision	4.6	2.6	2.0	<0.001	5.2	-0.7	0.190	16.5	-11.9	<0.001
Independent Living	6.7	4.8	1.9	0.001	6.0	0.7	0.226	5.4	1.3	0.026
Ambulatory	8.7	6.8	2.0	0.001	11.6	-2.9	<0.001	14.9	-6.2	<0.001
Cognitive	11.2	5.2	6.0	<0.001	12.0	-0.8	0.234	18.3	-7.2	<0.001
Total (%)										
	NISVS 2023/2024 (n=15,609)	ACS 2018–2022 (n=11,845,746)	Diff[1]	*p*-value[2]	BRFSS 2022 (n=445,132)	Diff[1]	*p*-value[2]	NHIS 2023 (n=29,516)	Diff[1]	*p*-value[2]
Self-Care	3.1	2.8	0.3	0.264	3.9	-0.8	0.003	4.1	-1.0	<0.001
Hearing	7.1	4.5	2.6	<0.001	7.1	0.0	0.907	15.3	-8.2	<0.001
Vision	4.8	2.8	1.9	<0.001	5.8	-1.0	0.002	18.7	-14.0	<0.001
Independent Living	8.2	5.7	2.5	<0.001	8.0	0.3	0.528	6.6	1.6	<0.001
Ambulatory	10.3	8.0	2.4	<0.001	13.8	-3.5	<0.001	17.8	-7.5	<0.001
Cognitive	13.5	5.3	8.2	<0.001	13.5	0.0	0.994	20.4	-6.9	<0.001

Abbreviations: ACS = American Community Survey; BRFSS = Behavioral Risk Factor Surveillance System; NHIS = National Health Interview Survey.
[1] Diff = difference, computed as the estimate from NISVS 2023/2024 minus the benchmark estimate.
[2] Based on an independent two-group z-test.

Demographic Characteristics with Collapsed Categories for Weighting

Two of the five personal-level attributes, education and marital status, were assessed and used in weighting, with their categories collapsed into broader groups. For education, the nine categories collected during the interview were reduced to three groups for weighting (High School/GED or Less; Some College/Associate Degree; College or Higher). For marital status, the six categories were collapsed into four groups (Married; Divorced/Separated; Widowed; Not Married/Other). These broader groups were used mainly because several original categories had small cell sizes.

To assess these two demographic characteristics across the full range of categories relative to the population data, analyses were conducted to compare NISVS 2023/2024 data with the publicly available ACS 2018–2022 five-year estimates mentioned above. Table 6 displays the differences between the final weighted NISVS 2023/2024 estimates and the ACS 2018–2022 five-year estimates.

Compared with the weighted ACS 2018–2022 estimates, the final weighted NISVS 2023/2024 estimates were significantly lower for the following educational attainment categories: "No Schooling," "1st–8th Grade," "Some College," and "Bachelor's (4-year) Degree." In contrast, the final weighted NISVS 2023/2024 estimates were significantly higher for the following educational attainment categories: "High School Graduate/GED" and "Postgraduate Degree." Focusing on the four largest educational categories, NISVS 2023/2024 data had higher overall estimates than those of the ACS 2018–2022 for "High School Graduate/GED" (29.9% versus 27.1%) and "Postgraduate Degree" (14.2% versus 12.2%), but lower estimates for "Some College" (16.7% versus 21.2%) and "Bachelor's (4-year) Degree" (18.1% versus 20.2%). The differences observed for "Some College" may be related to the fact that the ACS did not include a survey response option for individuals to be categorized in the "Technical School/Vocational School" group. Similar patterns were observed when examining sex-stratified results. In summary, estimates for six of the eight comparable educational attainment categories (75%) differed significantly between NISVS 2023/2024 and ACS 2018–2022; "Technical School/Vocational School" was excluded because no ACS comparison was available.

Some statistically significant differences were found when examining marital-status estimates. The notable differences in the overall comparisons were for the "Separated" and "Never Married" categories. For the "Separated" category, NISVS 2023/2024 had a higher estimate (2.4% versus 1.8%) than the ACS 2018–2022, with the difference driven by estimates for men. For the "Never Married" category, NISVS 2023/2024 had a lower estimate (21.9% versus 29.8%) than the ACS 2018–2022. This difference may be related to NISVS including a survey response option for individuals to be categorized as "Not Married but Living with a Partner," which the ACS did not include. In summary, two of the five comparable marital-status categories had overall NISVS 2023/2024 estimates that differed significantly from ACS 2018–2022 estimates; the "Not Married but Living with a Partner" category was not comparable.

The differences in educational attainment and marital status mentioned above, regardless of statistical significance, do not directly indicate bias in the violence victimization measures. It is important to remember that other characteristics were not collected in the NISVS survey; thus, the analyses presented do not reflect the possible associations between victimization experiences and any uncollected characteristics.

Table 6 Detailed Categories of Demographic Characteristics Examined Beyond the Collapsed Weighting Categories

Demographic Characteristics	Women (%)					Men (%)					Total (%)				
	NISVS 2023/2024 (n=8,842)		ACS 2018–2022 (n=6,175,366)	NISVS 2023/2024 vs. ACS		NISVS 2023/2024 (n=6,767)		ACS 2018–2022 (n=5,670,380)	NISVS 2023/2024 vs. ACS		NISVS 2023/2024 (n=15,609)		ACS 2018–2022 (n=11,845,746)	NISVS 2023/2024 vs. ACS	
	Unweighted	Weighted[1]	Weighted	Diff[3]	*p*-value[4]	Unweighted	Weighted[1]	Weighted	Diff[3]	*p*-value[4]	Unweighted	Weighted[1]	Weighted	Diff[3]	*p*-value[4]
Education															
No Schooling	0.1	0.2	1.5	-1.3	<0.001	0.2	0.4	1.6	-1.2	<0.001	0.1	0.3	1.6	-1.3	<0.001
1st – 8th Grade	0.6	1.7	2.6	-0.9	0.015	0.7	1.8	2.8	-1.0	0.009	0.7	1.8	2.7	-0.9	<0.001
Some High School	2.3	5.0	6.0	-0.9	0.052	2.7	7.0	7.1	-0.1	0.853	2.4	6.0	6.5	-0.5	0.198
High School Graduate/GED	14.6	28.9	25.7	3.2	0.001	16.0	31.0	28.6	2.4	0.026	15.2	29.9	27.1	2.8	<0.001
Technical School/ Vocational School	4.7	4.4				6.2	5.2				5.3	4.8			
Some College	16.6	16.8	21.4	-4.6	<0.001	16.3	16.6	21.0	-4.4	<0.001	16.5	16.7	21.2	-4.5	<0.001
Associate's (2-year) Degree	9.7	9.6	9.3	0.2	0.663	7.4	6.7	7.6	-0.9	0.039	8.7	8.2	8.5	-0.4	0.298
Bachelor's (4-year) Degree	27.6	18.7	20.8	-2.1	<0.001	27.6	17.6	19.6	-2.0	0.001	27.6	18.1	20.2	-2.1	<0.001
Postgraduate Degree	23.9	14.7	12.6	2.1	<0.001	23.0	13.8	11.7	2.1	<0.001	23.5	14.2	12.2	2.1	<0.001
Marital Status[2]															
Married	45.3	49.5	49.5	-0.1	0.943	56.1	53.5	53.5	0.0	0.997	50.0	51.4	51.5	0.0	0.961
Divorced	16.9	12.3	12.7	-0.4	0.463	11.3	9.0	9.7	-0.8	0.156	14.5	10.7	11.2	-0.6	0.129
Separated	1.9	2.5	2.1	0.4	0.219	1.5	2.3	1.5	0.8	0.045	1.8	2.4	1.8	0.6	0.020
Widowed	8.5	8.6	8.6	0.0	0.981	3.8	2.7	2.7	0.0	0.994	6.5	5.7	5.7	0.0	0.984
Never Married	21.0	20.3	27.1	-6.8	<0.001	20.5	23.7	32.5	-8.9	<0.001	20.8	21.9	29.8	-7.8	<0.001
Not Married but Living with a Partner	6.3	6.9				6.8	8.9				6.5	7.8			

Abbreviation: ACS = American Community Survey.
[1] Estimates in NISVS 2023/2024 data may not add to 100% due to missing data, including "Don't Know," refusals, and "Other-Specify" responses, which were excluded from analyses.
[2] The category "Not married but living with a partner" was not available in the ACS 2018–2022. NISVS 2023/2024 respondents reporting being "Not married but living with a partner" were weighted using the ACS "Never married" category.
[3] Diff = the difference, computed as the weighted estimate from NISVS 2023/2024 minus the ACS 2018–2022 benchmark estimate.
[4] Based on an independent two-group z-test.
Note: Grayed cells indicate that data were not available.

Sample Representativeness as Measured by Area-Level Attributes

As indicated by the data collection contracting company, individual-level information about nonrespondents is rarely available because the nonrespondents never respond to an initial or follow-up invitation. Consequently, no individual-level information can be collected from this group. One strength of the NISVS 2023/2024 ABS approach is that, due to the ability to geocode addresses, some group-level data were available, which can provide a perspective on both respondents and nonrespondents. The Nonresponse Bias Analysis Report (generated by the data collection contracting company, unpublished data, 2024) compares the NISVS 2023/2024 Sample Releases 1 & 2 using Census Block Group (CBG) attributes. CBGs are nested within census tracts, and their geographical boundaries are generally delineated so that each CBG contains between 600 and 3,000 people or between 240 and 1,200 housing units. Two variables were evaluated at the CBG level (unpublished data, 2024): (1) the quintile category for the percentage of residents without health insurance coverage, whether public or private, based on ACS data; and (2) the tertile category for the percentage of residents whose poverty status could be determined. In the ACS, this second measure excludes institutionalized people, people in military group quarters, people in college dormitories, and unrelated individuals under age 15. The phrase "poverty status could be determined" means that residents' poverty status was ascertainable, not that residents were living in poverty. Table 7 presents comparisons between the estimates from the NISVS 2023/2024 Sample Releases 1 & 2 and the ACS 2018–2022 data.

Table 7

Estimates for NISVS 2023/2024 Sample Releases 1 & 2 Respondents and Nonrespondents, by Census Block Group Quintile of the Percentage of Residents Without Health Insurance Coverage and Tertile of the Percentage of Residents for Whom Poverty Status Could Be Determined (ACS 2018–2022)

	Respondents		Nonrespondents		Difference[1]	*p*-value[2]
	Percent	SE	Percent	SE		
Quintiles of Percentage of Residents Without Health Insurance Coverage						
0–1.78	19.9	0.47	15.1	2.27	-4.8	0.0398
1.79–3.83	18.6	0.47	20.9	2.80	2.2	0.4336
3.84–6.51	18.9	0.49	19.3	2.73	0.4	0.8946
6.52–11.25	20.0	0.50	23.6	3.07	3.6	0.2453
11.26 or more	22.5	0.52	21.1	2.89	-1.4	0.6301
Tertiles of Percentage of Residents for Whom Poverty Status Could Be Determined						
0–98.57	17.0	0.46	15.0	2.38	-2.0	0.4119
98.58–99.97	17.7	0.48	16.8	2.60	-0.9	0.7256
99.98 or more	65.2	0.60	68.1	3.20	2.9	0.3704

Source: NISVS Nonresponse Bias Analysis Report Sample Releases 1 & 2 (contracted survey company, unpublished report, 2024).
Abbreviations: ACS = American Community Survey; SE = standard error.
[1] Nonrespondent percent minus respondent percent.
[2] Based on a *t*-test.

The aggregate-level data show misalignment in only one subgroup comparison between respondents and nonrespondents for health insurance coverage, while all other subgroup comparisons were not statistically significant. The finding suggests that a significantly smaller proportion of nonrespondents (15.1%) compared with respondents (19.9%) lived in CBGs within the lowest quintile of uninsurance (that is, the highest level of health insurance coverage). It is important to note that these attributes were considered during the weighting process. Thus, the differences in point estimates do not suggest meaningful nonresponse bias (i.e., "ignorable bias"), indicating that any observed imbalances between respondents and nonrespondents in this measure of health insurance coverage are expected to be addressed by the weighting adjustment. Accordingly, differences seen prior to weighting are expected to be substantially reduced after weighting and are unlikely to meaningfully affect the survey estimates.

IV. Internal Consistency

Comparisons of Overall Victimization Estimates Within NISVS 2023/2024

Given budgetary and time constraints, as well as the need to ensure the confidentiality of respondent data, resampling and re-interviewing the NISVS 2023/2024 nonrespondents were not feasible for examining differences in characteristics and substantive measures to assess nonresponse bias. In the absence of this ideal approach, a less informative alternative is to compare Phase 1 respondents with respondents recruited during Phase 2 follow-up. The assumption underlying this type of analysis is that individuals who respond to a survey after repeated reminders are more likely to resemble nonrespondents than early respondents. Alternatively, respondents recruited in Phase 2 may be qualitatively different from those who responded in Phase 1, when incentives were lower and outreach efforts were more limited. This assumption may be questionable, particularly given the overall response rate of 16.5%. As such, nonresponse error may be present in both the Phase 1 and Phase 2 data because the participation rates in both phases provide limited assurance that respondents recruited in Phase 2 constitute a representative proxy for nonrespondents. Furthermore, given the differences in sample sizes between the Phase 1 and Phase 2 data collections, the influence of the smaller sample (Phase 2) may be overshadowed by that of the larger sample, such that differences between estimates using the combined samples and those excluding the smaller sample may not be readily detectable. Table 8 presents comparisons of NISVS 2023/2024 Sample Releases 1 & 2 estimates between Phase 1 and the combined Phase 1 and Phase 2 sample for selected violence victimization measures among men, while Table 9 shows comparisons for women. Although the NISVS 2023/2024 data collection comprised three sample releases, this set of analyses included only the first two sample releases (which constitute 76.8% of the overall completed survey sample) due to survey administration timelines and contractual requirements.

Table 8

Weighted Victimization Estimates for U.S. Men: NISVS 2023/2024 Phase 1 Alone vs. Phases 1 & 2 Combined, with Bias Estimates from Excluding Phase 2

Victimization Measure	NISVS 2023/2024 Phase 1			NISVS 2023/2024 Phases 1 & 2			Bias[2]	*p*-value[3]
	n[1]	Weighted %	SE	n[1]	Weighted %	SE		
Sexual Violence								
Unwanted sexual contact	4,323	12.7	0.83	5,310	13.8	0.84	-1.1	0.3410
Sexual coercion	4,309	6.2	0.76	5,294	6.7	0.73	-0.4	0.6694
Rape	4,271	2.7	0.47	5,245	3.5	0.54	-0.8	0.2406
Made to penetrate (men only)	4,275	3.9	0.49	5,250	4.7	0.57	-0.7	0.3318
Stalking	4,340	16.5	1.02	5,332	17.7	0.96	-1.2	0.3944
Intimate Partner Violence								
Contact sexual violence[4]	4,252	3.9	0.52	5,221	4.4	0.52	-0.5	0.4918
Stalking	4,340	12.5	0.95	5,332	13.6	0.91	-1.1	0.4027
Physical violence	4,229	13.3	0.90	5,197	14.2	0.87	-0.9	0.4535
Psychological aggression	4,246	20.7	1.11	5,215	21.3	1.02	-0.6	0.6805

Source: NISVS Nonresponse Bias Analysis Report Sample Releases 1 & 2 (contracted survey company, unpublished report, 2024).
Abbreviation: SE = standard error.
[1] Number of records with non-missing values included in the analysis.
[2] Bias is defined as the NISVS Phase 1 estimate minus the combined NISVS Phase 1 & Phase 2 estimate.
[3] Based on a *t*-test.
[4] Includes unwanted sexual contact by an intimate partner (IP), sexual coercion by an IP, rape by an IP, and made to penetrate by an IP (men only).

Table 9

Weighted Victimization Estimates for U.S. Women: NISVS 2023/2024 Phase 1 Alone vs. Phases 1 & 2 Combined, with Bias Estimates from Excluding Phase 2

Victimization Measure	NISVS 2023/2024 Phase 1			NISVS 2023/2024 Phases 1 & 2			Bias[2]	*p*-value[3]
	n[1]	Weighted %	SE	n[1]	Weighted %	SE		
Sexual Violence								
Unwanted sexual contact	5,856	39.2	1.03	7,099	39.7	0.95	-0.6	0.6915
Sexual coercion	5,800	19.8	0.82	7,038	20.6	0.77	-0.8	0.4810
Rape	5,697	22.5	0.87	6,915	23.0	0.81	-0.5	0.6781
Stalking	5,892	29.0	0.94	7,139	29.7	0.88	-0.6	0.6230
Intimate Partner Violence								
Contact sexual violence[4]	5,664	19.6	0.82	6,872	19.8	0.75	-0.2	0.8563
Stalking	5,892	24.6	0.89	7,139	25.1	0.83	-0.5	0.7074
Physical violence	5,613	22.1	0.87	6,811	22.7	0.81	-0.6	0.6276
Psychological aggression	5,652	29.7	0.98	6,854	30.2	0.90	-0.5	0.7329

Source: NISVS Nonresponse Bias Analysis Report Sample Releases 1 & 2 (contracted survey company, unpublished report, 2024).
Abbreviation: SE = standard error.
[1] Number of records with non-missing values included in the analysis.
[2] Bias is defined as the NISVS Phase 1 estimate minus the combined NISVS Phase 1 & Phase 2 estimate.
[3] Based on a *t*-test.
[4] Includes unwanted sexual contact by an intimate partner (IP), sexual coercion by an IP, and rape by an IP.

Three important notes should be considered when reviewing the findings in Tables 8 and 9. First, the "Bias" column shows the differences between the estimates based on Phase 1 data alone and those based on the combined Phase 1 and Phase 2 data. These bias estimates reflect the bias that would have existed if NISVS 2023/2024 had been administered without the second phase. Because the NISVS 2023/2024 implemented the Phase 2 data collection protocol, these differences show how estimates changed when Phase 2 respondents were included. Second, prevalence estimates should be based on the analysis sample combining data from both phases. Hence, the differences presented above are not to suggest bias in NISVS 2023/2024 estimates but rather to show the extent to which the inclusion of Phase 2 data corrected potential errors. Finally, the Phase 2 sample size was disproportionately smaller than that of Phase 1. Any influence from including data collected in Phase 2 in the analysis may have been overshadowed by that of the Phase 1 data. These sample size disparities may partially explain the lack of statistically significant differences in bias estimates.

V. External Consistency

Violence Victimization Measures

NISVS 2023/2024 included a series of questions to assess experiences of sexual violence, including questions about lifetime nonconsensual sexual intercourse. A similar, though not identical, question was included in the National Survey of Family Growth (NSFG).[37] At the time of analysis, the most recent available NSFG data were from the 2017–2019 data collection, which focused on persons aged 15–49 years. The survey was administered in person, but sensitive questions were asked in a self-administered section of the interview. Comparing estimates from NISVS 2023/2024 with those from the NSFG, a survey with a much higher response rate (63.4%) than that of NISVS, may help assess the potential bias in the NISVS 2023/2024 estimates. Analysis of the NSFG data was limited to adults aged 18–49 to align with the lower limit of NISVS. In the NSFG, men were asked two questions about forced intercourse, one to assess vaginal intercourse by a female perpetrator, and the other to assess intercourse by a male perpetrator. The comparison between NSFG and NISVS only used comparable items: forced intercourse of a female by a male and forced intercourse of a male by a female or male.

Results included in the Nonresponse Bias Analysis Report for Sample Releases 1 & 2 (prepared by the contracting company) showed inconsistent findings for women and men aged 18 to 49 (Table 10). For women, there were no statistically significant differences in estimates between NISVS 2023/2024 Sample Releases 1 & 2 weighted data and NSFG 2017–2019 (19.2% and 21.2%, respectively). However, for men, the estimate derived from NISVS 2023/2024 Sample Releases 1 & 2 weighted data (4.2%) was significantly lower than that from the NSFG (6.7%).

When reviewing these comparison results for women and men, readers should keep in mind the following differences: survey administration timing, methodological differences (a largely self-administered mode employed by NISVS 2023/2024 versus an in-person interview with a self-administered component for sensitive topics in the NSFG), question wording differences and contextual differences between the surveys (e.g., the focus of NISVS on violence victimization experiences within a health context versus the broader content of NSFG, which included family planning, pregnancy, contraception, and other related topics). No adjustments were made to align the data across both surveys.

Table 10

Comparison of Estimates for Nonconsensual Sexual Intercourse for Women and Men Aged 18 to 49 Years Between NISVS 2023/2024 Sample Releases 1 & 2 and the National Survey of Family Growth (NSFG) 2017–2019

	Weighted Percent	SE	*p*-value[1]
Nonconsensual sexual intercourse: Women			
NISVS 2023/2024 (Sample Releases 1 & 2)[2]	19.2	1.08	
NSFG 2017–2019[3]	21.2	0.99	0.1613
Nonconsensual sexual intercourse: Men			
NISVS 2023/2024 (Sample Releases 1 & 2)[4]	4.2	0.80	
NSFG 2017–2019[5]	6.7	0.63	0.0155

Source: NISVS Nonresponse Bias Analysis Report Sample Releases 1 & 2 (contracted survey company, unpublished report, 2024).
Abbreviation: SE = standard error.
[1] Based on an independent two-group z-test.
[2] "In your LIFETIME, has anyone EVER had vaginal sex with you when you did NOT consent to it, and it was not wanted? By vaginal sex, we mean that someone put their penis in your vagina."
[3] "At any time in your life, have you ever been forced by a male to have vaginal intercourse against your will?"
[4] "In your LIFETIME, has anyone EVER had vaginal sex with you when you did NOT consent to it, and it was not wanted? By vaginal sex, we mean that someone made you put your penis in their vagina." And, "In your LIFETIME, has anyone EVER penetrated you by putting their penis in your mouth or anus when you did NOT consent to it, and it was not wanted?"
[5] "At any time in your life, have you ever been forced by a female to have vaginal intercourse against your will?" And, "At any time in your life, have you ever been forced by a male to have oral or anal sex against your will?"

Health Condition Measures

The NISVS 2023/2024 survey instrument included 16 health-related questions that were asked regardless of victimization status. Among these 16 health-related questions, similar questions on hypertension, asthma, and diabetes were also included in the National Health and Nutrition Examination Survey (NHANES), the National Health Interview Survey (NHIS), and the Medical Expenditure Panel Survey Household Component (MEPS-HC).[36,38–39] Given their relatively high response rates and established methodologies, these national surveys were used for external consistency checks. Readers should keep in mind the differences in survey design, timing, and data collection protocols (e.g., predominantly in-person modes for NHANES, NHIS, and MEPS-HC versus a self-administered mode for NISVS) when reviewing the estimates for the health conditions presented in Table 11.

Table 11

Comparison of Estimates for Health Conditions Between NISVS 2023/2024 (Sample Releases 1 & 2), the National Health Interview Survey (NHIS) 2023, the National Health and Nutrition Examination Survey (NHANES) 2017–2020, and the Medical Expenditure Panel Survey Household Component (MEPS-HC) 2021

Characteristic	Weighted %	Percent SE	Total	Total SE	Difference[1]	*p*-value[2]
Hypertension						
NISVS 2023/2024 Sample Releases 1 & 2	33.6	0.71				
NHIS 2023	27.5	0.31			6.1	<0.0001
NHANES 2017–2020	31.7	1.14			1.9	0.1534
NISVS 2023/2024 Sample Releases 1 & 2 (Estimated Total)			83,986,649	1,900,173		
MEPS-HC 2021			61,571,000	2,458,000	22,415,649	<0.0001
Asthma						
NISVS 2023/2024 Sample Releases 1 & 2	15.8	0.58				
NHIS 2023	8.9	0.20			6.9	<0.0001
NHANES 2017–2020	15.6	0.56			0.2	0.8063
NISVS 2023/2024 Sample Releases 1 & 2 (Estimated Total)			39,469,639	1,518,450		
MEPS-HC 2021			18,588,000	926,000	20,881,639	<0.0001
Diabetes						
NISVS 2023/2024 Sample Releases 1 & 2	12.2	0.51				
NHIS 2023	9.8	0.20			2.4	<0.0001
NHANES 2017–2020	11.3	0.39			0.9	0.1424
NISVS 2023/2024 Sample Releases 1 & 2 (Estimated Total)			30,596,763	1,322,386		
MEPS-HC 2021			26,628,000	1,154,000	3,968,763	0.0237

Source: NISVS Nonresponse Bias Analysis Report Sample Releases 1 & 2 (contracted survey company, unpublished report, 2024).
Abbreviation: SE = standard error.
[1] Difference is defined as the NISVS estimate minus the reference survey estimate.
[2] Based on an independent two-group z-test.
Note: Grayed cells indicate that data were not available.

While the differences between the NISVS 2023/2024 Sample Releases 1 & 2 and NHANES 2017–2020 for all three health conditions were not statistically significant, the differences between NISVS 2023/2024 Sample Releases 1 & 2 and NHIS 2023 were significant, with $p < 0.0001$ for all three health measures. The differences between NISVS 2023/2024 Sample Releases 1 & 2 and MEPS-HC 2021 were also significant, with $p < 0.0001$ for hypertension and asthma. It is worth noting that estimates varied substantially across NHIS, NHANES, and MEPS-HC, complicating direct comparison. However, the timing of the surveys may have favored the comparison with NHIS 2023, which, like NISVS 2023/2024 Sample Releases 1 & 2, was a cross-sectional survey conducted during a partially overlapping period.

VI. Estimation of Other Sources of Error

Frame Coverage Errors

It is important to note that the sampling frame for NISVS 2023/2024 differed notably from previous NISVS administrations. Frame coverage errors occur when there is a discrepancy between the sampling frame and the study population the frame is intended to represent. A well-constructed frame should include all eligible units in the population without omission or duplication. Additionally, the information in the frame must be accurate. Frame coverage errors are closely linked to potential frame bias. To estimate frame bias, it is necessary to evaluate frame errors and the difference between the means of the covered and uncovered subpopulations. When either or both of these components are small, the potential for frame bias is probably low.

In NISVS 2023/2024, the sampling frame consisted of household addresses in the U.S. As mentioned in the Methodological Context section, the ABS frame for NISVS 2023/2024 was based on the USPS CDS file and enhanced with ancillary data, as well as maintained by the contracting company to ensure it was up to date. This ABS frame was expected to provide better coverage than the telephone-based frame used in previous NISVS administrations. The estimated under-coverage rate for the NISVS 2023/2024 frame was 1.7%, which helped limit the potential bias associated with the frame, unless there was a significant difference between the means of the covered and uncovered subpopulations. The contracting company corroborated this assessment, stating in the Total Survey Error Analysis Report that the "extremely small under-coverage rate of 1.7% does not allow for any meaningful coverage bias" (unpublished data, 2024).

Despite the low under-coverage rate, the frame systematically excluded segments of the U.S. adult population, including people living in institutional settings such as college dormitories, prisons, long-term care facilities, and military bases, as well as those in transitional housing. To account for these excluded groups, the NISVS 2023/2024 weighting methodology adjusted the weights to align with selected demographic characteristics and categories of the U.S. adult population, using the ACS (2018–2022) five-year estimates. The assumption underlying this approach was that, after controlling for these characteristics, the violence and injury estimates for the subpopulations not represented in the sampling frame were similar to those for the subpopulations represented in the frame. However, the estimates for adults in the omitted dwelling settings may differ from those for included dwelling settings, which could introduce bias into the estimates for health and victimization experiences.

To maximize coverage for recruiting potential respondents, NISVS 2023/2024 included several types of USPS mailing addresses that might not have been part of the ABS frames for some other surveys. For example, the NISVS 2023/2024 frame included addresses flagged as "Vacant" and "Drop point" units. While vacant units would theoretically be considered ineligible, the reliability of the USPS flag for vacant addresses has been questioned.[40] Therefore, NISVS 2023/2024 included addresses flagged as vacant for sample selection, determining eligibility during screening. This was a proactive step to reduce potential errors in frame coverage.

Drop points correspond to multiple housing units without individual unit identifiers, which complicated the selection of households and the sending of initial invitations and reminder postcards (as well as mailing incentive checks, if requested) to selected households or individuals. The operational challenges associated with drop points were particularly problematic in larger metropolitan areas like New York City and Chicago, though they were less significant on a national scale. Based on findings from the contracting company's analyses, the NISVS 2023/2024 frame included drop points with four or fewer housing units to balance the need to maximize coverage and efficiency with the risk of bias that could result from entirely removing drop points from the sampling frame. The estimated loss of coverage (by the contracting company) from excluding drop points containing more than four housing units was about 0.4% nationally,[41] and this under-coverage was addressed through weight calibration (unpublished data, 2023).

Analyses of the NISVS 2023/2024 Sample Releases 1 & 2 data showed significant differences in weighted estimates between people residing in drop point units and those in other types of dwelling units for the following types of violence victimization among men: unwanted sexual contact, sexual coercion, being made to penetrate someone, intimate partner-perpetrated contact sexual violence, intimate partner-perpetrated physical violence, and intimate partner-perpetrated psychological aggression (unpublished data, 2024). On the other hand, among women, only stalking estimates differed between adults residing at addresses identified as vacant and adults residing in other housing types (unpublished data, 2024). These results, however, should be interpreted with caution. The overall sample size and the even smaller subsample sizes may have greatly limited the ability to detect differences, and so caution should be used in drawing conclusions about the treatment of vacant addresses and drop points in NISVS 2023/2024 in relation to frame coverage errors and cost-effectiveness (unpublished data, 2024).

Internet under-coverage that might hinder individuals' ability to respond to the NISVS 2023/2024 survey invitation was not a major concern, given the significantly improved internet coverage[42] and the availability of a toll-free inbound telephone option for potential respondents with limited internet access. Respondents were able to complete the survey with a live interviewer using the same survey instrument programmed for the telephone mode. Additionally, sampling "multiplicity," the possibility of reaching a respondent by more than one means—which was a potential issue with the dual telephone frame (landline and cellular phone) sampling approach used in previous NISVS iterations—was not a concern with the use of the ABS approach for NISVS 2023/2024.

Sampling Error

Theoretically, all sample surveys are subject to sampling errors, which arise when only a subset, rather than all members of the population, is interviewed. Different types of sampling errors may occur, including those arising from clustering, stratification, and selection.

Errors due to clustering, which can be significant in certain sampling designs, were not present in NISVS 2023/2024 because there was no clustering within each state, thereby eliminating the potential drawbacks associated with this source of error. Stratification was implemented in NISVS 2023/2024, with states (including the District of Columbia) serving as the strata. This design was intended to balance the need for national inferences using a single year of data with the generation of state-level estimates based on data accumulated over multiple years. Additionally, a minimum sampling target was established for low-population-density states to increase the likelihood of attaining a minimum sample size in each of the 50 states and the District of Columbia.

Selection errors can arise when the method of selecting participants results in a sample that is not representative of the study population. For NISVS 2023/2024, a simple random sampling method was implemented within each state (and the District of Columbia); therefore, design-based selection error was not a major concern, apart from the systematic exclusion of institutionalized populations discussed above. However, selection errors can still be introduced through self-selection, where individuals decide whether to participate. This type of error is difficult to assess because there is no information about those who did not complete the

household screening questionnaire. The estimated response and cooperation rates for NISVS 2023/2024 raise some concern that respondent selection biases may exist. Despite adopting probability sampling to facilitate statistical inference, the potential for respondent self-selection may have contributed to a final sample that fell short of the target, potentially limiting the ability to make inferences for some victimization experiences among certain subgroups.

Weighting

Post-data-collection processes included data weighting to support population-level inference. Readers can refer to the NISVS Methodology Report[1] for additional details on the weighting method and procedure. Because weighting itself can introduce error or additional uncertainty, the weighting approach for the NISVS 2023/2024 data was carefully reviewed. The weighting process included adjustments for unequal selection probabilities and nonresponse at various stages of data collection and calibration of the weighted sample to the target population. Through this process, the sample was aligned with the target population on the demographic characteristics and categories used in weighting, thereby reducing the potential for bias in inferential statistics arising from differences in these attributes between the sample and the population.

As with other sample surveys, however, even a comprehensive weighting plan may not fully account for all differences between individuals included in the sample and those who were either not covered by the sampling frame or declined to participate. In addition, some personal- or household-level attributes were either not collected (e.g., homeownership) or collected but not incorporated into the weighting process (e.g., household income). Nonetheless, the weighting approach used for the NISVS 2023/2024 data followed standard practice and was consistent with the methodology used to weight survey data in previous years. Overall, the review did not identify any indicators suggesting that the weighting procedures for the NISVS 2023/2024 data were a major source of bias.

Measurement Errors

Assessing measurement errors can involve several approaches. While none of these methods is definitive, the goal of these analyses is to provide useful information that improves understanding of potential measurement error in the NISVS 2023/2024 data.

Survey Completion Time and Latency

Prior research has identified several methods for improving the quality of self-administered web survey data.[43–44] Questionnaire completion time is commonly examined in the literature as an indicator of data quality in self-administered web surveys, including as a means of identifying potential rushing behavior.[45] The amount of time a respondent takes to complete the survey may reflect the quality of their responses. When combined with web page-level timing data, this method can be a useful tool for monitoring how quickly respondents answer survey questions. This feature, if implemented well, can have an interactive effect that supports survey administration. For instance, if respondents are moving too quickly from one page to the next, a system message could prompt them to slow down and reconsider their answers to the questions on the page. However, this feature was not implemented for NISVS 2023/2024. As a result, only a general assessment of the time respondents took to complete the survey was conducted by the contracting company at CDC's request. Crude (unweighted) analyses performed by the contracting company showed that the maximum, median, mean, and minimum times to complete the survey were descriptively shorter (but may not be significantly different) for men than for women. Additionally, among respondents, survey completion time was longer at older ages and shorter at higher levels of educational attainment. Furthermore, respondents who reported having more violence victimization experiences in their lifetime tended to have longer interview times. An examination of median survey completion times found that those who experienced contact sexual violence had somewhat longer interview times, which was true for both women and men. Overall, about 83% of respondents completed the survey in the average length of time, while 12% took longer than the average. About 2% of respondents completed the interview at least three standard deviations below the average length of time, with women making up a larger proportion of this group than men. Note also that respondents were

free to start, stop, and resume the interview at their convenience, so the time measure may not accurately reflect the actual time spent completing the survey (data not shown).

Another analysis examined survey completion latency, defined as the number of days from survey initiation to completion, and assessed its association with victimization measures. Phase 1 results showed that respondents who took more days to complete the survey were less likely to report intimate partner-perpetrated psychological aggression. The contracting company's Nonresponse Bias Analysis Report states that "This may or may not be an indication of nonresponse bias as level of effort has been shown to be a poor indicator of nonresponse bias."[46]

Respondent Attentiveness

Another data quality measure is the extent to which respondents maintain attention while completing online, self-administered surveys. Despite some concerns about the utility of this type of analysis, the American survey community (e.g., AAPOR) still uses it as a reference measure. This was evident in discussions among survey community members in 2024. The NISVS 2023/2024 instrument included one question (asking respondents to select a specified color from the answer option list) designed to assess the attentiveness of respondents. An analysis requested by CDC and conducted by the contracting company, as part of the Total Survey Error Analysis, examined the unweighted percentage of respondents who failed the attention check—overall, by data collection phase, and by sex—and found that only a small percentage (1.8% overall) of respondents failed the attention-check question (Table 12). Men and women exhibited different patterns of attention check failure, both overall and within Phase 1 and Phase 2, and the attention-check failure percentages were higher among women than among men. Additionally, 1.6% of respondents who participated in Phase 2 under an extended invitation and a substantially increased incentive failed the attention check, whereas 1.9% of Phase 1 counterparts did so. However, given the unweighted nature of these analyses and the relatively small sample size in Phase 2, caution is warranted when interpreting these results.

Table 12

Percentage of Respondents Failing the Attention Check, Overall and by Sex and Phase, NISVS 2023/2024 (Sample Releases 1 & 2)

	Attention-Check Failure Percentage (Unweighted)		
Participants	Total (%)	NISVS 2023/2024 Phase 1 (%)	NISVS 2023/2024 Phase 2 (%)
Overall	1.8	1.9	1.6
Men	1.3	1.4	1.3
Women	2.2	2.3	1.8

Source: NISVS Total Survey Error Analysis Report Sample Releases 1 & 2 (contracted survey company, unpublished report, 2024).

Data Completeness

A check on item missingness showed that very few surveys had invalid missing values (i.e., missing values not attributable to intended instrument skip patterns) for violence victimization questions, including those in later sections, such as the intimate partner-perpetrated physical violence section.

Refusal rates were very low throughout the survey. Among items with at least one refusal, the modal refusal rate was 0.01%, and the mean refusal rate was 0.04%; more than 93% of these items had refusal rates below 0.1%, and all but three had refusal rates below 0.2%. Breakoffs were even less frequent and occurred primarily in the final sections of the survey, most commonly in the physical violence section (0.04%), followed by the reproductive coercion section (0.01%) and one psychological aggression item (0.01%).

VII. Discussion

The survey methodology used for NISVS 2023/2024 aligned with that employed by other large-scale surveys conducted during the same period and with similar data-collection goals (i.e., collection of health-related data). The expectation was that this methodology would lead to improved survey performance indicators (such as response and cooperation rates) and better data quality.

The demographic characteristics of the survey data were examined from multiple perspectives, including both the characteristics and categories used in weighting the data to better match the study population, as well as those not included in the weighting process. The analysis revealed that some individual- and household-level attributes—particularly those variables and categories used in the weighting process (i.e., age, sex, race/ethnicity, marital status, and educational attainment)—closely matched those of the study population. These alignments serve as objective measures of the survey data's representativeness with respect to these characteristics and categories. However, for characteristics not used in weighting, the findings are less reassuring. For instance, the NISVS 2023/2024 sample significantly differed from the study population across all household income categories. Post-stratification adjustments by age, sex, race/ethnicity, marital status, and educational attainment did not improve the sample's representativeness regarding household income.

When using the ACS 2018–2022, BRFSS 2022, and NHIS 2023 as external benchmarks, the comparative analyses revealed mixed results across several disability measures. While NISVS 2023/2024 was similar to these data sources for some measures, it differed significantly from the benchmarks for others. For example, estimated overall prevalences for six disability measures (Self-Care, Hearing, Vision, Independent Living, Ambulatory, and Cognitive) in NISVS 2023/2024 differed significantly from those in NHIS 2023, and all but one measure (Self-Care) diverged from the ACS 2018–2022. As noted earlier, these findings may be partially attributed to differences in survey context, methodology, and wording, but may also reflect actual differences.

Benchmark analyses were further extended to compare three health conditions (asthma, hypertension, and diabetes) and one violence victimization experience measure (nonconsensual sexual intercourse) using reputable external data sources with higher participation rates. For all three health conditions, NISVS 2023/2024 (Sample Releases 1 & 2) prevalence estimates were significantly higher than those from NHIS 2023, with asthma estimates being approximately 78% higher in NISVS 2023/2024 (Sample Releases 1 & 2). Additionally, NISVS 2023/2024 (Sample Releases 1 & 2) estimates for these three health conditions were significantly higher than the corresponding MEPS-HC 2021 estimates. However, NISVS 2023/2024 (Sample Releases 1 & 2) estimates were similar to the NHANES 2017–2020 estimates. The divergent results, as well as other differences across surveys (e.g., mode of data collection, timing of survey administration, and context), make it difficult to draw definitive conclusions about the representativeness of NISVS 2023/2024 data with respect to these health conditions. It is also noteworthy that estimates varied across the three benchmark surveys, complicating the identification of the most appropriate benchmark.

Analysis of the one violence measure comparing NISVS 2023/2024 (Sample Releases 1 & 2) with the NSFG (2017–2019 average) estimate of nonconsensual sexual intercourse revealed divergent results for women and men aged 18 to 49. While the estimates for women in the two surveys were not significantly different, a significant difference was observed for men (4.2% in NISVS 2023/2024 (Sample Releases 1 & 2) compared with 6.7% in NSFG 2017–2019). The sex-specific NSFG comparison yielded mixed results, adding to the mixed pattern of findings across the external benchmark analyses.

In addition to the benchmark analyses, this study also examined frame coverage, potential sampling errors, and measurement errors. NISVS 2023/2024 benefited from using the USPS address database to build the ABS sampling frame, resulting in a smaller frame coverage error than prior NISVS administrations that used RDD frames for landlines and cellular phones. However, given the data collection process, respondent self-selection may have undermined the probabilistic design. Measurement errors were assessed by examining survey

completion time and latency, as well as respondent attentiveness (measured by the attention-check failure rate). No notable patterns suggesting subgroup discrepancies were observed, and a review of data completeness did not show substantial item missingness.

Limitations

While this study provides a multifaceted assessment of the NISVS 2023/2024 data, several limitations should be noted. First, the analysis methods cannot be regarded as definitive. Data from adults who were invited but declined to participate in the survey remain unknown, making nonresponse bias analyses partial and tentative. Although Phase 2 recruited some initial nonrespondents, those who ultimately participated in Phase 2 may differ from individuals who never participated; therefore, Phase 2 respondents cannot be assumed to represent final nonrespondents. The participation patterns observed across both phases further limit the extent to which Phase 2 respondents can serve as a proxy for final nonrespondents.

Second, both internal and external consistency analyses are limited by the lack of appropriate benchmark data. If NISVS can maintain stable methodology and data collection processes over time, future internal consistency checks will be more informative as more data are accumulated. However, known differences in context, methodology, data collection modes, protocols, and survey instruments (such as survey question wording, ordering, and answer options) can all contribute to differences in estimates across surveys, even within NISVS. Similar cross-survey comparability limitations may apply to other national surveys, as illustrated by comparisons of NISVS prevalence estimates with estimates from NHIS 2023 and NHANES 2017–2020. Furthermore, only one violence victimization measure from NISVS 2023/2024 had an external benchmark for comparison. The external benchmark was collected in 2017–2019, whereas the NISVS data were collected in 2023–2024, and findings based on this single measure should not be treated as definitive for all violence victimization measures in NISVS 2023/2024.

Conclusion

The NISVS 2023/2024 data assessment underscores both the strengths and the constraints of this redesigned survey administration. The shift from an RDD telephone approach to an ABS push-to-web design represented a substantial methodological departure, one that aligned with broader trends across federal and state health surveys and offered advantages in frame coverage compared with earlier NISVS cycles. Favorable design features, including the ability to recruit respondents who did not participate during Phase 1 through the Phase 2 design and a low frame under-coverage error, further support confidence in the data. At the same time, the survey and data quality indicators assessed in this report inform the assessment of potential residual nonresponse bias that may not be fully addressed through weighting adjustments alone.

Across the multiple lenses applied in this report, the picture that emerges is a mixed one. For demographic characteristics used directly in weighting—age, sex, race/ethnicity, marital status, and education—the weighted estimates aligned well with population benchmarks once weighting adjustments in fixed categories were applied. However, characteristics excluded from the weighting scheme, most notably household income, showed persistent and statistically significant misalignment even after calibration, indicating that weighting on demographic variables alone cannot fully correct for every dimension of potential bias. Data users should account for this lack of alignment when making population inferences involving such attributes. Comparisons against external benchmarks for disability status, chronic health conditions, and sexual violence victimization likewise produced inconsistent results, with some measures aligning closely with other national surveys and others diverging significantly; no single external source proved uniformly reliable as a point of comparison.

The examination of other error sources, including frame coverage, weighting procedures, survey completion time and latency, respondent attentiveness, and item missingness, did not reveal major indicators of systematic bias. Refusal and breakoff rates were minimal, and attention-check failures were infrequent, lending some measure of confidence in the underlying data quality.

Taken together, these findings suggest that NISVS 2023/2024 data can be used to generate meaningful national and selected state-level estimates of intimate partner violence, sexual violence, and stalking, but that such estimates should be interpreted with appropriate caution given the inherent limitations of nonresponse bias assessment. Because data from nonrespondents remain fundamentally unobservable, no analysis can definitively rule out bias, and the comparisons offered here are necessarily conditional on differences in survey methodology, procedure, timing, mode, wording, and administering organization. Future NISVS data-collection efforts may consider exploring the feasibility of collecting a larger sample size and optimizing the weighting process to incorporate a broader range of more refined respondent- and household-level categories. As resources allow, continued monitoring of these quality indicators in future NISVS data collection efforts will help build a longer track record that supports more robust evaluation of consistency and overall data quality and increases confidence in trend estimates.

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IX. Technical Notes

Analysis results presented in this Data Assessment Report include those produced by the NISVS 2023/2024 survey contracting company (unpublished data) and those produced by CDC staff.

The analyses conducted by CDC staff involved the following two sets of comparisons:

(1) Comparisons between NISVS 2023/2024 and data from several other national surveys, including the ACS 2018–2022 five-year estimates, BRFSS 2022 data, and NHIS 2023 data.[34–36]

(2) Comparisons between NISVS 2023/2024 "early" (Phase 1) respondents and converted (Phase 2) respondents.

For the comparisons in set (1) (Tables 5 and 6), all analyses were conducted with relevant weights. The evaluations between NISVS 2023/2024 and the BRFSS, as well as between NISVS 2023/2024 and NHIS, were conducted using the SAS SURVEYFREQ procedure (Version 9.4; SAS Institute Inc., Cary, NC) to account for sample design and weights. Statistical variances were estimated using the Taylor series linearization method. For ACS PUMS data, to account for survey design and sampling strategy, direct standard error (SE) was derived by using the successive difference replication method, as outlined below.

$$SE = \sqrt{\frac{4}{80}\sum_{r=1}^{80}(x_r - x_0)^2}$$

Where, x_0 is the estimate calculated using the production weight (i.e., PWGTP), and x_r is the estimate calculated using the rth replicate weight (i.e., one of 80). Statistical significance of differences between NISVS 2023/2024 and ACS PUMS estimates was determined by using survey-specific point estimates and their respective standard errors (SEs) to compute *p*-values based on an independent two-group z-test. Results with $p < 0.05$ were considered statistically significant.

For comparisons in set (2), all evaluations were between subgroups within NISVS 2023/2024. Each subgroup presented in Table 2 (the Phase 1 and Phase 2 subsamples) was individually weighted to the study population. Statistical inferences for prevalence were made based on weighted analyses that accounted for the complex sample design, nonresponse, and post-stratification adjustments. The analyses were conducted using SAS-callable SUDAAN CROSSTAB/DESCRIPT procedures (Version 10.0.4, RTI International, Research Triangle Park, NC). The variances were estimated by the Taylor series linearization method. A standard *t*-test was used for the analysis presented in Table 2. Results with $p < 0.05$ were considered statistically significant.



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