NISVS
The National Intimate Partner and Sexual Violence Survey

Intimate Partner Violence in the United States — 2010

National Center for Injury Prevention and Control
Division of Violence Prevention

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Intimate Partner Violence in the United States — 2010

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EXECUTIVE SUMMARY

Intimate partner violence (IPV) is a significant public health problem. IPV includes physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner. In addition to the immediate impact, IPV has lifelong consequences. A number of studies have shown that beyond injury and death, victims of IPV are more likely to report a range of acute and chronic mental and physical health conditions (Black, 2011; Coker, Smith, & Fadden, 2005; Coker, Davis, Arias, Desai, Sanderson, Brandt, & Smith, 2002). Many survivors of these forms of violence experience physical injury; depression, anxiety, low self-esteem, and suicide attempts; and other health conditions such as gastro-intestinal disorders, substance abuse, sexually transmitted diseases, and gynecological or pregnancy complications. These conditions can lead to hospitalization, disability, or death.

During the past decade, our understanding of the biological response to acute and chronic stress that links IPV with negative health conditions has deepened (Black, 2011; Crofford, 2007; Pico-Alfonso, Garcia-Linares, Celda-Navarro, Herbert, & Martinez, 2004). Additionally, a number of behavioral factors are likely to play a role in the link between IPV and adverse health conditions, as victims of IPV are more likely to smoke, engage in heavy/binge drinking, engage in behaviors that increase the risk of HIV, and endorse other unhealthy behaviors (Breiding, Black, & Ryan, 2008; Coker et al., 2002).

Findings in this report are based on data from the National Intimate Partner and Sexual Violence Survey (NISVS). NISVS is an ongoing, nationally representative, random digit dial telephone survey that collects information about experiences of intimate partner violence, sexual violence, and stalking from non-institutionalized English- and/or Spanish-speaking women and men aged 18 or older in the United States. This report provides findings from the 2010 data collection pertaining to intimate partner violence. Some of the key topics covered in this report are:

- Overall lifetime and 12-month prevalence of IPV victimization
- Prevalence of IPV victimization by sociodemographic variables, such as race/ethnicity, sexual orientation, and income
- Impact of IPV victimization
- Characteristics of IPV victimization such as number of lifetime perpetrators, sex of perpetrator, and age at first IPV victimization
- Services needed and disclosure related to IPV victimization

The findings presented in this report are based on complete interviews from the NISVS survey. Complete interviews were obtained from 16,507 adults (9,086 women and 7,421 men) in 2010. The relative standard error (RSE), which is a measure of an estimate's reliability, was calculated for all estimates in this report. If the RSE was greater than 30%, the estimate was deemed unreliable and is not reported. Consideration was also given to the case count. If the estimate was based on a numerator < 20, the estimate is also not reported. Estimates for certain types of violence reported by subgroups are not shown because the number of people reporting a specific type of victimization was too few to calculate a reliable estimate. These non-reportable estimates are noted in the report so the reader can easily determine what was assessed and where gaps remain.

A detailed description of the violence types measured, as well as the verbatim violence victimization questions, are presented in the Appendices of the report.

Key Findings

Sexual Violence by an Intimate Partner

- Nearly 1 in 10 women in the United States (9.4%) has been raped by an intimate partner in her lifetime, including completed forced penetration, attempted forced penetration, or alcohol/drug facilitated completed penetration.
- Approximately 1 in 45 men (2.2%) has been made to penetrate an intimate partner during his lifetime.

- An estimated 16.9% of women and 8.0% of men have experienced sexual violence other than rape (being made to penetrate an intimate partner, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences) by an intimate partner in their lifetime.

Physical Violence by an Intimate Partner

- Women and men experienced many types of physical violence ranging from being slapped to having a knife or gun used against them.
- Women had a significantly higher lifetime prevalence of severe physical violence by an intimate partner (24.3%) compared to men (13.8%).
- Approximately 2.7% of women and 2.0% of men experienced severe physical violence in the 12 months preceding the survey.

Stalking by an Intimate Partner

- Women had a significantly higher lifetime prevalence of stalking by an intimate partner (10.7%) compared to men (2.1%).
- Women had a significantly higher 12-month prevalence of stalking by an intimate partner (2.8%) compared to men (0.5%).

Psychological Aggression by an Intimate Partner

- Nearly half of U.S. women (48.4%) and half of U.S. men (48.8%) have experienced at least one psychologically aggressive behavior by an intimate partner during their lifetime.
- Men had a significantly higher prevalence of experiencing psychological aggression from an intimate partner in the 12 months preceding the survey than women (18.1% and 13.9%, respectively).

Overlap of Rape, Physical Violence, and Stalking

- Among those who experienced rape, physical violence, or stalking by an intimate partner in their lifetime, male victims (92.1%) were significantly more likely than female victims (56.8%) to experience physical violence only.
- Among male victims, 6.3% experienced both physical violence and stalking in their lifetime; too few men reported other combinations of rape, physical violence, and stalking to produce reliable estimates.
- Among female victims, 14.4% experienced physical violence and stalking; 8.7% experienced both rape and physical violence; 12.5% experienced rape, physical violence, and stalking.

Rape, Physical Violence, or Stalking by an Intimate Partner, by Race/Ethnicity

- Black non-Hispanic women (43.7%) and multiracial non-Hispanic women (53.8%) had a significantly higher lifetime prevalence of rape, physical violence, or stalking by an intimate partner, compared to White non-Hispanic women (34.6%); Asian or Pacific Islander non-Hispanic women (19.6%) had significantly lower prevalence than White non-Hispanic women.
- American Indian or Alaska Native non-Hispanic men (45.3%), Black non-Hispanic men (38.6%), and multiracial non-Hispanic men (39.3%) had a significantly higher lifetime prevalence of rape, physical violence, or stalking compared to White non-Hispanic men (28.2%).

Rape, Physical Violence, or Stalking by an Intimate Partner, by Sexual Orientation

- Bisexual women had a significantly higher prevalence of lifetime rape, physical violence, or stalking by an intimate partner (61.1%) compared to lesbian women (43.8%) and heterosexual women (35.0%).
- The lifetime prevalence of rape, physical violence, or stalking by an intimate partner was 29.0% among heterosexual men, 37.3% among bisexual men, and 26.0% among gay men.

Rape, Physical Violence, or Stalking by an Intimate Partner by Food and Housing Insecurity

- Women and men who experienced food insecurity in the past 12 months (11.6% and 8.2%, respectively) had a significantly higher 12-month prevalence of rape, physical violence, or stalking by an intimate partner compared to women and men who did not experience food insecurity (3.2% and 4.0%, respectively).
- Women and men who experienced housing insecurity in the past 12 months (10.0% and 7.9%, respectively) had a significantly higher 12-month prevalence of rape, physical violence, or stalking by an intimate partner compared to women and men who did not experience housing insecurity (2.3% and 3.1%, respectively).

Impact of Violence by an Intimate Partner

- Women were significantly more likely than men to experience rape, physical violence, or stalking by an intimate partner and report at least one impact related to experiencing these or other forms of violent behavior in the relationship (e.g., psychological aggression, being made to penetrate someone else, sexual coercion).
- Female victims of rape, physical violence, or stalking were significantly more likely than male victims to experience each of the IPV-related impacts measured including fear, concern for safety, need for medical care, injury, need for housing services, and having missed at least one day of work or school.

Maximum Number of Violent Behaviors Experienced in an Individual Relationship

- Among victims of sexual violence by an intimate partner, the proportion of female victims that experienced more than the median number (two or more) of unique sexually violent behaviors by an individual intimate partner was higher than the proportion of male victims.
- Among victims of physical violence by an intimate partner, the proportion of female victims that experienced more than the median number (three or more) of unique physically violent behaviors by an individual intimate partner was higher than the proportion of male victims.
- Among victims of psychological aggression by an intimate partner, the proportion of female victims that experienced more than the median number (four or more) of unique psychologically aggressive behaviors by an individual intimate partner was higher than the proportion of male victims.

Age at the Time of First IPV Victimization

- Among those who ever experienced rape, physical violence, or stalking by an intimate partner, more than 1 in 5 female victims (22.4%) and more than 1 in 7 male victims (15.0%) experienced some form of intimate partner violence for the first time between the ages of 11 and 17 years.
- 47.1% of female victims and 38.6% of male victims were between 18 and 24 years of age when they first experienced violence by an intimate partner.

Need for Services, Disclosure

- Female victims of rape, physical violence, or stalking were significantly more likely than male victims to report a need for services at some point during their lifetime due to their experience with IPV (36.4% and 15.6%, respectively).
- Among victims of rape, physical violence, or stalking who reported a need for services at some point during their lifetime, the proportion of men who reported that they always received those services (33.0%) was significantly lower than the proportion of female victims who reported that they always received those services (49.0%).
- Less than 50% of women who needed housing or victim's advocate services during their lifetime received them.
- Among victims of rape, physical violence, or stalking by an intimate partner, the proportion that disclosed their victimization to someone was higher among women (84.2%) than among men (60.9%). The proportion of men that described disclosure as "very helpful" was significantly lower than the proportion of women that described disclosure as "very helpful" for the following sources of disclosure: police, psychologists/counselors, friends, and family members.
- Among victims of lifetime rape, physical violence, or stalking by an intimate partner, 21.1% of female victims and 5.6% of male victims disclosed their victimization to a doctor or nurse.

Health Conditions

- Men and women with a lifetime history of rape, physical violence, or stalking by an intimate partner were more likely to report frequent headaches, chronic pain, difficulty sleeping, activity limitations, and poor physical health in general compared to those without a history of these forms of IPV. Women who have experienced these forms of violence were also more likely to report asthma, irritable bowel syndrome, diabetes, and poor mental health compared to women who did not experience these forms of violence.

Implications for Prevention

Centers for Disease Control and Prevention's (CDC's) key focus on preventing IPV is the promotion of respectful, nonviolent relationships through individual, relationship, community, and societal change. This strategy is focused on principles such as identifying ways to interrupt the development of IPV perpetration; better understanding the factors that contribute to respectful relationships and protect against IPV; creating and evaluating new approaches to prevention; and building community capacity to implement strategies that are based on the best available evidence. Community capacity can be enhanced by building upon and joining well-organized, broad-based coalitions that effectively create change in communities.

The principal focus of CDC is primary prevention, prioritizing the prevention of public health burdens, such as IPV, from occurring in the first place. This report suggests that IPV victimization begins at an early age with nearly 70% of female victims and nearly 54% of male victims having experienced IPV prior to age 25. This suggests that primary prevention of IPV must begin at an early age. CDC's approach to primary prevention of IPV is the promotion of healthy relationship behaviors among young people, with the goal of reaching adolescents prior to their first relationships. By influencing relationship behaviors and patterns early through dating violence prevention programs, it is possible to promote healthy relationship behaviors and patterns that can be carried forward into adulthood.

This report identified groups that are at most risk for IPV victimization. While primary prevention programs exist, it is unknown whether they are effective within specific groups of people, particularly among those identified in this report as being most at risk. Further work needs to be done to adapt and test existing strategies for specific groups as well as develop and test other strategies to determine whether they are effective in preventing IPV.

Positive and healthy parent-child relationships can provide the foundation for the primary prevention of IPV. Children benefit from safe, stable, and nurturing familial environments that facilitate respectful interactions and open communication. Other opportunities to build parent-child relationships include programs to promote effective parenting skills and efforts to include and support relationships between fathers and children. Beyond providing children an opportunity to share with their parents the experiences they have had with dating violence and other forms of violence, parents who model healthy, respectful intimate relationships free from violence foster these relationship patterns in their children.

The focus of this report is on describing the public health burden of victimization. In order to better understand how to prevent partner violence, CDC also supports work that seeks to better understand the causes of IPV perpetration. Research examining risk and protective factors is important for understanding how perpetration of violence develops and to determine the optimal strategies for preventing intimate partner violence. While much is known about risks factors at the individual and couple level, there have been few studies examining community and societal-level factors related to perpetration of IPV. As risk and protective factors for IPV perpetration are better understood, additional research is needed to develop and evaluate strategies to effectively prevent the first-time perpetration of IPV. This includes research that addresses the social and economic conditions such as poverty, sexism, and other forms of discrimination and social exclusion that increase risk for perpetration and victimization. Such research will complement efforts focused on preventing initial victimization and the recurrence of victimization.

Beyond primary prevention, secondary and tertiary prevention programs are essential for mitigating the short- and long-term consequences of IPV among victims, as well as reducing the violence-related health burden across the life span. This report examined a range of services that victims reported needing as a result of IPV at some point in their lifetime and whether they received them, including medical care, housing, victim's advocacy, legal and community services. The vast majority of women who were victims of IPV indicated that they needed medical services; nearly half needed housing, victim's advocacy, and community services; and a third needed legal services. Among the female victims who needed at least one of these services at some point during their lifetime, less than half indicated that they received any of the needed services. Among the male victims who needed at least one of these services, two-thirds

stated that they did not receive any of the needed services. This indicates that, across the lifetime of the current U.S. adult population, a significant gap exists between a need for services and the receipt of those services. Future work is needed to understand the degree to which this gap exists currently, and whether an existing gap is due to services being unavailable or because available services are not being utilized. Better understanding the barriers to service utilization is important.

Disclosing victimization experiences is a necessary first step for victims to be able to obtain the resources and services they need. One primary method by which IPV victims may disclose victimization and receive appropriate help is through disclosure to medical professionals. The results in this report suggest that a majority of male and female victims did not disclose their victimization to a health care professional. While 84.2% of female victims and 60.9% of male victims disclosed their IPV victimization to someone, only 21% of female victims and 5.6% of male victims reported having disclosed their victimization to a medical professional at some point in their lifetime. These findings suggest a need to better understand how to overcome the barriers that may prevent victims from disclosing to a medical professional and those barriers that may make some medical professionals feeling reticent to inquire about IPV victimization, even among those patients that shown signs of victimization. This report provides updated, detailed information describing the public health burden of IPV in the United States. While progress has been made in understanding factors that contribute to IPV and how to prevent IPV from occurring, this report demonstrates that much more needs to be done to reduce the negative impact of IPV on women and men in the United States.

1: Background and Methods

Intimate partner violence (IPV) includes physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner. The violence may occur among cohabitating or noncohabitating romantic or sexual partners and among opposite or same-sex couples. IPV is a major public health problem with serious long-term physical and mental health consequences, as well as significant social and public health costs (e.g., Breiding, Black, & Ryan, 2008; Logan & Cole, 2007; Randall, 1990). A number of studies have shown that, beyond injury and death, victims of IPV are more likely to report a range of negative mental and physical health conditions that are both acute and chronic in nature (Black, 2011; Crofford, 2007; Pico-Alfonso, Garcia-Linares, Celda-Navarro, Herbert, & Martinez, 2004). For example, victims of IPV are more likely to smoke, engage in heavy/binge drinking, engage in behaviors that increase the risk of HIV, and endorse other unhealthy behaviors (Breiding, Black, & Ryan, 2008). Additionally, a number of studies over the past decade have improved our understanding of the biologic response to acute and chronic stress that links IPV with negative health conditions (Crofford, 2007; Pico-Alfonso et al., 2004). Elevated health risks have been observed in relation to multiple body systems including the nervous, cardiovascular, gastrointestinal, genitourinary, reproductive, musculoskeletal, immune, and endocrine systems (Black, 2011).

The primary purpose of this report is to describe the public health burden of IPV in the United States and to provide information about the context of victimization experiences. By context of victimization we are referring to factors such as the frequency, pattern, and impacts of the violence experienced. In recent years, researchers have called for studies of IPV prevalence to better examine and describe the context of victimization (Langinrichsen-Rohling, 2010; Houry, Rhodes, Kemball, Click, Cerulli, McNutt, & Kaslow, 2008; Harned, 2001; Kelly & Johnson, 2008). Moving beyond a focus upon whether a person has or has not experienced IPV allows for a description of the broad range of victimization experiences. Prevalence estimates can encompass, but not fully describe, experiences ranging from chronic, severe IPV to one-time, less severe IPV victimization. The call by IPV researchers for greater context recognizes that the variation in motives, frequency, severity, chronicity, and impact, among other factors, cannot be fully represented by a dichotomous prevalence estimate. In other words, overall IPV prevalence estimates, while providing useful information, are but one indicator of the public health burden of a complex and wide-ranging set of experiences. An improved understanding of the range of experiences associated with IPV victimization is necessary to better inform intervention and prevention efforts.

To address the need for greater contextualization of prevalence estimates, this report examines the:

- Frequency of individual IPV behaviors
- Overlap of IPV violence types
- Impact of IPV victimization
- Experience of multiple forms of IPV within individual relationships
- Services needed as a result of IPV victimization

This report also provides a more detailed and comprehensive examination of the burden of IPV in the United States relative to *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report* (Black et al., 2011). This report presents findings on the:

- Prevalence of individual IPV behaviors
- Prevalence of IPV victimization by sociodemographic variables, such as race/ethnicity, sexual orientation, recent food and housing insecurity, and income
- Characteristics of IPV victimization including the number of lifetime perpetrators, sex of perpetrator, and age at first IPV victimization
- Associations between IPV victimization and physical and mental health conditions
- Disclosure of IPV victimization

Further, it includes confidence intervals around prevalence estimates, as well as statistical testing comparing prevalence between sociodemographic groups (e.g., sex, race/ethnicity, income level) to inform prevention practice by identifying populations at greatest risk of IPV victimization.

Methods

Data Source

Data for this report are from the National Intimate Partner and Sexual Violence Survey (NISVS), which was launched by the Centers for Disease Control and Prevention's (CDC's) National Center for Injury Prevention and Control in 2010. NISVS is an ongoing, national random digit dial telephone survey of the non-institutionalized English- and/or Spanish-speaking U.S. population aged 18 or older. NISVS assesses a broad range of experiences related to sexual violence, stalking, and intimate partner violence. It was designed to provide national and state level prevalence estimates for lifetime victimization and victimization in the 12 months prior to taking the survey. While the current report is limited to violence perpetrated by an intimate partner, the NISVS survey collects information about sexual violence by any perpetrator, stalking by any perpetrator, physical violence by an intimate partner, psychological aggression by an intimate partner, and control of reproductive or sexual health by an intimate partner.

In addition to collecting lifetime and 12-month prevalence data, the survey collects information on the age at the time of the first victimization, demographic characteristics of respondents, demographic characteristics of perpetrators (age, sex, race/ethnicity), and detailed information about the patterns and impact of the violence by specific perpetrators. For example, NISVS:

- Links each individual act of violence with a specific perpetrator, enabling the collection of all forms of violence committed by a specific perpetrator and allowing for an examination of how different forms of violence co-occur across the life span and within individual relationships
- Collects information on a range of negative impacts (e.g., injury, absence from school or work, need for medical care) resulting from experiences of violence by individual perpetrators
- Gathers information from respondents on a range of short- and long-term physical and mental health conditions that may be associated with the experience of violence

NISVS uses a dual-frame sampling strategy that includes both landline and cell phones. NISVS began collecting data in January 2010 from 50 states and the District of Columbia. This report is based on data that was gathered from January 22, 2010, through December 31, 2010. In 2010, a total of 18,049 interviews were conducted (9,970 women and 8,079 men) in the U.S. general population. This includes 16,507 completed and 1,542 partially completed interviews. A total of 9,086 women and 7,421 men completed the survey. Approximately 45.2% of interviews were conducted by respondents' landline telephone and 54.8% were conducted by cell phone.

The overall weighted response rate for the 2010 National Intimate Partner and Sexual Violence Survey ranged from 27.5% to 33.6%. This range reflects differences in how the proportion of the unknowns that are eligible is estimated. The weighted cooperation rate was 81.3%. A primary difference between response and cooperation rates is that a percentage of telephone numbers with unknown household status are part of the denominator in calculating a response rate. The cooperation rate reflects the proportion who agreed to participate in the interview among those who were contacted and determined to be eligible. The cooperation rate obtained for the 2010 NISVS data collection indicates that once contact was made and eligibility determined, the majority of respondents chose to participate in the interview.

Survey Instrument

The median length of the interview was 24.7 minutes. The survey included behaviorally specific questions that assess intimate partner violence experiences related to sexual violence; physical violence; stalking; psychological aggression including expressive aggression and coercive control; and control of reproductive or sexual health. Questions were asked in relation to violence experienced over the lifetime and during the 12 months prior to the interview. A description of the violence types measured is provided in Appendix A. A list of the specific violence victimization questions used in the survey is in Appendix B.

Survey Administration

Graduated Informed Consent Process

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

Respondent Safety

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

Statistical Testing and Inference

Statistical inference for prevalence and population estimates were made based on weighted analyses, where complex sample design features, such as dual sampling frames, stratified sampling, and unequal sample selection probabilities, were taken into account. All analyses were conducted using SUDAAN™ statistical software for analyzing data collected through complex sample design.

Within categories of violence (e.g., any physical violence by an intimate partner, other sexual violence by an intimate partner), respondents who reported more than one subcategory of violence are included only once in the summary estimate, but are included in each relevant subcategory. The denominators in prevalence calculations include persons who answered a question or responded with don't know or refused. Missing data (instances in which all questions for constructing an outcome of interest were not fully administered) were excluded from analyses. The estimates presented in this report are based on complete interviews. An interview is defined as "complete" if the respondent completed the screening, demographic, general health questions, and all questions on all five sets of violence victimization, as applicable. The estimated number of victims affected by a particular form of violence was calculated based on U.S. population estimates from the census projections by state, sex, age, and race/ethnicity (http://www.census.gov/popest/states/asrh/).

Analyses were conducted stratified by the sex of the respondent. As prevalence and population estimates were based on a sample population, there is a degree of uncertainty associated with these estimates. The smaller the sample upon which an estimate is based, the less precise the estimate becomes and the more difficult it is to distinguish the findings from what could have occurred by chance. The relative standard error (RSE) is a measure of an estimate's reliability. The RSE was calculated for all estimates in this report. If the RSE was greater than 30%, the estimate was deemed unreliable and was not reported. Consideration also was given to the case count. If the estimate was based on a numerator less than or equal to 20, the estimate is also not reported. Tables where specific estimates are missing due to high RSEs or small case counts are presented in full with missing unreliable estimates noted by an asterisk so that the reader can clearly see what was assessed and where data gaps remain.

Statistical significance testing was conducted comparing prevalence estimates of subgroups when both estimates met the reliability criteria. A two-tailed t-test (alpha = .05)

was conducted to assess the difference in prevalence between two groups. A statistically significant difference in prevalence was established between two estimates when $p < .05$. In addition, a number of health conditions were assessed in this survey and were examined with respect to lifetime rape, physical violence, or stalking by an intimate partner. Chi-square tests were conducted to examine the association between victimization and dichotomous health conditions, controlling for relevant sociodemographic variables and other forms of victimization measured by NISVS (rape and stalking by non-intimates). A p-value of .05 was set as the threshold for establishing statistical significance. Statistical analyses for this report were performed by statisticians from the CDC.

Additional Methodological Information

The 2010 NISVS Summary Report provides additional methodological information related to the 2010 NISVS including features that distinguish NISVS from other national surveys; efforts to ensure data quality and respondent confidentiality; IRB and OMB approval; mid-year changes to the survey instrument; weighting procedures; response rate and cooperation rate formulas; sampling strategy; data quality assurance; survey development; cognitive testing of the survey instrument; advance letters sent to respondents; incentives to respondents for participation; interviewer recruitment, training, and monitoring; and sample distributions and demographic characteristics (Black et al., 2011).

2: Prevalence and Frequency of Individual Forms of Intimate Partner Violence

Sexual Violence by an Intimate Partner

Lifetime Prevalence

Nearly 1 in 10 women in the United States (9.4% or approximately 11.2 million) has been raped by an intimate partner in her lifetime (Table 2.1). More specifically, 6.6% of women have experienced completed forced penetration by an intimate partner, 2.5% have experienced attempted forced penetration, and 3.4% have experienced alcohol/drug facilitated penetration. Too few men reported rape by an intimate partner to produce reliable estimates for overall rape or individual types of rape.

Approximately 1 in 6 women (15.9% or nearly 19 million) and 1 in 12 men in the United States (8.0% or approximately 9 million), have experienced sexual violence other than rape by an intimate partner in their lifetime. Women had a significantly higher lifetime prevalence of sexual violence

Nearly 1 in 10 women in the U.S. has been raped by an intimate partner in her lifetime; 2.2% of U.S. men have been made to penetrate an intimate partner.

Table 2.1

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

	Women			Men		
	Weighted %	95% CI	Estimated Number of Victims[1]	Weighted %	95% CI	Estimated Number of Victims[1]
Rape	9.4#	8.5 – 10.3	11,162,000	*		
Completed forced penetration	6.6#	5.9 – 7.4	7,859,000	*		
Attempted forced penetration	2.5#	2.1 – 3.0	2,975,000	*		
Completed alcohol/drug facilitated penetration	3.4#	2.9 – 4.0	4,098,000	*		
Other Sexual Violence	15.9†	14.8 – 17.1	18,973,000	8.0	7.1 – 9.0	9,050,000
Made to penetrate	*			2.2#	1.7 – 2.7	2,442,000
Sexual coercion[2]	9.8†	8.9 – 10.8	11,681,000	4.2	3.5 – 5.0	4,744,000
Unwanted sexual contact[3]	6.4†	5.7 – 7.2	7,633,000	2.6	2.1 – 3.3	2,999,000
Non-contact unwanted sexual experiences[4]	7.8†	7.0 – 8.7	9,298,000	2.7	2.2 – 3.3	3,049,000

1 Rounded to the nearest thousand.
2 Pressured in a nonphysical way (includes, for example, threatening to end the relationship, using influence or authority).
3 Includes unwanted kissing in a sexual way, fondling, or grabbing sexual body parts.
4 Includes someone exposing their sexual body parts, flashing, or masturbating in front of the victim, someone making a victim show his or her body parts, someone making a victim look at or participate in sexual photos or movies, or someone harassing the victim in a public place in a way that made the victim feel unsafe.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
† Statistically significant difference ($p < .05$) in prevalence.
# Formal statistical testing was not undertaken because the number experiencing these behaviors was too small to generate a reliable estimate for at least one of the comparison groups.

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

other than rape by an intimate partner compared to men ($p < .05$). However, approximately 2.2% of men have been made to penetrate an intimate partner at some point in their lifetime; too few women were made to penetrate an intimate partner to produce a reliable estimate. The lifetime prevalence of sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences by an intimate partner were all significantly higher for women than men ($p < .05$).

Twelve-month Prevalence

In the 12 months prior to taking the survey, 0.6% or an estimated 686,000 women in the United States were raped by an intimate partner (Table 2.2). Too few men reported rape by an intimate partner in the 12 months prior to taking the survey to produce a reliable estimate. Also, 2.3% of women, and 2.5% of men, experienced other forms of sexual violence by an intimate partner in the 12 months prior to the survey. Approximately 0.5% of men were made to penetrate an intimate partner in the 12 months

Table 2.2

12-month Prevalence of Sexual Violence by an Intimate Partner — U.S. Women and Men, NISVS 2010

	Women			Men		
	Weighted %	95% CI	Estimated Number of Victims[1]	Weighted %	95% CI	Estimated Number of Victims[1]
Rape	0.6#	0.4 – 0.9	686,000	*		
Completed forced penetration	0.4#	0.2 – 0.7	472,000	*		
Attempted forced penetration	*			*		
Completed alcohol/drug facilitated penetration	*			*		
Other Sexual Violence	2.3	1.9 – 2.8	2,747,000	2.5	2.0 – 3.1	2,793,000
Made to penetrate	*			0.5#	0.3 – 0.9	586,000
Sexual coercion[2]	1.7†	1.3 – 2.1	1,978,000	1.0	0.7 – 1.4	1,143,000
Unwanted sexual contact[3]	0.5	0.4 – 0.8	645,000	0.9	0.6 – 1.4	1,031,000
Non-contact unwanted sexual experiences[4]	0.7	0.5 – 1.0	836,000	0.8	0.5 – 1.2	882,000

1 Rounded to the nearest thousand.
2 Pressured in a nonphysical way (includes, for example, threatening to end the relationship, using influence or authority).
3 Includes unwanted kissing in a sexual way, fondling, or grabbing sexual body parts.
4 Includes someone exposing their sexual body parts, flashing, or masturbating in front of the victim, someone making a victim show his or her body parts, someone making a victim look at or participate in sexual photos or movies, or someone harassing the victim in a public place in a way that made the victim feel unsafe.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
† Statistically significant difference ($p < .05$) in prevalence.
# Formal statistical testing was not undertaken because the number experiencing these behaviors was too small to generate a reliable estimate for at least one of the comparison groups.

preceding the survey, whereas too few women were made to penetrate an intimate partner to produce a reliable estimate. With the exception of sexual coercion, where the 12-month estimate was significantly higher for women than men ($p < .05$), none of the other estimates were significantly different.

Physical Violence by an Intimate Partner

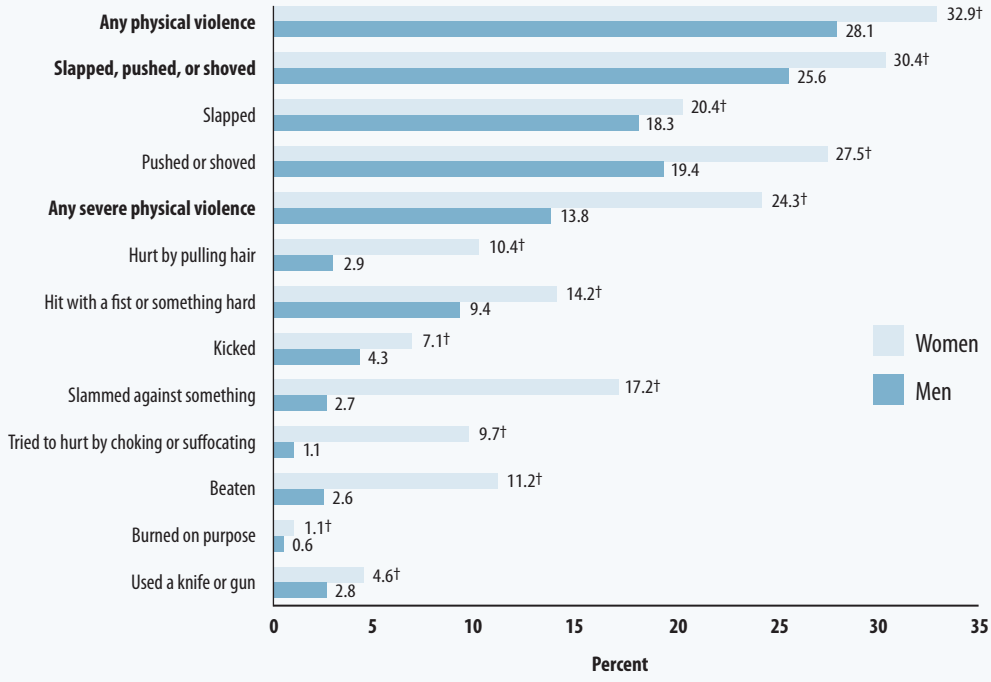
Lifetime Prevalence

Approximately 32.9% of women in the United States have experienced physical violence by an intimate partner in their lifetime, compared to 28.1% of men, a statistically significant difference ($p < .05$) (Figure 2.1). Examining the prevalence of more severe forms of physical violence, 24.3% of women (or approximately 29 million) have experienced severe physical violence by an intimate partner in their lifetime, compared to 13.8% of men (approximately 15.6 million), also a statistically significant difference ($p < .05$). Additionally, prevalence of the following severe physically violent behaviors were significantly higher ($p < .05$) for women than men: being hurt by pulling hair; being hit with a fist or something hard; being kicked; being slammed against something; being hurt by choking or suffocating; being beaten; being burned on purpose; and having a gun or knife used on them.

Approximately 1 in 3 women (30.4%) and 1 in 4 men (25.6%) in the United States has been slapped, pushed, or shoved by an intimate partner at some point in their lifetime. The lifetime prevalence of being slapped, pushed, or shoved by an intimate partner was significantly higher among women compared to men ($p < .05$).

Figure 2.1

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



† Statistically significant difference ($p < .05$) in prevalence.

Twelve-month Prevalence

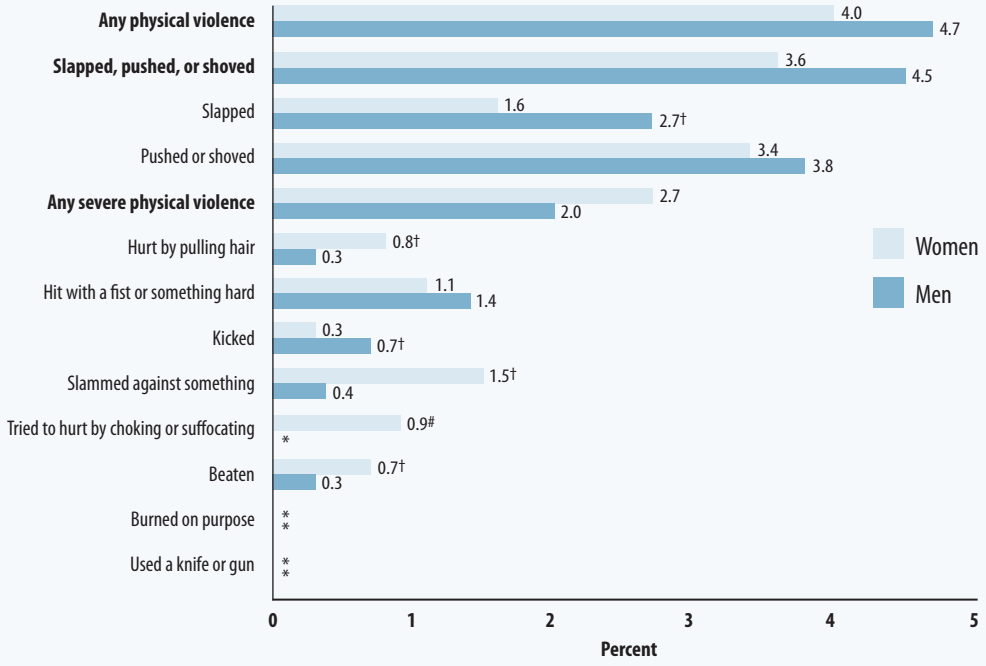
The prevalence of physical violence victimization by an intimate partner in the 12 months prior to taking the survey was 4.0% among women compared to 4.7% among men (Figure 2.2). The prevalence of severe physical violence victimization by an intimate partner in the 12 months prior to taking the survey was 2.7% among women compared to 2.0% among men. The 12-month prevalence of being slapped and being kicked was significantly higher for men, whereas the prevalence of being hurt by hair pulling, being slammed against something, and being beaten was significantly higher for women ($p < .05$). All other comparisons that were conducted were not statistically significant.

Frequency of Individual Physically Violent Behaviors

Respondents who reported that they had experienced a particular physically violent behavior were asked how many times in their lifetime they had experienced that behavior by that specific intimate partner. Response options included once, two to five times, six to 10 times, 11 to 50 times, or more than 50 times. Figure 2.3 displays the higher frequency categories (11 to 50, more than 50) of individual physically violent behaviors among victims of physical violence by an intimate partner. The proportion experiencing the following behaviors 11 or more times was significantly higher ($p < .05$) for female victims, in comparison to male victims: slapped, pushed, or shoved; hurt by pulling hair; hit with a fist or something hard; kicked; and beaten. Formal statistical testing comparing the frequency of being hurt by choking or suffocating 11 or more times, comparing women and men, was not undertaken because the number of men reporting this behavior 11 or more times within an individual relationship was too small to generate a reliable estimate.

Figure 2.2

12-month Prevalence of Physical Violence by an Intimate Partner — U.S. Women and Men, NISVS 2010



† Statistically significant difference ($p < .05$) in prevalence.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
# Formal statistical testing was not undertaken because the number experiencing these behaviors was too small to generate a reliable estimate for at least one of the comparison groups.

Similarly, the number of women and men who reported the following behaviors 11 or more times was too small to generate reliable estimates for statistical testing between groups: being burned on purpose and having a knife or gun used on them.

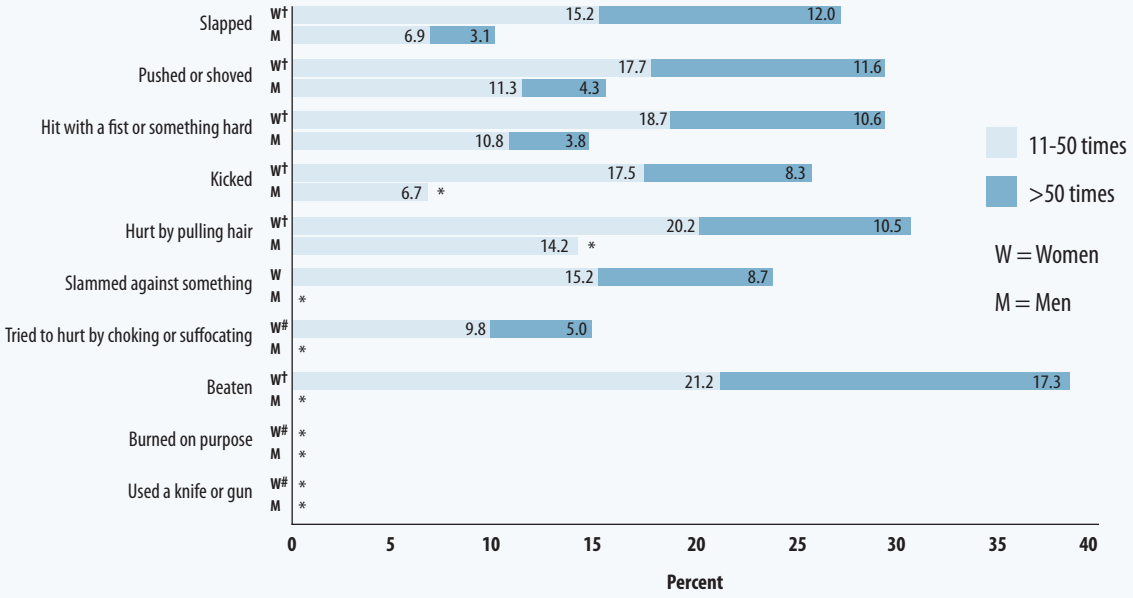
Stalking by an Intimate Partner

Lifetime and 12-month Prevalence

The lifetime prevalence of stalking by an intimate partner in which the victim felt very fearful or believed that they or someone close to them would be harmed or killed was significantly higher for women (10.7% or an estimated 12.8 million) than for men (2.1% or an estimated 2.4 million), $p < .05$ (Table 2.3).

Figure 2.3

Number of Times Individual Physically Violent Behaviors Were Experienced among Victims of Physical Violence by an Intimate Partner, by Sex — NISVS 2010



† Statistically significant difference ($p < .05$) in the proportion of victims that experienced the behavior 11 or more times in an individual relationship.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
# Formal statistical testing was not undertaken because the number experiencing these behaviors was too small to generate a reliable estimate for at least one of the comparison groups.

Table 2.3

Lifetime and 12-month Prevalence of Stalking by an Intimate Partner — U.S. Women and Men, NISVS 2010

	Lifetime			12-month		
	Weighted %	95% CI	Estimated Number of Victims[1]	Weighted %	95% CI	Estimated Number of Victims[1]
Women	10.7†	9.8 – 11.7	12,786,000	2.8†	2.3 – 3.4	3,353,000
Men	2.1	1.7 – 2.8	2,427,000	0.5	0.3 – 0.7	519,000

1 Rounded to the nearest thousand.
† Statistically significant difference ($p < .05$) in prevalence.

Similarly, the 12-month prevalence of stalking by an intimate partner in which the victim felt very fearful or believed that they or someone close to them would be harmed or killed was significantly higher for women (2.8% or an estimated 3.4 million) than men (0.5% or an estimated 519,000), $p < .05$).

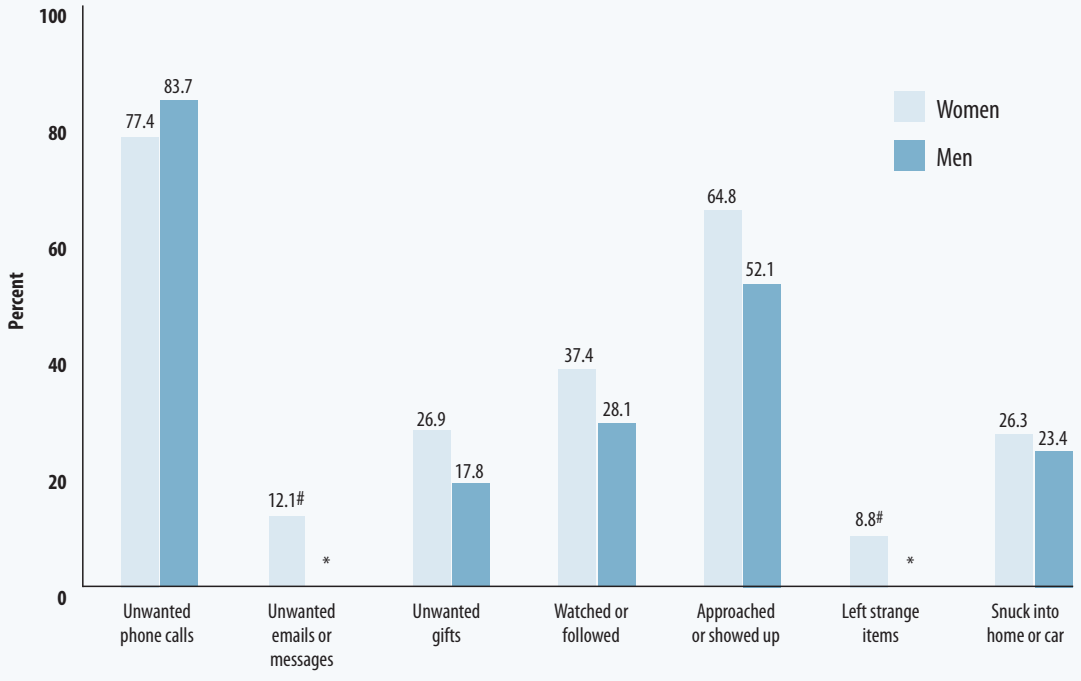
Tactics Used in Lifetime Reports of Stalking Victimization by an Intimate Partner

Among lifetime victims of stalking by an intimate partner, the most commonly reported tactics experienced include: receiving unwanted phone calls (77.4% of female victims; 83.7% of male victims); being approached, such as at home or work (64.8% of female victims; 52.1% of male victims); and being watched or followed (37.4% of female victims; 28.1% of male victims) (Figure 2.4). There were no significant differences between female and male victims with respect to the likelihood of experiencing particular stalking tactics.

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

Figure 2.4

Lifetime Reports of Stalking by an Intimate Partner among Victims by Type of Tactic Experienced — NISVS 2010



Formal statistical testing was not undertaken because the number experiencing these behaviors was too small to generate a reliable estimate for at least one of the comparison groups.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

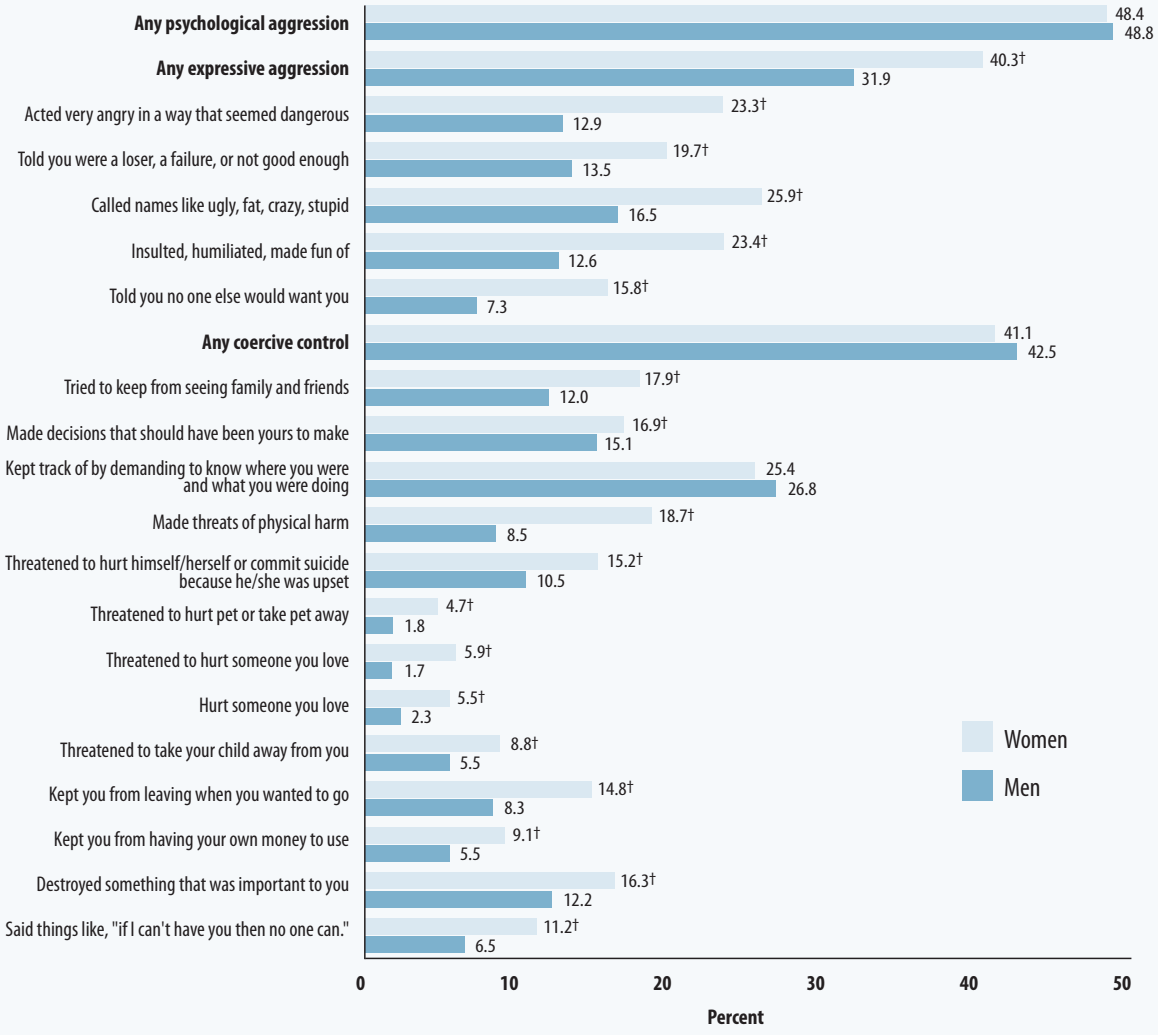
Psychological Aggression by an Intimate Partner

Lifetime Prevalence

Nearly half of all women (48.4%) and half of all men (48.8%) have experienced at least one psychologically aggressive behavior by an intimate partner during their lifetime (Figure 2.5). Four in 10 women (40.3%) and approximately 3 in 10 men (31.9%) have experienced at least one form of expressive aggression by an intimate partner during their lifetime. Four in 10 women (41.1%) and 4 in 10 men (42.5%) have experienced at least one form of coercive control by an intimate partner during their lifetime. The lifetime prevalence of experiencing expressive

Figure 2.5

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



† Statistically significant difference ($p < .05$) in prevalence

aggression by an intimate partner was significantly higher for women, compared to men ($p < .05$). With the exception of having an intimate partner keeping track of them by demanding to know where they were and what they were doing, the lifetime prevalence of individual psychologically aggressive behaviors was significantly higher among women, compared to men ($p < .05$).

Twelve-month Prevalence

The prevalence of psychological aggression by an intimate partner was significantly higher among men (18.1%) than among women (13.9%) in the 12 months preceding the survey, $p < .05$ (Figure 2.6).

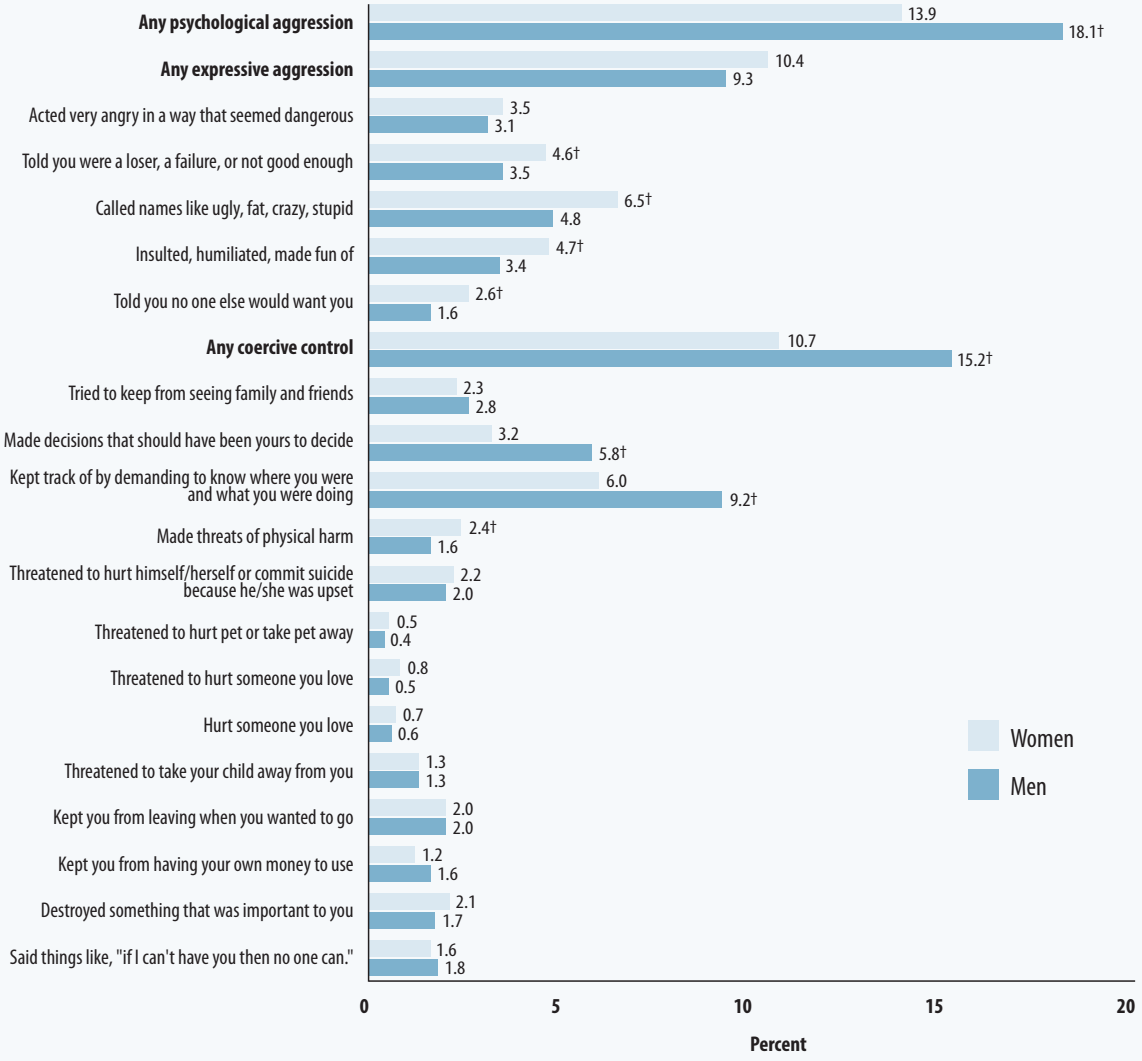
The overall prevalence of expressive aggression by an intimate partner in the 12 months prior to the survey was not significantly different ($p < .05$) between women and men (10.4% and 9.3%, respectively), although there were significant differences for specific behaviors. Women had a significantly higher 12-month prevalence ($p < .05$), compared to men, with respect to being told they were a loser, a failure, or not good enough; being called names like ugly, fat, crazy, or stupid; being insulted, humiliated, or made fun of; and being told no one else would want them ($p < .05$). There were no significant differences for the remaining specific expressive aggression behaviors.

The prevalence of coercive control by an intimate partner in the 12 months prior to taking the survey was significantly higher among men (15.2%) than among women (10.7%) ($p < .05$). With respect to the specific coercive control behaviors, men had a significantly higher 12-month prevalence ($p < .05$) than women in relation to having a partner who made decisions that should have been theirs to make, and having a partner who kept track of them by demanding where they were and what they were doing. Women had a significantly higher 12-month prevalence ($p < .05$) than men with regard to having an intimate partner who made threats to physically harm them. There were no significant differences for the remaining specific coercive control behaviors.

Nearly 1 in 9 women and more than 1 in 48 men in the U.S. have experienced stalking by an intimate partner at some point in their lives in which they felt very fearful or believed that they or someone close to them would be harmed or killed.

Figure 2.6

12-month Prevalence of Psychological Aggression by an Intimate Partner — U.S. Women and Men, NISVS 2010



† Statistically significant difference ($p < .05$) in prevalence.

Frequency of Individual Psychologically Aggressive Behaviors

Respondents who reported that they had experienced a particular psychologically aggressive behavior were asked how many times in their lifetime they had experienced that behavior by that specific intimate partner. Response options included: once, two to five times, six to 10 times, 11 to 50 times, or more than 50 times. Figure 2.7 displays the percentage of women and men who experienced each of the individual psychologically aggressive behaviors 11 to 50 times, and more than 50 times, within an individual relationship. The proportion of female victims that experienced a particular behavior 11 or more times within an intimate relationship was significantly higher than the proportion of male victims that experienced a particular behavior 11 or more times with respect to the following psychologically aggressive behaviors: partner acted very angry in a way that seemed dangerous; were told they were a loser, a failure or not good enough; called names like ugly, fat, crazy, or stupid; were insulted, humiliated, or made fun of; told no one else would want them; partner made decisions that should have been theirs to make; partner kept track of them by demanding to know where they were and what they were doing; partner made threats to physically harm them; kept them from having their own money to use; partner destroyed something that was important to them; partner said things like "if I can't have you then no one can." The difference in the frequency of the following behavior was not tested as the number reporting a frequency of 11 or more times was too small to generate a reliable estimate for at least one of the comparison groups: partner threatened to hurt or take a pet away.

Control of Reproductive or Sexual Health by an Intimate Partner

Approximately 4.8% of women in the United States had an intimate partner who tried to get them pregnant when they did not want to become pregnant, while 8.7% of men in the United States have had an intimate partner who tried to get pregnant when they did not want her to become pregnant, a statistically significant difference, $p < .05$ (data not shown). Approximately 6.7% of women in the United States had an intimate partner who refused to use a condom, while 3.8% of men in the United States have had an intimate partner who refused to use a condom, a statistically significant difference, $p < .05$.

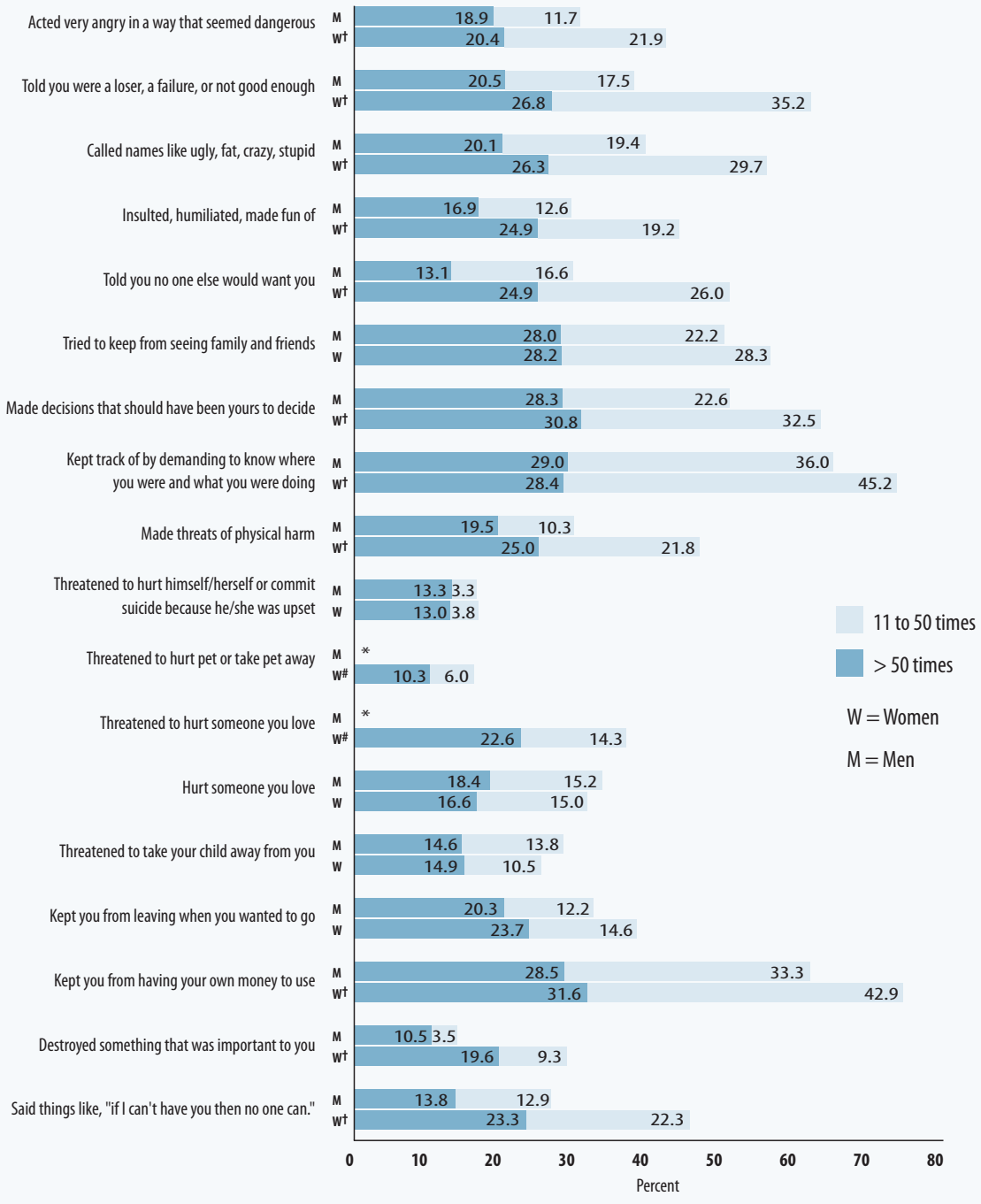
Overlap of Rape, Physical Violence, and Stalking across Relationships in Lifetime Reports of Violence by an Intimate Partner

Among those who experienced rape, physical violence, or stalking by an intimate partner in their lifetime, male victims (92.1%) were significantly more likely than female victims (56.8%) to experience physical violence only, ($p < .05$) (Figures 2.8 and 2.9). In addition, 14.4% of female victims and 6.3% of male victims experienced physical violence and stalking, a statistically significant difference ($p < .05$). Too few men reported other combinations of rape, physical violence, and stalking to produce reliable estimates. Among female victims, 12.5% experienced all three forms; 8.7% experienced both rape and physical violence; 4.4% experienced rape only; and 2.6% experienced stalking only.

Among those who experienced physical violence only, there were no significant differences in prevalence between female and male victims who reported experiencing severe physical violence only by a partner (10.3% and 8.7%, respectively). For victims who experienced a combination of severe physical violence and slapping, pushing, or shoving by a partner, the prevalence was significantly higher for female victims than male victims (55.4% and 37.5%, respectively; $p < .05$). The prevalence of experiencing slapping, pushing, or shoving only was significantly higher among male victims than female victims (53.8% and 34.3%, respectively; $p < .05$).

Figure 2.7

Number of Times Individual Psychologically Aggressive Behaviors Were Experienced among Victims of Psychological Aggression by an Intimate Partner, by Sex — NISVS 2010



† Statistically significant difference ($p < .05$) in the proportion of victims that experienced the behavior 11 or more times in an individual relationship.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
# Formal statistical testing was not undertaken because the number experiencing these behaviors was too small to generate a reliable estimate for at least one of the comparison groups.

Figure 2.8

Overlap of Lifetime Intimate Partner Rape, Physical Violence, and Stalking among Women — NISVS 2010

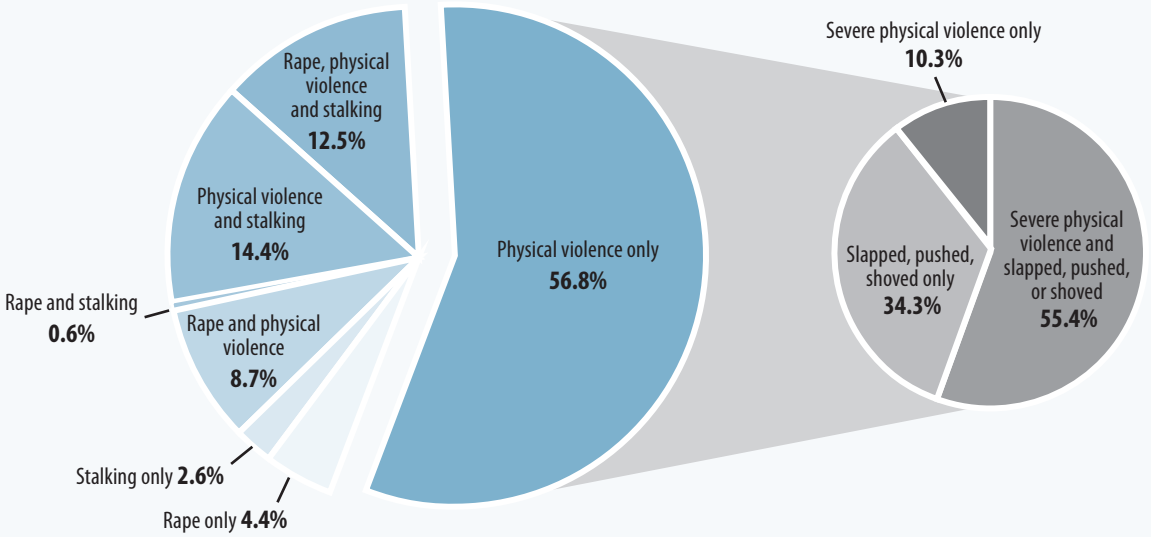
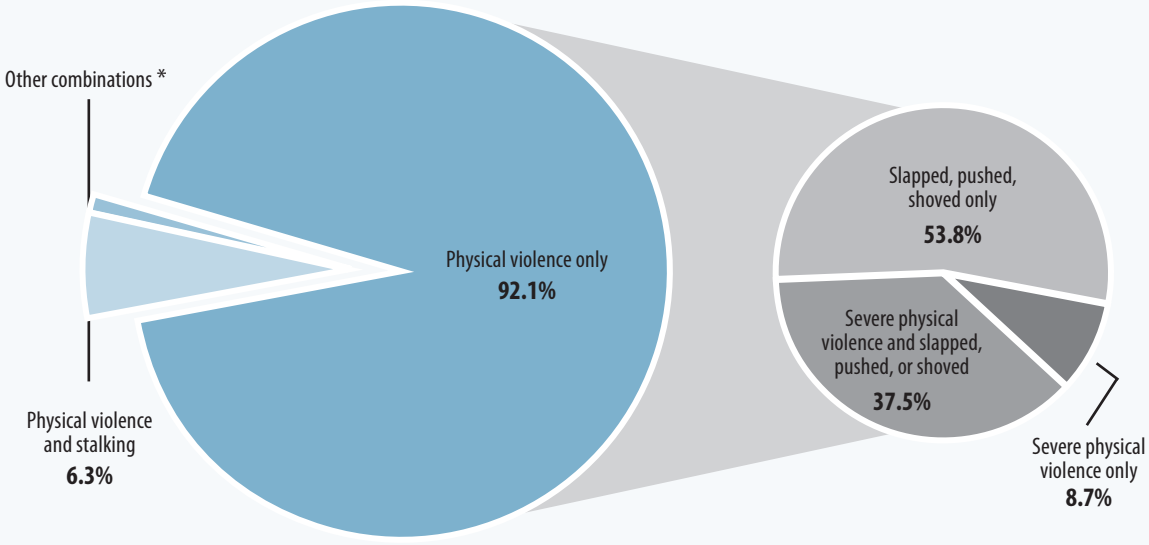


Figure 2.9

Overlap of Lifetime Intimate Partner Rape, Physical Violence, and Stalking among Men — NISVS 2010



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

3: Prevalence of Intimate Partner Violence by Sociodemographic Characteristics

Prior research has established that the prevalence of intimate partner violence can vary with respect to a number of sociodemographic characteristics. This section examines the prevalence of rape, physical violence, or stalking by an intimate partner by race/ethnicity, current household income, respondent age, sexual orientation, the experience of food or housing security within the preceding 12 months, and whether the respondent was born inside or outside of the United States. Both lifetime and 12-month prevalence are examined except in cases where a particular sociodemographic characteristic is unlikely to have bearing on a particular prevalence estimate (e.g., the experience of food or housing security within the preceding 12 months on lifetime prevalence) or if there are an insufficient number of reliable estimates in which to present a table (e.g., 12-month prevalence by sexual orientation).

As a point of reference for the demographic comparisons, approximately 35.6% of women and 28.5% of men in the United States have experienced rape, physical violence, or stalking by an intimate partner at some point in their lifetime ($p < .05$), and 5.9% and 5.0%, respectively, experienced rape, physical violence, or stalking by an intimate partner in the 12 months preceding the survey (data not shown).

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

Lifetime Prevalence among Women

Approximately 4 out of every 10 Black non-Hispanic women (43.7%) and American Indian or Alaska Native women (46.0%), and 1 in 2 multiracial non-Hispanic women (53.8%) in the United States have been a victim of rape, physical violence, or stalking by an intimate partner in their lifetime (Table 3.1). About one-third of White non-Hispanic women (34.6%), more than one-third of Hispanic women (37.1%), and about one-fifth of Asian or Pacific Islander non-Hispanic women (19.6%) have experienced rape, physical violence, or stalking by an intimate partner in their lifetime. Black and multiracial non-Hispanic women had a significantly higher prevalence of rape, physical violence, or stalking by an intimate partner compared to White non-Hispanic women ($p < .05$); Asian or Pacific Islander non-Hispanic women had significantly lower prevalence compared to White non-Hispanic women ($p < .05$).

More than 4 in 10 lesbian women, 6 in 10 bisexual women and, more than 1 in 3 heterosexual women have experienced rape, physical violence, and/or stalking by an intimate partner during their lifetime.

Table 3.1

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

			Non-Hispanic				
		Hispanic	Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Rape	Weighted %	8.4	12.2	9.2	*	*	20.1†
	95% CI	6.1 – 11.6	9.4 – 15.6	8.2 – 10.3			14.2 – 27.8
	Estimated Number of Victims[2]	1,273,000	1,768,000	7,475,000			273,000
Physical violence	Weighted %	35.2	41.0†	31.7	*	45.9†	50.4†
	95% CI	30.3 – 40.5	36.4 – 45.7	30.1 – 33.4		33.3 – 59.0	41.9 – 58.9
	Estimated Number of Victims[2]	5,317,000	5,955,000	25,746,000		399,000	683,000
Stalking	Weighted %	10.6	14.6†	10.4	*	*	18.9†
	95% CI	8.0 – 14.0	11.3 – 18.6	9.3 – 11.5			13.2 – 26.3
	Estimated Number of Victims[2]	1,599,000	2,123,000	8,402,000			256,000
Rape, physical violence, or stalking	Weighted %	37.1	43.7†	34.6	19.6†	46.0	53.8†
	95% CI	32.1 – 42.4	39.0 – 48.4	32.9 – 36.3	11.8 – 30.7	33.5 – 59.2	45.2 – 62.2
	Estimated Number of Victims[2]	5,596,000	6,349,000	28,053,000	1,110,000	400,000	729,000

1 Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.
2 Rounded to the nearest thousand.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
† Statistically significant difference ($p < .05$) in prevalence when compared to White non-Hispanic women.

Lifetime Prevalence among Men

Nearly half (45.3%) of American Indian or Alaska Native men and almost 4 out of every 10 Black and multiracial non-Hispanic men (38.6% and 39.3%, respectively) in the United States have experienced rape, physical violence, or stalking by an intimate partner during their lifetime (Table 3.2). The estimated prevalence of these forms of violence by an intimate partner among Hispanic and White non-Hispanic men was 26.6% and 28.2%, respectively. American Indian or Alaska Native men, Black non-Hispanic men, and multiracial non-Hispanic men had significantly higher prevalence of rape, physical violence, or stalking compared to White non-Hispanic men ($p < .05$).

Twelve-month Prevalence among Women

Black non-Hispanic women had a significantly higher prevalence

Table 3.2

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

		Hispanic	Non-Hispanic				
			Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Rape	Weighted %	*	*	*	*	*	*
	95% CI						
	Estimated Number of Victims[2]						
Physical violence	Weighted %	26.3	36.8†	28.1	*	45.3†	38.8†
	95% CI	21.9 – 31.2	31.6 – 42.3	26.3 – 29.9		31.5 – 59.8	29.4 – 49.2
	Estimated Number of Victims[2]	4,277,000	4,595,000	21,524,000		365,000	507,000
Stalking	Weighted %	*	*	1.7	*	*	*
	95% CI			1.2 – 2.3			
	Estimated Number of Victims[2]			1,282,000			
Rape, physical violence, or stalking	Weighted %	26.6	38.6†	28.2	*	45.3†	39.3†
	95% CI	22.2 – 31.6	33.3 – 44.2	26.4 – 30.0		31.5 – 59.8	29.8 – 49.6
	Estimated Number of Victims[2]	4,331,000	4,820,000	21,596,000		365,000	513,000

1 Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.
2 Rounded to the nearest thousand.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
† Statistically significant difference ($p < .05$) in prevalence when compared to White non-Hispanic men.

($p < .05$) of rape, physical violence, or stalking by an intimate partner in the 12 months prior to the survey, compared to White non-Hispanic women (9.2% and 5.1%, respectively) (Table 3.3). Among other racial/ethnic groups, 8.7% of multiracial non-Hispanic women and 8.1% of Hispanic women experienced rape, physical violence, or stalking in the 12 months prior to the survey. Prevalence of these forms of violence were not significantly different than the prevalence among White non-Hispanic women ($p < .05$).

Twelve-month Prevalence among Men

Approximately 9.9% of Black non-Hispanic men in the United States experienced rape, physical violence, or stalking by an intimate partner in the 12 months preceding the survey, as compared to 6.2% of Hispanic men and 4.2% of White non-Hispanic men. Black non-Hispanic men had a significantly higher 12-month prevalence of rape, physical violence, or stalking as compared to White non-Hispanic men ($p < .05$).

Lifetime Prevalence of Rape, Physical Violence, or Stalking by an Intimate Partner by Sexual Orientation

Prevalence among Women

More than 4 in 10 lesbian women (43.8%), 6 in 10 bisexual women (61.1%), and over 1 in 3 heterosexual women (35.0%) have experienced rape, physical violence, or stalking by an intimate partner at some point in their

Table 3.3

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

		Hispanic	Non-Hispanic				
			Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Women	Weighted %	8.1	9.2†	5.1	*	*	8.7
	95% CI	5.6 – 11.6	6.6 – 12.5	4.3 – 6.2			5.0 – 14.6
	Estimated Number of Victims[2]	1,220,000	1,333,000	4,177,000			118,000
Men	Weighted %	6.2	9.9†	4.2	*	*	*
	95% CI	4.2 – 9.2	7.0 – 13.9	3.5 – 5.1			
	Estimated Number of Victims[2]	1,016,000	1,240,000	3,247,000			

1 Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe.
2 Rounded to the nearest thousand.
† Statistically significant difference ($p < .05$) in prevalence when compared to White non-Hispanic women/men.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

lifetime (Table 3.4). This translates to 714,000 lesbian women, 2.0 million bisexual women, and 38.3 million heterosexual women. The prevalence of lifetime rape, physical violence, or stalking by an intimate partner was significantly higher among bisexual women compared to lesbian and heterosexual women ($p < .05$), whereas there was no significant difference in prevalence between lesbian and heterosexual women.

Prevalence among Men

More than 1 in 4 gay men (26.0%), more than 1 in 3 bisexual men (37.3%), and nearly 3 in 10 heterosexual men (29.0%) have experienced rape, physical violence, or stalking by an intimate partner at some point in their lifetime (Table 3.5). No significant differences in prevalence were found when comparing gay, bisexual, and heterosexual men. This translates to 708,000 gay men, 711,000 bisexual men, and 30.3 million heterosexual men. However, these numbers predominantly represent the experience of physical violence as too few men reported rape, and too few gay and bisexual men reported stalking, to produce reliable estimates. The prevalence of physical violence by an intimate partner was 25.2% among gay men, 37.3% among bisexual men, and 28.7% among heterosexual men.

More detailed information related to the prevalence of intimate partner violence by sexual orientation is available in *The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation* (Walters, Chen, & Breiding, 2013).

Twelve-month Prevalence of Intimate Partner Rape, Physical Violence, or Stalking by Current Household Income

Prevalence among Women

The 12-month prevalence of rape, physical violence, or stalking by an intimate partner was significantly higher among women with a combined household income of

Table 3.4

Lifetime Prevalence of Rape, Physical Violence, or Stalking by an Intimate Partner, by Sexual Orientation[1] — U.S. Women, NISVS 2010

	Lesbian			Bisexual			Heterosexual		
	Weighted %	95% CI	Estimated Number of Victims[2]	Weighted %	95% CI	Estimated Number of Victims[2]	Weighted %	95% CI	Estimated Number of Victims[2]
Rape HB	*			22.1	14.9-31.5	731,000	9.1	8.3-10.1	9,984,000
Physical violence HB, BL	40.4	28.8-53.2	659,000	56.9	46.6-66.7	1,886,000	32.3	30.8-33.9	35,291,000
Stalking HB	*			31.1	22.0-42.0	1,030,000	10.2	9.3-11.2	11,126,000
Rape, physical violence, or stalking HB, BL	43.8	31.8-56.6	714,000	61.1	50.7-70.6	2,024,000	35.0	33.5-36.6	38,290,000

1 Sexual orientation is self-identified.
2 Rounded to the nearest thousand.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
HB Statistically significant difference ($p < .05$) in prevalence between heterosexual and bisexual groups.
BL Statistically significant difference ($p < .05$) in prevalence between bisexual and lesbian groups.

Table 3.5

Lifetime Prevalence of Rape, Physical Violence, or Stalking by an Intimate Partner, by Sexual Orientation[1] — U.S. Men, NISVS 2010

	Gay			Bisexual			Heterosexual		
	Weighted %	95% CI	Estimated Number of Victims[2]	Weighted %	95% CI	Estimated Number of Victims[2]	Weighted %	95% CI	Estimated Number of Victims[2]
Rape	*			*			*		
Physical violence	25.2	16.7 – 36.1	685,000	37.3	24.1 – 52.7	711,000	28.7	27.1 – 30.3	29,926,000
Stalking	*			*			2.1	1.6 – 2.8	2,222,000
Rape, physical violence, or stalking	26.0	17.4 – 37.0	708,000	37.3	24.1 – 52.7	711,000	29.0	27.4 – 30.7	30,250,000

1 Sexual orientation is self-identified.
2 Rounded to the nearest thousand.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

Table 3.6

Twelve-month Prevalence of Rape, Physical Violence, or Stalking by an Intimate Partner, by Current Household Income — U.S. Women and Men, NISVS 2010

		Under $25k	$25k to < $50k	$50k to < $75k	$75k+
Women	Weighted %	9.7†	5.9†	3.0	2.8
	95% CI	8.0 – 11.8	4.2 – 8.1	2.0 – 4.5	2.0 – 3.9
	Estimated Number of Victims[1]	3,789,000	1,646,000	485,000	754,000
Men	Weighted %	6.9†	6.6†	2.9	3.4
	95% CI	5.4 – 8.9	4.9 – 8.7	1.8 – 4.6	2.4 – 4.8
	Estimated Number of Victims[1]	2,129,000	1,715,000	474,000	1,114,000

1 Rounded to the nearest thousand.
† Statistically significant difference ($p < .05$) in prevalence when compared to the $75k+ income group. Statistical comparisons are made across level of income, not across sex of respondent.

less than $25,000, and between $25,000 and $50,000, than for women with a combined income over $75,000, $p < .05$ (Table 3.6). The prevalence of rape, physical violence, or stalking by an intimate partner reported by women in these income groups was 9.7% and 5.9%, respectively, compared with 2.8% for women in the highest income group.

Prevalence among Men

The 12-month prevalence of rape, physical violence, or stalking by an intimate partner was significantly higher among men with a combined household income of less than $25,000, and between $25,000 and $50,000, than for men with a combined income over $75,000 ($p < .05$). The prevalence of rape, physical violence, or stalking by an intimate partner reported by men in these income groups was 6.9% and 6.6%, respectively, compared with 3.4% for men in the highest income group.

Twelve-month Prevalence of Intimate Partner Rape, Physical Violence, or Stalking by Age at Time of Survey

Prevalence among Women

Approximately 14.8% of women who were 18 to 24 years old at the time of the survey experienced rape, physical violence, or stalking by an intimate partner in the 12 months preceding the survey, as compared to 8.7% of women 25 to 34 years of age, 7.3% of women 35 to 44 years of age, 4.1% of women 45 to 54 years of age, and 1.4% of women 55 years of age or older (Table 3.7). Women aged 25 years and older at the time of the survey had a significantly lower 12-month prevalence of rape, physical violence, or stalking by an intimate partner, compared to those in the 18 to 24 year old age group ($p < .05$).

Prevalence among Men

Approximately 9.8% of men who were 18 to 24 years old at the time of the survey experienced rape, physical violence, or stalking by an intimate partner in the 12 months preceding the survey, as compared to 8.6% of men 25 to 34 years of age, 5.6% of men 35 to 44 years of age, 3.3% of men 45 to 54 years of age, and 1.4% of men 55 years of age or older. The 12-month prevalence of rape, physical violence, or stalking by an intimate partner was significantly lower among men in the three older age groups compared with 18 to 24 year old men ($p < .05$). There were no significant differences in prevalence between men in the 25 to 34 age group compared with 18 to 24 year old men.

Table 3.7

Twelve-month Prevalence of Rape, Physical Violence, or Stalking by an Intimate Partner, by Age at Time of Survey — U.S. Women and Men, NISVS 2010

		18-24 years	25-34 years	35-44 years	45-54 years	55+ years
Women	Weighted %	14.8	8.7†	7.3†	4.1†	1.4†
	95% CI	11.2 – 19.3	6.8 – 11.2	5.2 – 10.1	3.0 – 5.7	0.9 – 2.3
	Estimated Number of Victims[1]	2,184,000	1,833,000	1,463,000	908,000	576,000
Men	Weighted %	9.8	8.6	5.6†	3.3†	1.4†
	95% CI	7.3 – 13.2	6.5 – 11.3	4.0 – 7.7	2.2 – 4.8	0.8 – 2.3
	Estimated Number of Victims[1]	1,540,000	1,766,000	1,203,000	705,000	477,000

1 Rounded to the nearest thousand.
† Statistically significant difference ($p < .05$) in prevalence when compared to 18 to 24 year old women/men. Statistical comparisons are made across age at time of survey, not across sex of respondent.

Twelve-month Prevalence of Intimate Partner Rape, Physical Violence, or Stalking by Experiences of Food and Housing Insecurity

Prevalence among Women

Food and housing insecurity are two key measures of the potential influence of the social environment on health. In the National Intimate Partner and Sexual Violence Survey (NISVS) they were measured using two questions: "In the past 12 months, how often would you say you were worried or stressed about having enough money to buy nutritious meals?" and "In the past 12 months, how often would you say that you were worried or stressed about having enough money to pay your rent or mortgage?" Responses of "always," "usually," or "sometimes" were classified as a "yes" response; responses of "rarely" or "never" were classified as a "no" response.

The 12-month prevalence of rape, physical violence, or stalking by an intimate partner was significantly higher among women who experienced food insecurity in the 12 months prior to taking the survey (11.6%) compared to those who did not experience food insecurity (3.2%; $p < .05$). Similarly, women who experienced housing insecurity had a significantly higher prevalence of rape, physical violence, or stalking by an intimate partner in the 12 months prior to the survey (10.0%) compared with those who did not experience housing insecurity (2.3%) in the 12 months prior to taking the survey ($p < .05$).

Prevalence among Men

The 12-month prevalence of rape, physical violence, or stalking by an intimate partner was significantly higher among men who experienced food insecurity in the 12 months prior to taking the survey (8.2%) compared to those who did not experience food insecurity (4.0%; $p < .05$). Similarly, men who experienced housing insecurity had a significantly higher prevalence of rape, physical violence, or stalking by an intimate partner in the 12 months prior to the survey (7.9%), compared with those who did not experience housing insecurity (3.1%) in the past 12 months ($p < .05$).

Table 3.8

Twelve-month Prevalence of Rape, Physical Violence, or Stalking by an Intimate Partner, by Experiences of Food and Housing Insecurity within the 12 Months Prior to Taking the Survey — U.S. Women and Men, NISVS 2010

		Food Insecurity		Housing Insecurity	
		Yes	No	Yes	No
Women	Weighted %	11.6†	3.2	10.0†	2.3
	95% CI	9.6 – 13.9	2.6 – 3.9	8.5 – 11.7	1.8 – 3.0
	Estimated Number of Victims[1]	4,388,000	2,594,000	5,506,000	1,475,000
Men	Weighted %	8.2†	4.0	7.9†	3.1
	95% CI	6.4 – 10.5	3.3 – 4.8	6.5 – 9.6	2.4 – 3.9
	Estimated Number of Victims[1]	2,281,000	3,410,000	3,637,000	2,054,000

1 Rounded to the nearest thousand.
† Statistically significant difference ($p < .05$) in prevalence. Statistical comparisons are made across food and housing insecurity status, not across sex of respondent.

Prevalence of Rape, Physical Violence, or Stalking by an Intimate Partner among U.S. Natives and Foreign-Born Residents

Lifetime Prevalence

The lifetime prevalence of rape, physical violence, or stalking by an intimate partner was significantly higher among those women born in the United States (37.3%), compared to women born outside of the United States (24.0%), $p < .05$ (Table 3.9). Similarly, men who were born in the United States were significantly more likely to experience rape, physical violence, or stalking by an intimate partner in their lifetime (30.2%), compared to men born outside of the United States (17.0%; $p < .05$).

Twelve-month Prevalence

Approximately 6.1% of women born in the United States experienced rape, physical violence, or stalking by an intimate partner in the 12 months preceding the survey, compared to 4.1% of women born outside of the United States. Among men, 5.1% who were born in the United States experienced rape, physical violence, or stalking by an intimate partner in the 12 months preceding the survey, compared to 4.6% of men born outside of the United States. The differences between native and foreign-born populations were not statistically significant for women or men.

Table 3.9

Lifetime and 12-month Prevalence of Rape, Physical Violence, or Stalking by an Intimate Partner, U.S. Natives and Foreign-Born — U.S. Women and Men, NISVS 2010

			U.S. Native	Foreign-Born
Women	Lifetime	Weighted %	37.3†	24.0
		95% CI	35.7 – 38.9	19.5 – 29.2
		Estimated Number of Victims[1]	37,435,000	3,903,000
	12-month	Weighted %	6.1	4.1
		95% CI	5.3 – 7.1	2.3 – 7.0
		Estimated Number of Victims[1]	6,152,000	660,000
Men	Lifetime	Weighted %	30.2†	17.0
		95% CI	28.6 – 32.0	13.5 – 21.3
		Estimated Number of Victims[1]	28,506,000	2,851,000
	12-month	Weighted %	5.1	4.6
		95% CI	4.4 – 6.1	2.9 – 7.3
		Estimated Number of Victims[1]	4,851,000	774,000

1 Rounded to the nearest thousand.
† Statistically significant difference ($p < .05$) in prevalence. Statistical comparisons are made across birthplace, not across sex of respondent.

4: Impact of Intimate Partner Violence

To inform intimate partner violence prevention efforts and achieve a more complete picture of the true burden of intimate partner violence within populations, it is important to measure and understand factors beyond whether or not a person has ever experienced IPV. Evidence from several studies suggests a dose-response effect of violence; as the frequency and severity of violence increases, the impact of the violence on the health of victims also becomes increasingly severe (Campbell, 2002; Cox, Coles, Nortje, Bradley, Chatfield, Thompson, & Menon, 2006). However, given that IPV victimization can range from a single act experienced once (e.g., one slap) to multiple acts of severe violence over the course of many years, it is difficult to represent this variation in the severity of violence experienced by victims in a straightforward manner.

To address these issues, the National Intimate Partner and Sexual Violence Survey (NISVS) included a number of questions to assess a range of impacts that victims of IPV may have experienced. This information provides not only a measure of the severity of the violence experienced, but also documents the magnitude of particular negative impacts to better focus preventive services and response. Impact was measured using a set of indicators that represent a range of direct impacts that may be experienced by victims of IPV. IPV-related impact was assessed in relation to individual perpetrators, without regard to the time period in which impact occurred, and asked in relation to the totality of intimate partner violence experienced (sexual violence, physical violence, stalking, psychological aggression, and control of reproductive or sexual health) in that relationship. A description of the IPV-related impacts assessed is provided in Appendix A.

Lifetime Prevalence of Rape, Physical Violence, or Stalking by an Intimate Partner with IPV-related Impact

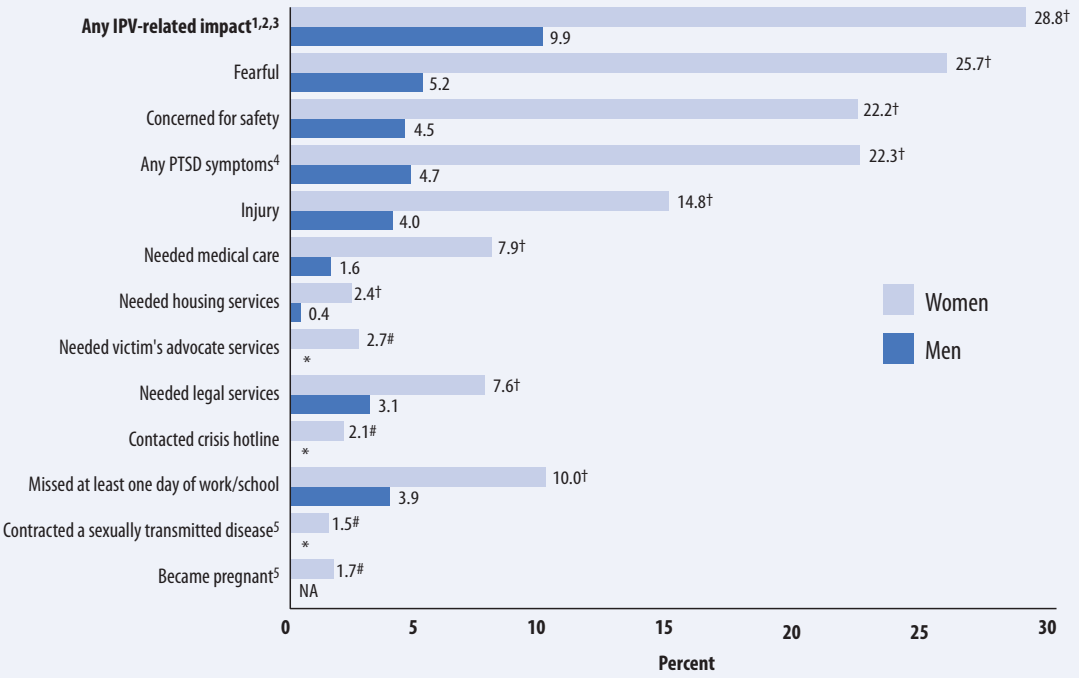
Nearly 3 in 10 women (28.8%) and nearly 1 in 10 men (9.9%) have experienced rape, physical violence, or stalking by an intimate partner and reported at least one measured impact related to experiencing these or other forms of violent behavior in that relationship (Figure 4.1). Women were significantly more likely than men to experience rape, physical violence, or stalking by an intimate partner during their lifetime and experience an IPV-related impact as a result of these or other forms of violence in that relationship ($p < .05$).

More than 1 in 4 women (25.7%) was fearful, more than 1 in 5 women (22.2%) was concerned for her safety, and more than 1 in 5 women (22.3%) experienced at least one post-traumatic stress disorder (PTSD) symptom as a result of violence experienced in a relationship in which

1 in 10 women and nearly 1 in 25 men have experienced rape, physical violence, or stalking by an intimate partner and missed at least one day of work or school as a result of these or other forms of intimate partner violence in that relationship.

Figure 4.1

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



1 Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school. For those who reported being raped, it also includes having contracted a sexually transmitted disease or having become pregnant (if female).
2 IPV-related impact questions were assessed in relation to specific perpetrators and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship.
3 By definition, all stalking incidents result in impact because the definition of stalking includes the impacts of fear and/or concern for safety.
4 Includes: nightmares; tried not to think about or avoided being reminded of; felt constantly on guard, watchful, or easily startled; felt numb or detached.
5 Asked only of those who reported rape by an intimate partner.
* Estimate not reported; relative standard error > 30% or cell size ≤ 20.
† Statistically significant difference ($p < .05$) in prevalence.
# Formal statistical testing was not undertaken because the number experiencing these behaviors was too small to generate a reliable estimate for at least one of the comparison groups.

rape, physical violence, or stalking occurred. More than 1 in 7 women (14.8%) experienced an injury and 1 in 10 women (10.0%) missed at least one day of work or school, as a result of violence experienced in a relationship in which rape, physical violence, or stalking took place.

In contrast, 1 in 20 men (5.2%) was fearful, 1 in 25 men (4.0%) experienced an injury, and nearly 1 in 25 men (3.9%) missed at least one day of work or school as a result of violence experienced in a relationship in which rape, physical violence, or stalking occurred.

Women had a significantly higher lifetime prevalence ($p < .05$) than men for a number of individual IPV-related impacts including: being fearful, being concerned for safety, experiencing one or more PTSD symptoms, being injured, needing medical care, needing housing services, needing legal services, and having missed at least one day of work or school.

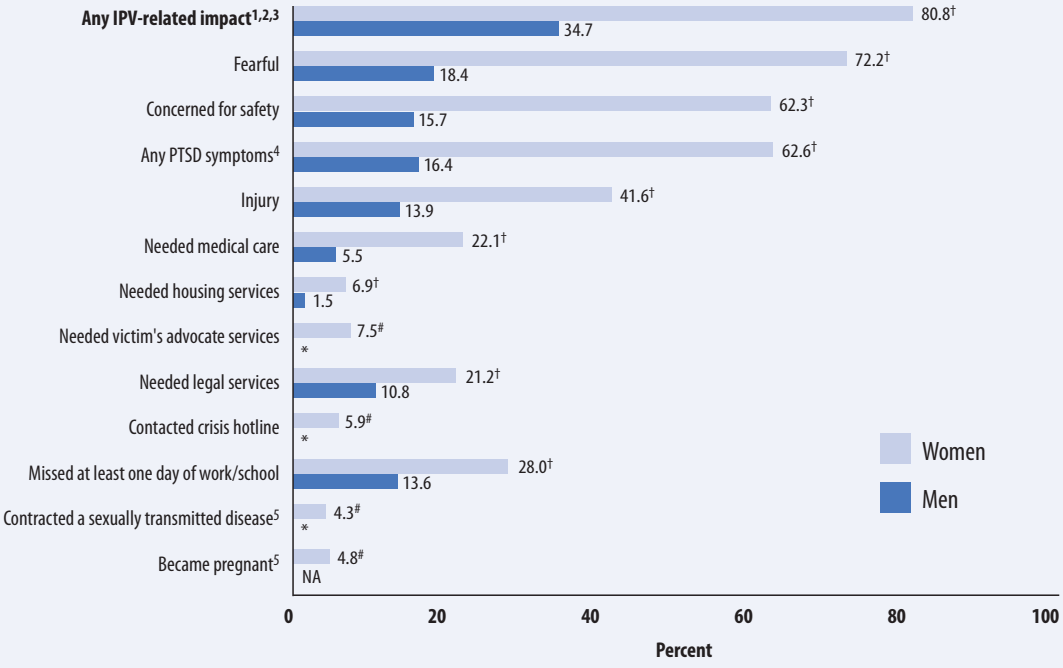
Distribution of IPV-related Impacts among Lifetime Victims of Rape, Physical Violence, or Stalking by an Intimate Partner

Among victims of rape, physical violence, or stalking by an intimate partner, approximately 8 in 10 women (80.8%) and more than 1 in 3 men (34.7%) experienced one or more of the impacts measured within a relationship, a statistically significant difference ($p < .05$) (Figure 4.2).

Among women who experienced rape, physical violence, or stalking by an intimate partner, 72.2% were fearful, 62.3% were concerned for their safety, 62.6% experienced at least one PTSD symptom, 41.6% were injured as a result of the violence, and 28.0%

Figure 4.2

Distribution of IPV-related Impacts among Victims of Rape, Physical Violence, or Stalking by an Intimate Partner, by Sex — NISVS 2010



1 Includes experiencing any of the following: being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school. For those who reported being raped, it also includes having contracted a sexually transmitted disease or having become pregnant (if female).
2 IPV-related impact questions were assessed in relation to specific perpetrators and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship.
3 By definition, all stalking incidents result in impact because the definition of stalking includes the impacts of fear and/or concern for safety.
4 Includes: nightmares; tried not to think about or avoided being reminded of; felt constantly on guard, watchful, or easily startled; felt numb or detached.
5 Asked only of those who reported rape by an intimate partner.
* Estimate not reported; relative standard error > 30% or cell size ≤ 20.
† Statistically significant difference ($p < .05$) in prevalence.
# Formal statistical testing was not undertaken because the number experiencing these behaviors was too small to generate a reliable estimate for at least one of the comparison groups.

missed at least one day of work or school as a result of these or other forms of violence in that relationship. In contrast, among men who experienced rape, physical violence, or stalking by an intimate partner, 18.4% were fearful, 15.7% were concerned for their safety, 16.4% experienced at least one PTSD symptom, 13.9% were injured, and 13.6% missed at least one day of work or school as a result of these or other forms of violence in that relationship.

Among victims of rape, physical violence, or stalking by an intimate partner, a significantly higher proportion of women than men experienced individual IPV-related impacts as a result of these or other forms of violence in that relationship including: being fearful, being concerned for safety, experiencing one or more PTSD symptoms, being injured, needing medical care, needing housing services, needing legal services, and having missed at least one day of work or school ($p < .05$).

Lifetime Prevalence of Rape, Physical Violence, or Stalking by an Intimate Partner with Physical Injury

As mentioned previously, more than 1 in 7 women (14.8%) and 1 in 25 men (4.0%) in the United States experienced rape, physical violence, or stalking by an intimate partner and reported at least one injury related to experiencing these or other forms of violent behavior within that relationship. In terms of severity, 12.8% of women and 3.1% of men have experienced minor scratches or bruises; 10.4% of women and 2.3% of men have experienced cuts, major bruises, or a black eye; 3.2% of women and 0.6% of men have experienced broken bones or teeth; 5.2% of women and 0.5% of men have been knocked out; and 4.4% of women and 1.1% of men have experienced some other type of injury (Table 4.1). The prevalence of each type of injury was significantly higher for women compared to men ($p < .05$).

Table 4.1

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

	Women			Men		
Type of Injury	Weighted %	95% CI	Estimated Number of Victims[2]	Weighted %	95% CI	Estimated Number of Victims[2]
Any injury	14.8†	13.7 – 15.9	17,640,000	4.0	3.4 – 4.7	4,483,000
Minor bruises or scratches	12.8†	11.8 – 13.9	15,257,000	3.1	2.6 – 3.8	3,540,000
Cuts, major bruises, or black eyes	10.4†	9.5 – 11.4	12,395,000	2.3	1.9 – 2.9	2,647,000
Broken bones or teeth	3.2†	2.7 – 3.7	3,773,000	0.6	0.4 – 1.0	729,000
Knocked out after getting hit, slammed against something, or choked	5.2†	4.6 – 5.9	6,202,000	0.5	0.3 – 0.9	581,000
Other injury	4.4†	3.8 – 5.0	5,204,000	1.1	0.8 – 1.5	1,257,000

1 IPV-related injury was assessed in relation to specific perpetrators and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship.
2 Rounded to the nearest thousand.
† Statistically significant difference ($p < .05$) in prevalence.

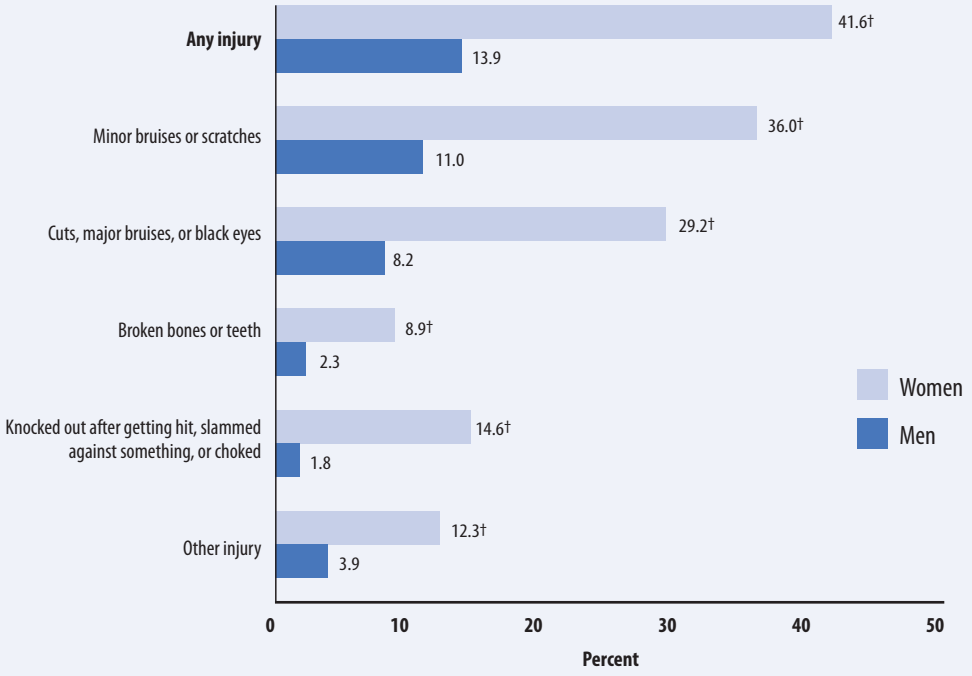
Distribution of Physical Injury Types among Lifetime Victims of Rape, Physical Violence, or Stalking by an Intimate Partner

As shown in Figure 4.2, 41.6% of female victims and 13.9% of male victims who experienced rape, physical violence, or stalking by an intimate partner reported at least one injury related to experiencing these or other forms of violent behavior in that relationship. Figure 4.3 shows the proportion of victims that experienced specific injuries as a result of violence within a relationship in which rape, physical violence, or stalking occurred. Female victims were significantly more likely than male victims to experience each of the individual types of injuries ($p < .05$).

Among victims of rape, physical violence, or stalking by an intimate partner, approximately 4 in 10 female victims and 1 in 7 male victims reported experiencing a physical injury as a result of the violence within that relationship.

Figure 4.3

Distribution of Specific IPV-related Injuries[1] Experienced among Female and Male Victims of Rape, Physical Violence, or Stalking by an Intimate Partner — NISVS 2010



1 IPV-related injury was assessed in relation to specific perpetrators and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship.
† Statistically significant difference ($p < .05$) in prevalence.

5: Accumulation of Intimate Partner Violence Behaviors Experienced by Individual Perpetrators

The unique method of data collection utilized by the National Intimate Partner and Sexual Violence Survey (NISVS) allows for an examination of the totality of a victimization experience related to individual intimate partners. Specifically, by linking violent behaviors experienced to specific intimate partner(s), NISVS is better able to describe the victim's experience within a particular relationship. Whereas previous methods only allow for an examination of a victim's experience across multiple perpetrators, they do not allow for the disentangling of violent behaviors by perpetrators. The method utilized by NISVS allows for a better understanding of the context in which an individual act of violence is experienced, specifically whether an act of violence occurred in isolation or whether the violence was part of a larger pattern of violent behaviors. This method can also be utilized to connect the combined victimization experiences within an individual relationship to specific impacts experienced as a result of victimization.

This section provides information related to:

- The total number of unique behaviors experienced by victims in an individual relationship, within each of the four violence subtypes (sexual violence, physical violence, stalking, and psychological aggression), with the maximum number utilized for those with multiple perpetrators
- The total number of unique impacts experienced by victims
- The prevalence of the overlap of rape, physical violence, and stalking within a single relationship

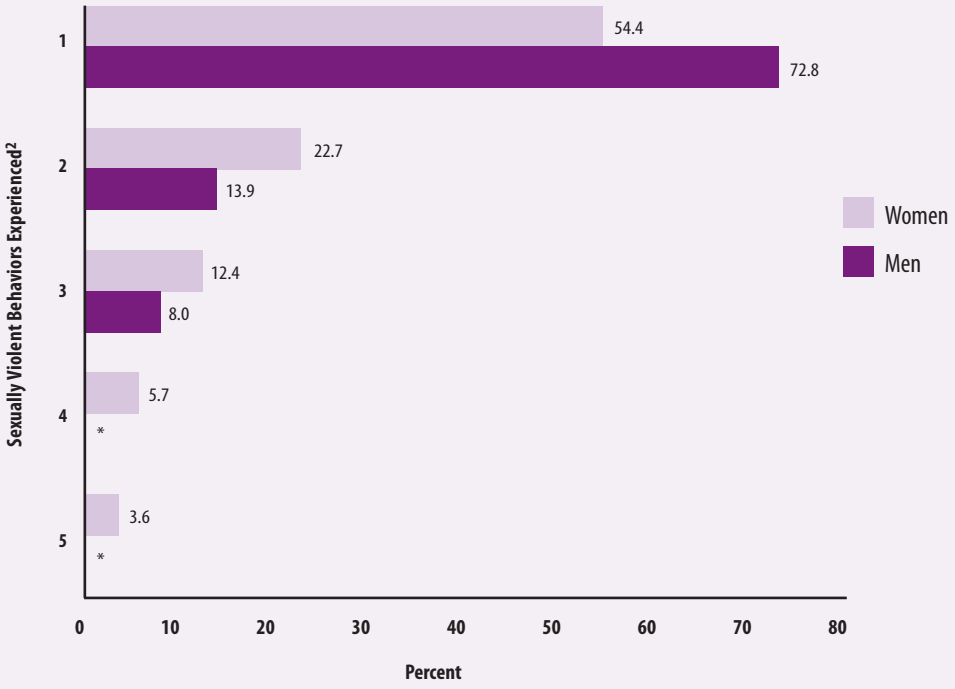
The following analyses examine violence experienced in individual relationships across the life span. For those with multiple perpetrators, the maximum number of violent behaviors experienced is analyzed. For example, if a respondent reported an intimate partner that perpetrated two unique physically violent behaviors, and another that perpetrated five unique physically violent behaviors, they would be considered to have experienced five unique physically violent behaviors within an individual relationship.

Maximum Number of Sexually Violent Behaviors Experienced in an Individual Relationship

NISVS measures nine types of sexually violent behaviors: rape (completed forced penetration, attempted forced penetration, alcohol/drug facilitated penetration); being made to penetrate someone else (completed forced penetration, attempted forced penetration, alcohol/drug facilitated penetration); sexual coercion, unwanted sexual contact; and non-contact, unwanted sexual experiences. Figure 5.1 displays a distribution describing the largest number of discrete sexually violent behaviors experienced by an individual intimate partner. Across male and female victims, the median number of unique sexually violent behaviors experienced was one. Among victims of sexual violence by an intimate partner, the proportion of female victims that experienced more than the median number (two or more) of unique sexually violent behaviors by an individual intimate partner was higher than the proportion of male victims ($p < .05$).

Figure 5.1

Distribution of the Number of Discrete Sexually Violent Behaviors Experienced by Victims, Maximum Number by an Individual Perpetrator[1] — NISVS 2010



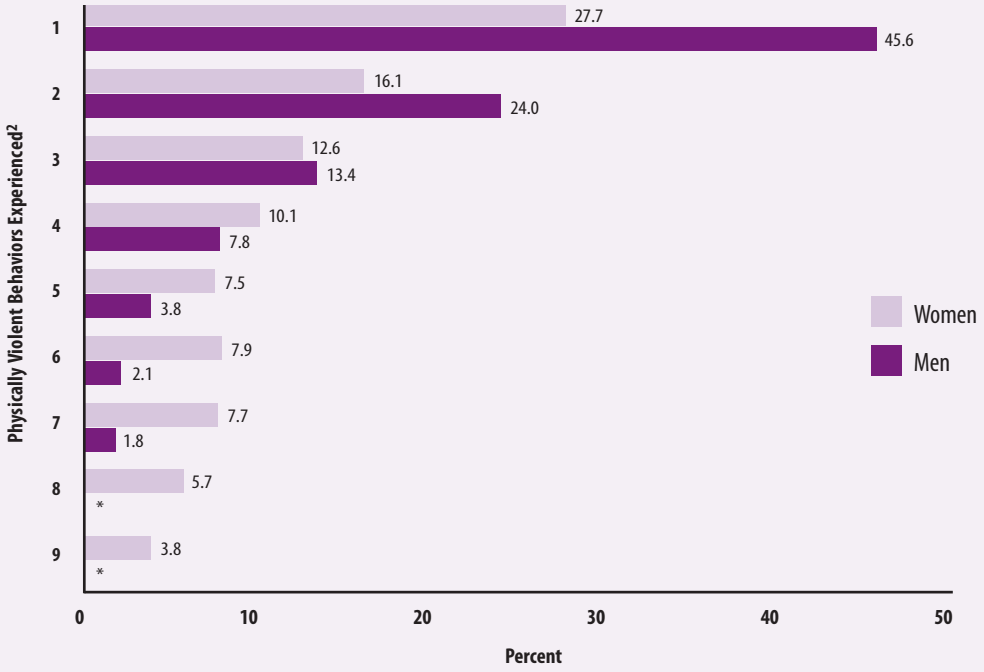
1 Victims who experienced sexual violence by multiple intimate partners are included once in relation to the relationship in which they experienced the largest number of discrete sexually violent behaviors.
2 Estimates not reported for > 5 behaviors experienced, relative standard error > 30%, or cell size ≤ 20 for both women and men.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

Maximum Number of Physically Violent Behaviors Experienced in an Individual Relationship

NISVS measures 10 discrete physically violent behaviors. Figure 5.2 provides a distribution of the maximum number of discrete physically violent behaviors experienced among victims of physical violence by an individual intimate partner. Across male and female victims of physical violence, the median number of unique physically violent behaviors experienced was two. Among victims of physical violence by an intimate partner, the proportion of female victims that experienced more than the median number (three or more) of unique physically violent behaviors by an individual intimate partner was higher than the proportion of male victims ($p < .05$).

Figure 5.2

Distribution of the Number of Discrete Physically Violent Behaviors Experienced by Victims, Maximum Number by an Individual Perpetrator[1] — NISVS 2010



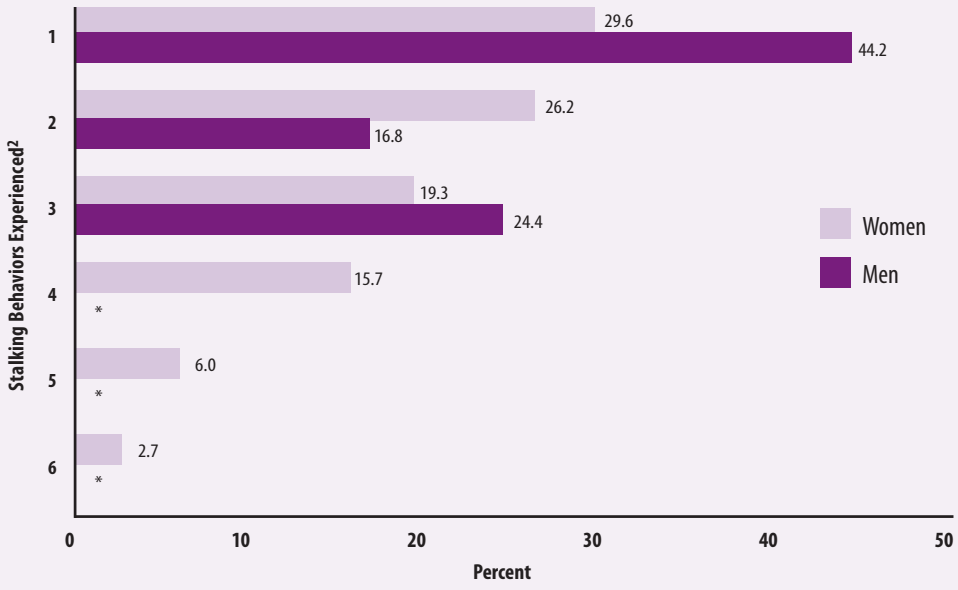
1 Victims who experienced physical violence by multiple intimate partners are included once in relation to the relationship in which they experienced the largest number of discrete physically violent behaviors.
2 Estimates not reported for > 9 behaviors experienced, relative standard error >30%, or cell size ≤ 20 for both women and men.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

Maximum Number of Stalking Behaviors Experienced in an Individual Relationship

NISVS measures seven discrete stalking behaviors. Figure 5.3 provides a distribution of the maximum number of discrete stalking behaviors experienced by an individual intimate partner among stalking victims. Across male and female victims of stalking, the median number of unique stalking behaviors experienced was two. There was no significant difference between male and female victims of stalking with regard to having experienced more than the median number (three or more) of unique stalking behaviors by an individual intimate partner.

Figure 5.3

Distribution of the Number of Discrete Stalking Behaviors Experienced by Victims, Maximum Number by an Individual Perpetrator[1] — NISVS 2010



1 Victims who experienced stalking by multiple intimate partners are included once in relation to the relationship in which they experienced the largest number of discrete stalking behaviors. Individual stalking behaviors are counted only when the criteria for stalking were met with respect to an individual perpetrator. Consequently, those who are shown as having experienced one stalking behavior will have experienced that behavior multiple times by the same perpetrator.

2 Estimates not reported for > 6 behaviors experienced, relative standard error > 30%, or cell size ≤ 20 for both women and men.

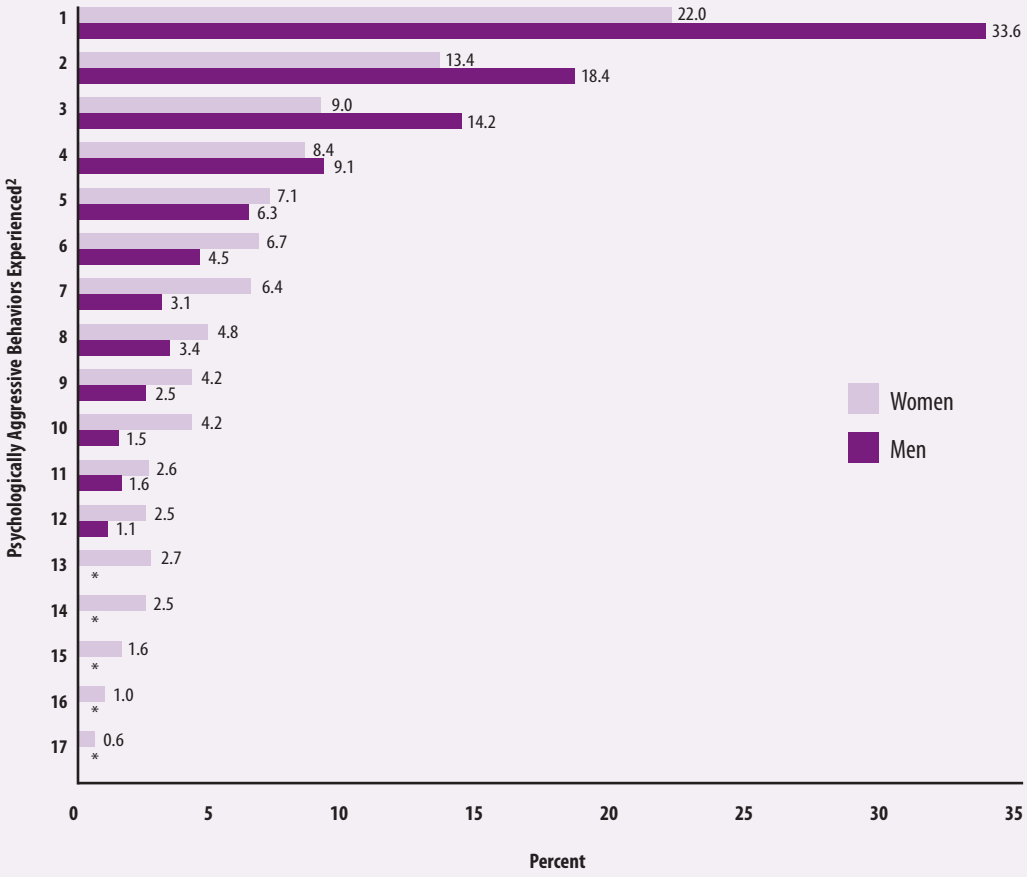
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

Maximum Number of Psychologically Aggressive Behaviors Experienced in an Individual Relationship

NISVS measured a total of 18 discrete psychologically aggressive behaviors. Figure 5.4 provides a distribution of the largest number of discrete psychologically aggressive behaviors experienced by an individual intimate partner among victims of psychological aggression. Across male and female victims of stalking, the median number of unique psychologically aggressive behaviors experienced was three. Among victims of psychological aggression by an intimate partner, the proportion of female victims that experienced more than the median number (four or more) of unique psychologically aggressive behaviors by an individual intimate partner was higher than the proportion of male victims ($p < .05$).

Figure 5.4

Distribution of the Number of Discrete Psychologically Aggressive Behaviors Experienced by Victims, Maximum Number by an Individual Perpetrator[1] — NISVS 2010



1 Victims who experienced psychological aggression by multiple intimate partners are included once in relation to the relationship in which they experienced the largest number of discrete psychologically aggressive behaviors.
2 Estimates not reported for > 17 behaviors experienced, relative standard error >30%, or cell size ≤ 20 for both women and men.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

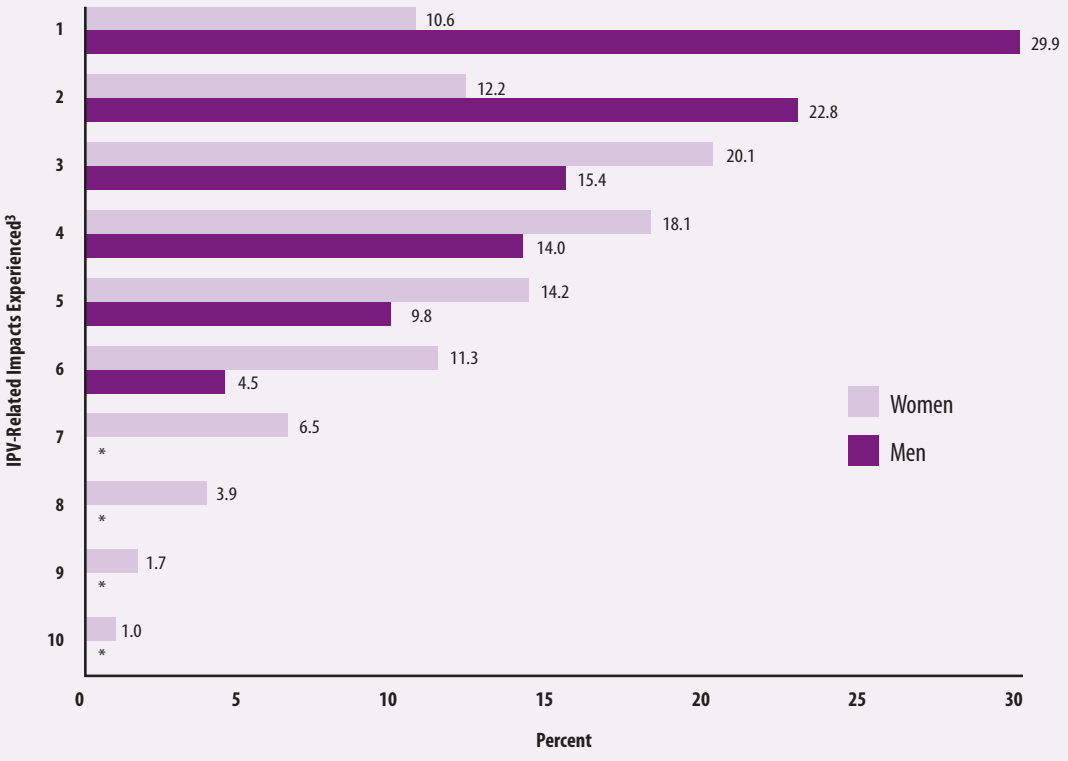
Maximum Number of IPV-related Impacts Experienced in an Individual Relationship

NISVS measures 11 different intimate partner violence (IPV)-related impacts for women and men, as well as pregnancy as a consequence of rape for women.

Figure 5.5 displays the distribution of the largest number of discrete IPV-related impacts experienced by victims as a result of IPV perpetrated by an individual intimate partner. Examining the maximum number of IPV-related impacts experienced as a result of IPV perpetrated by an individual intimate partner, the median number was three unique impacts experienced. Among victims of rape, physical violence, or stalking by an intimate partner that experienced IPV-related impact, the proportion of female victims that experienced more than the median number (three or more) of unique impacts by an individual intimate partner was higher than the proportion of male victims ($p < .05$).

Figure 5.5

Distribution of the Number of Discrete IPV-related Impacts[1] by Victims, Maximum Number by an Individual Perpetrator[2] — NISVS 2010



1 Includes experiencing any of the following: being fearful, concerned for safety, any post-traumatic stress disorder symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school. For those who reported being raped, it also includes having contracted a sexually transmitted disease or having become pregnant. IPV-related impact questions were assessed in relation to specific perpetrators, without regard to the time period in which they occurred, and asked in relation to any form of IPV experienced (sexual violence, physical violence, stalking, expressive aggression, coercive control, and control of reproductive or sexual health) in that relationship. By definition, all stalking incidents result in impact because the definition of stalking includes the impacts of fear and concern for safety.

2 Victims who experienced IPV-related impact by multiple intimate partners are included once in relation to the relationship in which they experienced the largest number of discrete impacts.

3 Estimates not reported for > 10 impacts experienced, relative standard error > 30%, or cell size ≤ 20 for both women and men.

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

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

In contrast to the analyses in Section 3 that examined the overlap of violence across the life span, NISVS data can also be used to look at the overlap of different forms of violence within an individual relationship. Approximately 6.2% of women in the United States have experienced rape and physical violence in the same relationship, whereas too few men reported both rape and physical violence in the same relationship to produce reliable estimates (Table 5.1). Approximately 3.9% of U.S. women have experienced rape and stalking in the same relationship during their lifetime, while too few men reported both rape and stalking in the same relationship to produce reliable estimates. Also, 8.7% of U.S. women have experienced physical violence and stalking in the same relationship, as compared to 1.7% of U.S. men, a statistically significant difference ($p < .05$). Finally, 3.5% of women experienced all three forms of violence (rape, physical violence, stalking) in the same relationship, whereas too few men reported all three forms in the same relationship to produce reliable estimates.

Table 5.1

Lifetime Prevalence of Overlapping Forms of Rape, Physical Violence, or Stalking by an Individual Perpetrator — U.S. Women and Men, NISVS 2010

	Women			Men		
Violence Experienced	Weighted %	95% CI	Estimated Number of Victims[1]	Weighted %	95% CI	Estimated Number of Victims[1]
Rape and physical violence	6.2#	5.5 – 7.0	7,377,000	*		
Rape and stalking	3.9#	3.3 – 4.5	4,622,000	*		
Physical violence and stalking	8.7†	7.9 – 9.7	10,407,000	1.7	1.3 – 2.2	1,875,000
Rape, physical violence, and stalking	3.5#	3.0 – 4.1	4,195,000	*		

1 Rounded to the nearest thousand.
* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
† Statistically significant difference ($p < .05$) in prevalence.
# Formal statistical testing was not undertaken because the number experiencing these behaviors was too small to generate a reliable estimate for at least one of the comparison groups.

6: Characteristics of Intimate Partner Violence Victimization

This section describes a number of characteristics of intimate partner violence (IPV) victimization, including the number of lifetime perpetrators among victims, the sex of perpetrators, and the age of victims of rape, physical violence, or stalking at the time of the first IPV victimization.

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

The majority of women (70.8%) and men (73.1%) who ever experienced rape, physical violence, or stalking by an intimate partner were victimized by one partner only (Figure 6.1). Approximately 20.9% of female victims and 18.6% of male victims were victimized by two partners; and 8.3% of female victims and 8.3% of male victims were victimized by three or more intimate partners.

Sex of Perpetrator among Victims of Rape, Physical Violence, or Stalking by an Intimate Partner

Approximately 97.1% of female victims of rape, physical violence, or stalking by an intimate partner had only male perpetrators, whereas 2.1% had only female perpetrators (data not shown). Among men, 96.9% who experienced rape, physical violence, or stalking by an intimate partner had only female perpetrators, whereas 2.8% had only male perpetrators. The number of female and male victims reporting victimization by both male and female perpetrators was too small to produce a reliable estimate.

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

Among those who ever experienced rape, physical violence, or stalking by an intimate partner, more than 1 in 5 female victims (22.4%) and more than 1 in 7 male victims (15.0%) experienced some form of intimate partner violence for the first time between the ages of 11 and 17 years (Figures 6.2 and 6.3). Additionally, 47.1% of female victims and 38.6% of male victims were between 18 and 24 years of age when they first experienced violence by an intimate partner.

Figure 6.1

Number of Perpetrators among those Who Experienced Rape, Physical Violence, or Stalking by an Intimate Partner — NISVS 2010

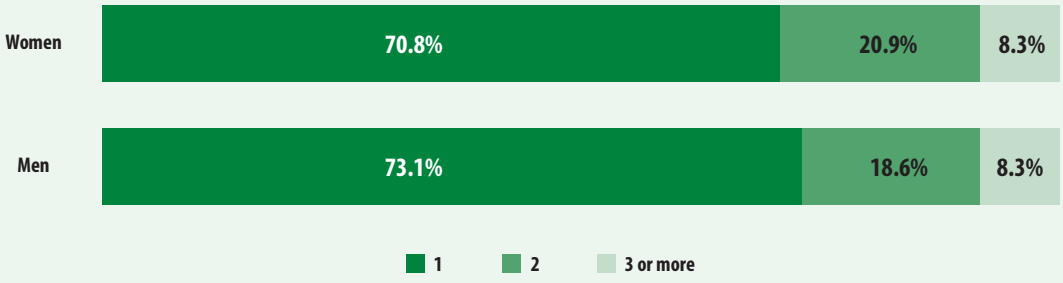
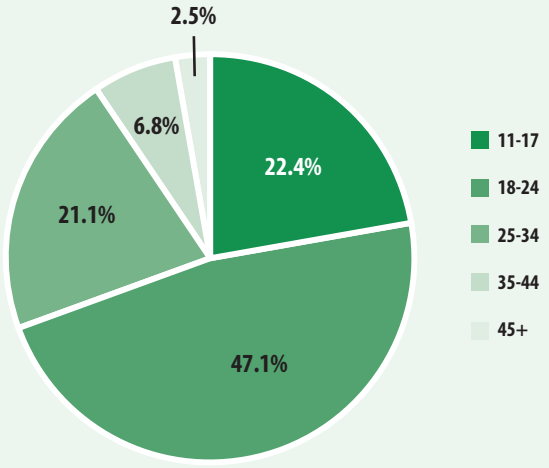


Figure 6.2

Age at Time of First IPV[1] among Female Victims of Rape, Physical Violence, or Stalking by an Intimate Partner — NISVS 2010

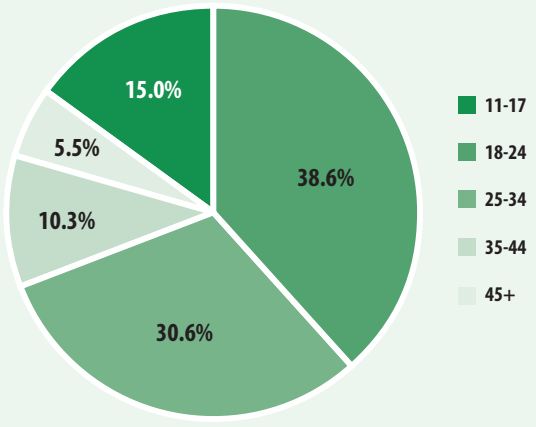


1 in 5 women and 1 in 7 men who ever experienced rape, physical violence, or stalking by an intimate partner first experienced some form of intimate partner violence between 11 and 17 years of age.

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

Figure 6.3

Age at Time of First IPV[1] among Male Victims of Rape, Physical Violence, or Stalking by an Intimate Partner — NISVS 2010



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

7: Services and Disclosure Related to Intimate Partner Violence Victimization

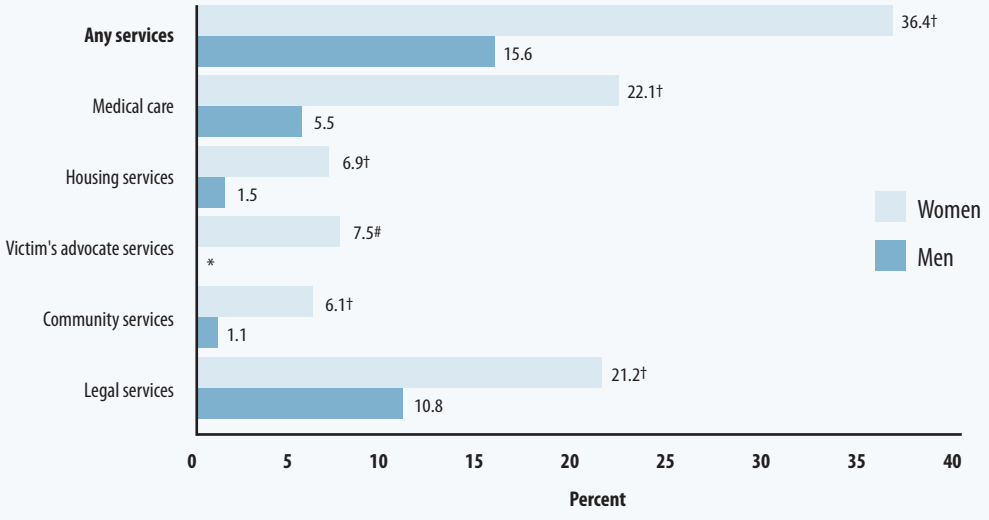
In addition to understanding the number of people who are victims of intimate partner violence (IPV), it is also important to estimate the number of people who need services as a result of victimization, as well as the number who were able to receive the needed services. These estimates inform efforts to provide a coordinated community response for victims of IPV. It also provides information that is necessary to focus preventive services and allocate resources to the most heavily affected populations. This section estimates the proportion of IPV victims that needed services as a result of the violence experienced in a relationship and also their patterns of disclosure. Further, this section describes the proportion of victims who received services among those who needed them, as well as the perceived helpfulness of disclosure among victims that disclosed their victimization experience. Questions about services and disclosure were asked in relation to the violence experienced by an individual perpetrator and for any violence committed by that perpetrator. It is important to note that victimization experiences could have occurred several years ago and that the service needs reported relate to the victimization and not to any particular time period.

Services Needed among Lifetime Victims of Rape, Physical Violence, or Stalking by an Intimate Partner

Among lifetime victims of rape, physical violence, or stalking by an intimate partner, female victims (36.4%, or 15.5 million women) were significantly more likely than male victims (15.6%, or 5.0 million men) to report that they needed services as a result of these or other forms of violence they experienced in the relationship (Figure 7.1). With respect to specific service needs as

Figure 7.1

Services Needed among Lifetime Victims of Rape, Physical Violence, or Stalking by an Intimate Partner, by Sex — NISVS 2010



* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
† Statistically significant difference ($p < .05$) in prevalence.
# Formal statistical testing was not undertaken because the number experiencing these behaviors was too small to generate a reliable estimate for at least one of the comparison groups.

a result of the violence experienced in the relationship, 22.1% of female victims needed medical care, 21.2% needed legal services, 7.5% needed victim's advocate services, 6.9% needed housing services, and 6.1% needed community services. Among men who were victims of rape, physical violence, or stalking by an intimate partner, 10.8% needed legal services, 5.5% needed medical care, 1.5% needed housing services, and 1.1% needed community services. For each of these services, except for advocacy services, the proportion of female victims reporting that they needed a particular service was significantly higher than the proportion of male victims who said they needed the same service ($p < .05$). Formal statistical testing comparing the need for advocacy services was not undertaken because the number of men reporting the need for advocacy services was too small to generate a reliable estimate.

Services Received among Victims who Needed Services

Female Victims who Needed Services

Among lifetime victims of rape, physical violence, or stalking, those who reported a need for each of the individual services were asked whether they ever received that service. Overall, approximately half of the female victims (49.0%) who needed services reported that they always received the services that were needed (Table 7.1). However, 44.9% of female victims who needed services reported that they did not receive any of the needed services. Additionally, 6.1% of female victims who needed services reported that they received some but not all of the needed services. With respect to specific services, among the 7.9% of women in the United States who experienced rape, physical violence, or stalking and reported they needed medical care, 89.5% said that they always received them. Among the 2.4% of women in the United States who experienced rape, physical violence, or stalking and reported they needed housing services, 48.3% always received them. Additionally, among the 2.7% of women in the United States who experienced rape, physical violence, or stalking and reported they needed victim's advocate services, 46.4% always received them. Among the 7.6% of women in the United States who experienced rape, physical violence, or stalking and reported they needed legal services, 33.1% always received them. Finally, among the women in the United States who experienced rape, physical violence, or stalking and reported they needed community services, 49.6% always received them.

Male Victims who Needed Services

Among victims of rape, physical violence, or stalking who reported a need for services, the proportion

Table 7.1

Proportion of Female Lifetime Victims of Rape, Physical Violence, or Stalking by an Intimate Partner Who Received Needed Services — NISVS 2010[1]

	Always Received Needed Service(s)		Did Not Receive Any Needed Service(s)	
Service	Weighted %	95% CI	Weighted %	95% CI
Any services	49.0	44.7 – 53.3	44.9	40.7 – 49.2
Medical care	89.5	84.8 – 92.9	9.1	5.9 – 13.6
Housing services	48.3	38.7 – 58.0	51.5	41.8 – 61.1
Victim's advocate services	46.4	37.5 – 55.6	50.4	41.3 – 59.4
Community services	49.6	39.5 – 59.8	45.1	35.2 – 55.3
Legal services	33.1	28.5 – 38.1	63.6	58.4 – 68.4

1 6.1% of female victims who needed services received some but not all of the needed services. Too few female victims received some but not all needed services, for the individual services, to calculate reliable estimates.

of men who reported that they always received those services (33.0%) was significantly lower than the proportion of female victims who reported that they always received those services (49.0%), $p < .05$. Nearly 2 in 3 male victims (65.7%) who reported a need for services never received any of the needed services (data not shown).

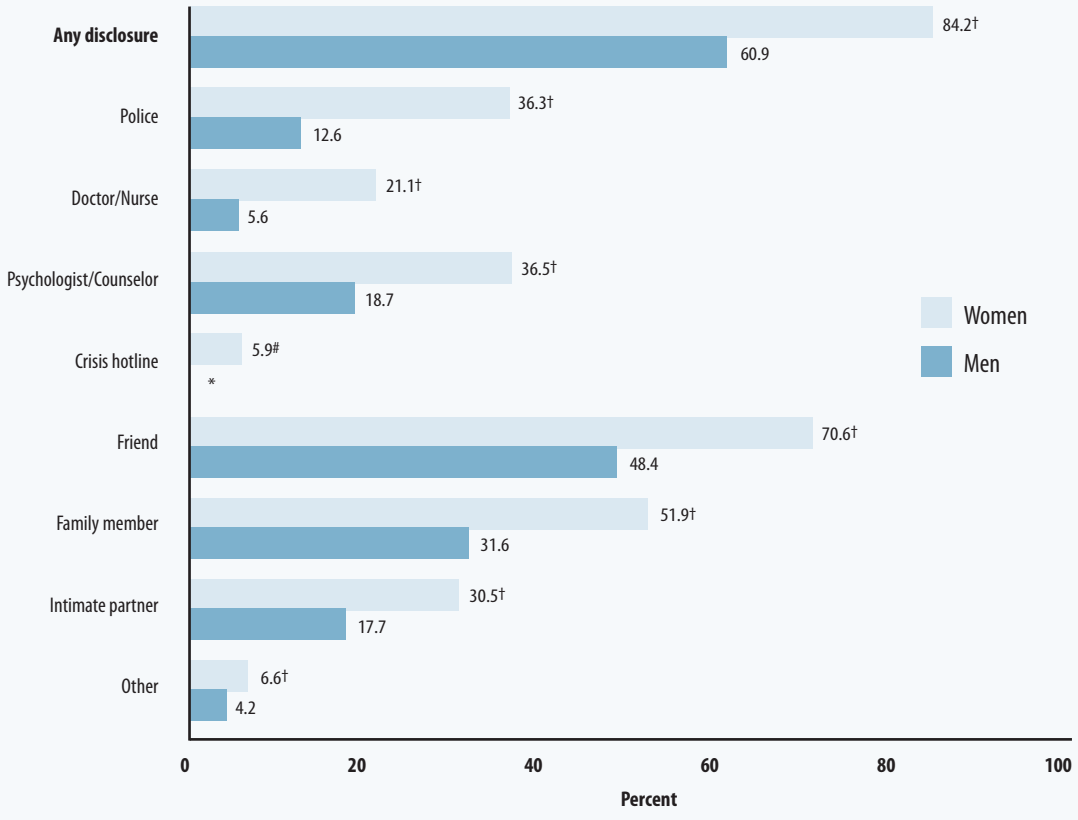
With respect to specific services, among the 3.1% of men in the United States who experienced rape, physical violence, or stalking and reported they needed legal services, 10.9% always received those services, significantly lower than the 33.1% of female victims that needed legal services and always received those services ($p < .05$). Too few male victims reported a need for other individual services to calculate reliable estimates that break down the degree to which individual services were received, and, therefore, formal statistical comparisons between women and men were not made.

Disclosure among Lifetime Victims of Rape, Physical Violence, or Stalking by an Intimate Partner

Among victims of lifetime rape, physical violence, or stalking by an intimate partner, 84.2% of women and 60.9% of men disclosed the violence they experienced to another person (Figure 7.2). The proportion of female victims who disclosed

Figure 7.2

Disclosure among Lifetime Victims of Rape, Physical Violence, or Stalking by an Intimate Partner, by Sex — NISVS 2010



* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
† Statistically significant difference ($p < .05$) in prevalence.
# Formal statistical testing was not undertaken because the number experiencing these behaviors was too small to generate a reliable estimate for at least one of the comparison groups.

their IPV experience was significantly higher than the proportion of male victims who disclosed their experiences to someone else ($p < .05$). Some of the most common groups of people that victims of rape, physical violence, or stalking disclosed their victimization to included: a friend (70.6% of female victims, 48.4% of male victims); a family member (51.9% of female victims, 31.6% of male victims); a psychologist or counselor (36.5% of female victims, 18.7% of male victims); and the police (36.3% of female victims, 12.6% of male victims). Additionally, 21.1% of female victims and 5.6% of male victims disclosed their victimization to a doctor or nurse. The proportion of female victims who disclosed their experience with IPV was significantly higher than the proportion of male victims who disclosed their experience with IPV for each of the groups of people that were examined ($p < .05$). While 5.9% of female victims disclosed to a crisis hotline, formal statistical testing comparing disclosure to a crisis hotline was not undertaken because the number of men reporting disclosure to a crisis hotline was too small to generate a reliable estimate.

Degree of Helpfulness of Disclosure among those Who Disclosed Lifetime Rape, Physical Violence, or Stalking by an Intimate Partner

It has been well established that disclosure of victimization experiences can be very helpful to IPV victims as a way to elicit support (Sylaska & Edwards, 2013). However, such disclosures also have led to negative reactions, such as victim-blaming, pressure to leave an abusive relationship, or minimizing the abuse (Sylaska & Edwards, 2013). In the National Intimate Partner and Sexual Violence Survey (NISVS), victims of IPV who disclosed their experience with IPV were asked about the degree of helpfulness of the disclosure (very helpful, somewhat, a little, not at all) in relation to each source of help consulted. Information about the helpfulness of each source was asked in relation to victimization from each perpetrator mentioned by the respondent.

Among those who experienced rape, physical violence, or stalking by an intimate partner during their lifetime, more than 1 in 3 female victims and more than 1 in 7 male victims reported the need for at least one service as a result of their victimization.

Among those who experienced rape, physical violence, or stalking by an intimate partner, 84.2% of women and 60.9% of men disclosed their experience with IPV to someone else.

Female victims of rape, physical violence, or stalking who chose to disclose their experiences generally found most sources to be "very helpful" or "somewhat helpful" (Table 7.2). With the exception of disclosure to police, the percentage of victims who found disclosure to the various sources to be "not at all helpful" ranged from 10% (psychologist/counselor/friend) to 15% (intimate partner). In contrast, 33.7% found disclosure to the police to be "not at all helpful." A similar pattern was found for male victims.

The proportion of male victims who considered their disclosure being "very helpful" is significantly lower than the proportion of female victims who considered their disclosure being "very helpful" for the following sources of help: police, psychologist/counselors, friends, family members, and "other" ($p < .05$). The difference in proportions between male and female victims reporting disclosure to a doctor or nurse or to an intimate partner being "very helpful" is not significant. Formal statistical testing comparing disclosure to a crisis hotline was not undertaken because the number of men reporting disclosure to a crisis hotline was too small to generate a reliable estimate.

Table 7.2

Degree of Helpfulness of Various Sources among those Who Disclosed Lifetime Rape, Physical Violence, or Stalking by an Intimate Partner — NISVS 2010

	Very (%)	Somewhat (%)	A little (%)	Not at all (%)
Women				
Police	36.5	22.2	14.2	33.7
Doctor/nurse	45.6	29.9	14.0	11.6
Psychologist/counselor	54.0	31.3	12.7	10.1
Crisis hotline	50.0	20.6	18.5	14.3
Friend	47.0	34.9	16.8	10.2
Family member	49.8	31.5	15.3	11.8
Intimate partner	40.6	33.7	16.0	15.0
Other	61.0	27.0	*	*
Men				
Police	21.0	17.8	13.1	52.0
Doctor/nurse	41.2	26.4	17.8	20.9
Psychologist/counselor	40.6	29.9	19.3	16.3
Crisis hotline	*	*	*	*
Friend	36.6	37.5	18.8	15.1
Family member	38.2	38.9	16.9	11.7
Intimate partner	34.0	30.3	14.8	23.4
Other	34.7	27.0	*	*

* Estimate is not reported; relative standard error > 30% or cell size ≤ 20.
Note: Row totals may add up to more than 100% due to the possibility of respondents disclosing to the same source more than once related to having more than one perpetrator.

8: Physical and Mental Health Conditions by Victimization History

Previous research suggests that victims of intimate partner violence (IPV) make more visits to health providers over their lifetime; have more hospital stays; have longer duration of hospital stays; and are at risk of a wide range of physical, mental, reproductive, and other health conditions over their lifetime compared to nonvictims (Black, 2011; Coker et al., 2002). Many studies document increased risk for a number of adverse physical, mental, reproductive, and other health conditions among those who have experienced intimate partner violence. Most studies that evaluate the adverse health consequences of intimate partner violence are based on female victims of such violence; less is known about the risk for adverse health events among men (Breiding, Black, & Ryan, 2008).

The cross-sectional nature of the National Intimate Partner and Sexual Violence Survey (NISVS) does not allow for a determination of causality or the temporality of violence victimization and associated health conditions. However, extensive research describes a number of mechanisms that link chronic stress to a wide range of adverse health conditions (Black, 2011). While some health conditions may result directly from a physical injury, others may result from the biological impacts of stress on nearly all body systems (e.g., nervous, cardiovascular, gastrointestinal, reproductive, and immune systems). Furthermore, some research indicates that victims of violence are more likely to adopt health-risk coping behaviors such as smoking and the harmful use of alcohol or drugs (Campbell, 2002; Coker et al., 2002).

This section compares the prevalence of various health conditions among persons with a lifetime history of rape, physical violence, or stalking by an intimate partner in relation to those who have not experienced these forms of IPV in their lifetime. Respondents were asked about a number of health conditions: asthma, irritable bowel syndrome, diabetes, high blood pressure, frequent headaches, chronic pain, difficulty sleeping, activity limitations, and whether they considered their physical health and mental health to be poor. Verbatim health questions are available within the *National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report* (Black et al., 2011).

Men and women with a lifetime history of rape, physical violence, or stalking by an intimate partner were more likely to report frequent headaches, chronic pain, difficulty sleeping, activity limitations, and poor physical health in general compared to those without a history of these forms of IPV. Women who have experienced these forms of violence were also more likely to report asthma, irritable bowel syndrome, diabetes, and poor mental health compared to women who did not experience these forms of violence.

Among Women

With the exception of high blood pressure, the prevalence of reported adverse mental and physical health conditions was significantly higher among women with a history of rape, physical violence, or stalking by an intimate partner compared to women without a history of these forms of violence (Table 8.1). This includes a higher prevalence of asthma ($p < .001$), irritable bowel syndrome ($p < .001$), diabetes ($p < .05$), frequent headaches ($p < .001$), chronic pain ($p < .001$), difficulty sleeping ($p < .001$), and activity limitations ($p < .001$). Additionally, the percentage of women who considered their physical or mental health to be poor was significantly higher among women with a history of rape, physical violence, or stalking by an intimate partner, compared to women who have not experienced these forms of violence ($p < .001$). The experience of rape, physical violence, or stalking by an intimate partner was significantly associated ($p < .05$) with each of the health conditions except for high blood pressure, even after controlling for age, race/ethnicity,

Table 8.1

Prevalence of Physical and Mental Health Conditions among those with and without a History of Rape, Physical Violence, or Stalking by an Intimate Partner — U.S. Women and Men, NISVS 2010

	Women			Men		
	Weighted %		p-value[2]	Weighted %		p-value[2]
Health Condition	History	No History[1]		History	No History[1]	
Asthma	23.1	15.5	< .001	14.4	13.0	ns[3]
Irritable bowel syndrome	12.0	7.7	< .001	4.2	3.6	ns[3]
Diabetes	12.9	10.3	< .05	9.7	10.6	ns[3]
High blood pressure	28.1	27.1	ns[3]	30.1	29.3	ns[3]
Frequent headaches	29.5	17.4	< .001	16.0	9.8	< .001
Chronic pain	30.0	17.8	< .001	23.7	13.5	< .001
Difficulty sleeping	38.4	22.4	< .001	32.7	19.1	< .001
Activity limitations	35.7	20.9	< .001	29.1	18.7	< .001
Poor physical health	6.7	2.7	< .001	4.9	2.8	< .01
Poor mental health	3.6	1.2	< .001	2.6	1.4	ns[3]

1 No history of rape, physical violence, or stalking by an intimate partner.
2 p-values determined using chi-square test of independence in SUDAAN™.
3 Nonsignificant difference.

income, education, and the experience of rape and stalking by non-intimates (Table 8.2).

Among Men

Compared to men without a history of rape, physical violence, or stalking by an intimate partner, men with such histories had a significantly higher prevalence of frequent headaches ($p < .001$), chronic pain ($p < .001$), difficulty sleeping ($p < .001$), activity limitations ($p < .001$), and considered their physical health to be poor ($p < .01$). Each of these health conditions was significantly associated ($p < .05$) with having experienced rape, physical violence, or stalking by an intimate partner, even after controlling for age, race/ethnicity, income, education, and the experience of rape and stalking by non-intimates. There were no significant differences between the two groups of men in the prevalence of asthma, irritable bowel syndrome, diabetes, high blood pressure, and self-assessed poor mental health.

Table 8.2

Association between Physical and Mental Health Conditions and the Experience of Rape, Physical Violence, or Stalking by an Intimate Partner — U.S. Women and Men, NISVS 2010

Health Condition	Comparison of History vs. No History among Women		Comparison of History vs. No History among Men	
	AOR[1]	95% CI	AOR[1]	95% CI
Asthma	1.4*	1.2 – 1.7	1.1	0.9 – 1.4
Irritable bowel syndrome	1.5*	1.2 – 1.9	1.3	0.9 – 2.0
Diabetes	1.3*	1.0 – 1.6	1.0	0.8 – 1.3
High blood pressure	1.1	0.9 – 1.3	1.1	0.9 – 1.4
Frequent headaches	1.6*	1.4 – 2.0	1.4*	1.1 – 1.8
Chronic pain	1.6*	1.4 – 1.9	2.0*	1.6 – 2.4
Difficulty sleeping	1.7*	1.5 – 2.0	1.8*	1.5 – 2.2
Activity limitations	1.8*	1.5 – 2.1	1.7*	1.4 – 2.1
Poor physical health	2.0*	1.4 – 3.0	2.2*	1.4 – 3.3
Poor mental health	2.0*	1.2 – 3.3	1.4	0.8 – 2.5

1 Adjusted odds ratio controlling for age, race-ethnicity, income, education, and the experience of rape and stalking by non-intimates.
* Statistically significant, $p < .05$.

9: Discussion

Highlights and Cross-Cutting Findings

Beyond reporting the overall prevalence of individual forms of intimate partner violence (IPV), the National Intimate Partner and Sexual Violence Survey (NISVS) was designed to examine and describe in more detail the context of IPV victimization experienced by women and men. This report describes a number of these important contextual elements such as the frequency, severity, and the overlap of violence types, as well as the need for services, and impact of IPV victimization. Moving beyond the primary focus of IPV prevalence allows for a deeper understanding of the broad range of victimization experiences. From a public health perspective, a better understanding of the context in which intimate partner violence occurs is necessary to inform and focus preventive services and community responses to the needs of victims.

Intimate Partner Violence Remains a Significant Public Health Problem

The results presented in this report indicate that IPV remains a public health issue of significant importance, affecting many women and men in the United States. Specifically, with regard to women's lifetime experience of violence by an intimate partner: nearly 1 in 10 has been raped; approximately 1 in 6 has experienced sexual violence other than rape; approximately 1 in 4 has experienced severe physical violence and nearly 1 in 3 has been slapped, pushed, or shoved; more than 1 in 10 has been stalked; and nearly 1 in 2 has experienced psychological aggression. With regard to men's lifetime experience of violence by an intimate partner: approximately 1 in 12 has experienced sexual violence other than rape; nearly 1 in 7 has experienced severe physical violence and 1 in 4 has been slapped, pushed or shoved; nearly 1 in 48 has been stalked; and nearly 1 in 2 has experienced psychological aggression.

Further, the results indicate that a significant proportion of IPV victims experience negative impacts as a result of IPV victimization. Although no demographic group is immune to these forms of violence, consistent patterns emerged with respect to the subpopulations in the United States that are most heavily affected.

Women are Disproportionately Affected by Intimate Partner Violence

Consistent with previous national studies (Tjaden & Thoennes, 2000), the findings in this report indicate that women are disproportionately affected by IPV. While women have a significantly higher lifetime prevalence of rape, physical violence, or stalking by an intimate partner, compared to men, it is important to look beyond the overall numbers as they encompass a wide range of violence experiences and do not speak to differences in severity among victims.

In multiple ways, the data in this report indicate that IPV reported by women was typically more severe and resulted in a greater number of negative impacts than IPV victimization reported by men. Specifically, during their lifetime, women were more likely than men to experience: severe physical violence; sexual violence other than rape by an intimate partner; stalking by an intimate partner; and expressive aggression. Furthermore, women were more likely than men to experience: multiple forms of intimate partner violence (including rape, physical violence, and stalking), both across the life span and within individual violent relationships; a need for services in general; and at least one of the negative IPV-related impacts that were measured, including injury and having missed at least one day of work or school.

Looking at the variation in IPV experiences among victims only, female victims were more likely than male victims to experience: a greater number of discrete physically violent, sexually violent, and psychologically aggressive behaviors within an individual violent relationship; each of the negative IPV-related impacts that was measured, including injury, need for housing services, need for victim's advocate services, and having missed at least one day of work or school; and a greater number of

discrete IPV-related impacts within an individual relationship. Finally, female victims were more likely than male victims to experience more than the median number of violent behaviors in an individual relationship for: sexual violence (two or more sexually violent behaviors), physical violence (three or more physically violent behaviors), and psychological aggression (four or more psychologically aggressive behaviors).

Many Men Experience Severe IPV and Negative Impacts

Despite numerous indicators suggesting that women are more likely to experience severe IPV compared to men, and are more likely to be negatively impacted, the data show that many men also experience severe forms of IPV and negative impacts. Specifically, in the United States:

- Nearly 14% of men have experienced severe physical violence by an intimate partner in their lifetime.
- Nearly 10% of men have experienced rape, physical violence, or stalking by an intimate partner in their lifetime and experienced at least one IPV-related impact.
- Approximately 4% of men have been physically injured in their lifetime as a result of violence experienced in an intimate relationship.
- Approximately 4% of men have missed at least one day of work or school in their lifetime as a result of violence experienced in an intimate relationship.

Furthermore, a comparison of the differences in 12-month prevalence estimates show much smaller differences between men and women (e.g., unwanted sexual contact, various forms of severe physical violence) and, in some cases, more men than women experienced certain behaviors in the 12 months preceding the survey such as being slapped and being kicked. Additionally, men had a higher 12-month prevalence of psychological aggression than women.

Racial/Ethnic Minorities are Disproportionately Affected by Intimate Partner Violence

Consistent with other studies, the burden of IPV is not shared equally among racial/ethnic groups. This report indicates that Black and multiracial non-Hispanic women had significantly higher lifetime prevalence of rape, physical violence, or stalking by an intimate partner, compared to White non-Hispanic women; Asian or Pacific Islander non-Hispanic women had significantly lower prevalence than non-Hispanic White women. Also, American Indian or Alaska Native men, as well as Black and multiracial non-Hispanic men, had a significantly higher lifetime prevalence of rape, physical violence, or stalking compared to White non-Hispanic men. These findings may be a reflection of the many stressors that racial and ethnic minority communities continue to experience. For example, a number of social determinants of mental and physical health, such as low income and limited access to education, community resources, and services, likely play important roles.

Women and Men with Lower Incomes are Disproportionately Affected by Intimate Partner Violence

The 12-month prevalence of rape, physical violence, or stalking by an intimate partner was significantly higher among women and men with a combined household income of less than $25,000 and between $25,000 and $50,000 than for women and men with a combined income over $75,000. The median U.S. household income in 2010 was $49,455, so the two lowest income groups combined roughly correspond to the bottom 50th percentile for household income (U.S. Census Bureau, 2011). This finding is consistent with previous studies demonstrating an inverse relationship between income and IPV prevalence (Breiding, Black, & Ryan, 2008).

Victimization is More Prevalent among Young Adults

For women and men, the 12-month prevalence of rape, physical violence, or stalking was highest among the youngest age group (18 to 24). Prevalence decreased within each subsequent age group. Furthermore, nearly 60% of female victims and over 55% of male victims first experienced some form of intimate partner violence prior to age 18.

Victimization is Associated with Recent Food and Housing Insecurity

Higher levels of 12-month prevalence of rape, physical violence, or stalking by an intimate partner were observed among those with food and housing insecurity. Additional analysis is needed to fully understand the

independent effects of income, education, employment status, and other sociodemographic variables that may be related to both food and housing insecurity and to IPV.

Foreign-born Adults Experienced Lower Levels of Victimization

The lifetime prevalence of rape, physical violence, or stalking was significantly lower for adults that were born outside of the United States compared to those born in the United States. Additional analysis is needed to better understand whether this finding reflects a lower likelihood of experiencing IPV among immigrants in their country of origin, or whether it is the result of a lower likelihood of experiencing IPV since arriving in the United States. Another possible explanation is that there are cultural differences in reporting violence experiences, and that those cultural differences, and not a true difference in prevalence, may explain the differences found.

Bisexual Women are at Greater Risk of Victimization

Bisexual women were significantly more likely to experience lifetime rape, physical violence, or stalking by an intimate partner, compared to lesbian and heterosexual women. While the prevalence of rape, physical violence, or stalking for bisexual men was somewhat elevated compared to gay men and heterosexual men, there were no statistically significant differences.

Services and Disclosure

A range of services have been needed by a large number of people in the United States as a result of having experienced IPV at some point during their lifetime. The estimated number of men and women who reported that they needed services as result of victimization in their lifetime was more than 20 million. However, women, in particular, had a need for housing and victim's advocate services, with millions of women needing each of these forms of assistance in their lifetime. Importantly, less than 50% of female victims who indicated a need for housing or victim's advocate services during their lifetime reported that they received them.

Overall, among female victims that needed services during their lifetime, 44.9% did not receive any services. For male victims, nearly 2 out of 3 (65.7%) that needed services during their lifetime did not receive any services. Clearly, there is a need to better understand the barriers to receiving these services for both women and men. Specifically, there is a need for an improved understanding of whether the barriers are largely due to lack of availability or other factors that lead to a victim choosing not to access available services.

A larger percentage of female victims disclosed their lifetime IPV experiences, in general, compared to men (84.2% and 60.9%, respectively), and a larger percentage of female victims disclosed their IPV to individual sources compared to men. However, among victims that disclosed their lifetime IPV victimization, the proportion of men who considered the disclosure as being "very helpful" was significantly lower than the proportion of women who considered the disclosure as being "very helpful." This was true for disclosure in general and for disclosure to particular sources such as police, psychologists/counselors, friends, family members, and "others."

Intimate Partner Violence Is Associated with Negative Physical and Mental Health Conditions

The findings in this report confirm and extend the literature by documenting the association between IPV and a wide range of adverse physical and mental health conditions as the findings presented here are the first to examine these associations in a nationally-representative dataset. The significant associations between IPV victimization and negative health outcomes remained after controlling for sexual violence and stalking by non-intimates, suggesting that IPV uniquely contributes to long-term health difficulties.

Results Provide Greater Context Surrounding IPV Victimization

The methodology used in the survey responds to calls from the field to add greater context to prevalence estimates that frequently do not explicate the range of severity that exists among victims. Specifically, by examining information related to individual perpetrators, including the overlap of types of IPV, discrete number of violent behaviors experienced, frequency and severity of the violence experienced, and the impact of violence perpetrated by a specific intimate partner, the results described in this report allow for a better understanding of the patterns of violence that exist within individual relationships, shedding light on the totality of the violence experienced. Additionally, this

information allows for a description of the range in severity of victimization experiences that is not fully represented by IPV prevalence estimates that combine many diverse victimization experiences into a binary outcome measure.

Despite these methodological improvements that shed light on the context of IPV victimization, the data do not speak to other key aspects of context, specifically, motive on the part of perpetrator (e.g., self-defense) and whether the victim also engaged in perpetration of IPV. Prior research suggests that IPV is reciprocal in many relationships (Graham-Kevan & Archer, 2003). Consequently, it is likely that a certain number of victims identified within this report were themselves perpetrators of IPV who may or may not have acted in self-defense. It is also possible that some of the victims identified within this report may have been the primary perpetrator within the relationship and that the victimization they reported may have occurred solely when a partner was acting in self-defense. Perpetration of IPV is not measured within NISVS because data from the NISVS pilot found that perpetration was significantly underreported relative to victimization. Further, the motives of perpetrators were not assessed in NISVS, given the difficulties a respondent would have in accurately assessing the specific motives of another person. Not only is asking a victim to describe the motive of a perpetrator likely unreliable, but motives behind the violence are likely to change over time and change with the specific circumstances surrounding multiple episodes of IPV.

Limitations

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

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

Even though NISVS captures a full range of victimization experiences, the estimates reported here likely underestimate the prevalence of intimate partner violence for a number of reasons. These include: (1) potential respondents that are currently involved in violent relationships may not participate in the survey or fully disclose the violence they are experiencing because of concern for their safety; (2) although the survey gathers information on a wide range of

victimizations, it is not feasible to measure all of the violent behaviors that may have been experienced; (3) given the sensitive nature of these types of violence, it is likely that some respondents who had been victimized did not feel comfortable participating or did not feel comfortable reporting their experiences because of ongoing emotional trauma or the social stigma associated with being a victim of these forms of violence; (4) although potentially mitigated by the use of a cell phone sample, RDD surveys may be less likely to capture populations living in institutions (e.g., nursing homes, military bases, college dormitories), or those in prison, those living in shelters, or those who are homeless or transient; and (5) it is possible that some respondents could no longer recall violence experiences that were less severe in nature or that occurred long ago.

This report provides lifetime and 12-month prevalence estimates, as both estimates are important indicators of the burden of IPV. For an ongoing public health surveillance system, 12-month prevalence estimates are important indicators needed to determine the current public health burden of these forms of violence and to track trends over time. However, given the sensitivity of these outcomes, there are important limitations to consider when interpreting the 12-month prevalence of IPV. As mentioned, some respondents may be less likely to disclose IPV victimization due to ongoing emotional trauma or discomfort, or due to concern for their safety due to an ongoing relationship with a perpetrator. We would expect that this would particularly affect those who have experienced recent severe IPV. Additionally, it is possible that those who have experienced recent severe IPV may be less likely to participate at all. One study found that women who had experienced severe IPV within the past 12 months were less likely to participate in a study of IPV (Waltermaurer, Ortega, & McNutt, 2003). There are a number of potential reasons why those who have experienced recent severe IPV may be less willing to participate in a survey. First, a victim of severe IPV who is currently living with the perpetrator may fear for their safety. Second, a recent victim of IPV who has recently left a relationship may be in a less stable living arrangement, such as a shelter, or temporarily living with a friend or family member, and may be less likely to have the opportunity to participate. Third, those who are currently involved in a particularly controlling relationship may have restricted or no use of a telephone. For these reasons, 12-month prevalence estimates of IPV victimization may be an underestimate of the current public health burden of IPV. Because women are more likely to experience severe IPV compared to men, women's 12-month prevalence may be particularly affected.

In addition to the possible causes of underestimation of the prevalence, it is important to consider other potential limitations related to the data being based on self-reports. For example, 12-month estimates may reflect a degree of recall bias with victims believing that victimization experiences occurred closer in time than they actually did (i.e., telescoping). Also, there may be reluctance for respondents to discuss specific types of violence (e.g., forced vaginal sex) or specific types of perpetrators (e.g., same sex). These are factors that might impact the accuracy of estimates in unpredictable ways and in a manner that could potentially vary across subgroups of victims (e.g., by age or sex). Despite these limitations, population-based surveys that collect information directly from victims remain one of the most important and most reliable sources of data on IPV. For example, the wide range of impacts of IPV that was measured by NISVS can only be captured from the victim directly. Furthermore, population-based surveys are likely to capture IPV victimization that does not come to the attention of police, as well as IPV victimization that does not require treatment or is not reported to a health provider. Population-based surveys that are carefully conducted, with well-trained interviewers who are able to build rapport and trust with participants, are essential to the collection of valid data and the well-being of respondents.

Considerations Related to Combining Violence Types

Many of the results in this report focus on a summary measure that examined whether a victim experienced some combination of rape, physical violence, or stalking. This summary measure utilized is a conservative representation, including only those violence types for which there is broad agreement regarding inclusion, but most certainly excludes a number of violence types that in specific instances should be classified as IPV. The exclusion of certain forms of IPV from the summary measure

is not meant to suggest these forms of IPV that were measured in NISVS (i.e., sexual violence other than rape, psychological aggression, control of reproductive or sexual health) are less important. One overriding concern about including all types of IPV measured by NISVS into a single summary measure is that by combining many forms of IPV, ranging from severe to less severe, the meaning of the summary measure is lost. Specifically, the summary measure may lead to the false impression that all experiences are equivalent under the umbrella of the summary measure. However, it is important to consider the variation in severity that exists and is represented by the other measures described in this report.

The reasons for not including specific types of IPV in the summary measure vary. For some types of IPV, such as psychological aggression, there is little agreement in the field from a measurement perspective about when psychological aggression becomes psychological abuse or violence. The prevalence estimate included in this report describes the number of people who experienced any form of psychological aggression at least once. As the understanding of psychological aggression improves (for example, how to make the distinction between psychological aggression and psychological abuse), the ability to appropriately describe and present this important data will improve. Similarly, another form of violence, being made to penetrate someone else, is a relatively new addition that may be particularly important to improve our understanding of the sexual violence that men and boys experience. With further research, and with broader agreement within the field, changes may be warranted to the summary measure by including some of the forms of IPV that are currently described outside of the summary measure. In so doing, a broader summary measure would describe a more comprehensive representation of IPV experiences.

10: Implications for Prevention

This report documents the public health burden that intimate partner violence (IPV) exerts on a wide range of populations with differing demographic characteristics. Consequently, a community-level response is needed to implement effective and appropriate measures to prevent and respond to those who are affected by IPV.

Primary Prevention

The Centers for Disease Control and Prevention's (CDC's) core strategy for preventing IPV is the promotion of respectful, nonviolent relationships through individual, relationship, community, and societal change. This prevention strategy is organized around the following principles: understanding ways to interrupt the development of IPV perpetration; improving knowledge of factors that contribute to respectful relationships and protect against IPV; creating and evaluating new approaches to prevention; and building community capacity. Comprehensive community-based approaches building upon and joining well-organized, broad-based coalitions are important and can effectively create change in communities. One example of these efforts, The Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) FOCUS program seeks to prevent IPV at the national, state, and local levels by funding states and communities to implement and evaluate IPV prevention strategies. DELTA FOCUS grantees are working toward changing the conditions that lead to IPV through activities such as: promoting healthy relationships and communications skills, engaging men and boys in violence prevention, developing youth assets and leaders, and working with communities to implement and evaluate population-level strategies that prevent IPV.

CDC places an emphasis on primary prevention, prioritizing the prevention of IPV from occurring in the first place. This report indicates that IPV victimization begins early with nearly 70% of female victims and nearly 54% of male victims having experienced IPV prior to age 25. This suggests that primary prevention of IPV must begin at an early age. CDC's approach to primary prevention of IPV is the promotion of healthy relationship behaviors among young people, with the goal of reaching adolescents prior to their first relationships. By influencing relationship behaviors and patterns early through dating violence prevention programs, the hope is to promote healthy relationship behaviors and patterns that can be carried forward into adulthood.

This report identified groups that are at most risk for IPV victimization. While primary prevention programs exist, it is unknown whether they are effective within specific groups of people, particularly among those identified in this report as being most at risk. Further work needs to be done to test existing strategies with specific groups, as well as to develop and test other strategies to determine whether they are effective in preventing IPV. One of the goals of CDC's Dating Matters™ program, which is a comprehensive program for youth, their parents, educators, and the neighborhoods in which they live, is to test evidence-based and evidence-informed strategies within high-risk urban communities (Teten Tharp, 2012). By making adaptations to existing evidence-based program components to make them more culturally relevant and developing and testing other strategies tailored for urban communities, this program will help identify potential strategies for groups at high-risk for teen dating violence. Outside of this specific program, continued efforts are needed to develop prevention strategies that address the culturally specific concerns of at-risk groups across the United States.

Efforts to build positive and healthy parent-child relationships are also important for the primary prevention of IPV. Children benefit from safe, stable, and nurturing familial environments that facilitate respectful interactions and open communication. Other opportunities to build parent-child relationships include programs to promote effective parenting skills and efforts to include and support relationships between fathers and children. Beyond providing children an opportunity

to share with their parents the experiences they have had with dating violence and other forms of violence, parents who model healthy, respectful intimate relationships free from violence foster these relationship patterns in their children. Furthermore, children who have experienced adverse childhood events, such as witnessing violence between parents, are at increased risk of short- and long-term health and social problems (Felitti, et al., 1998). Reducing parental IPV is likely to decrease the risk of IPV and other forms of violence in the next generation, decrease the likelihood of children engaging in risky behaviors, and decrease the risk of a wide range of adverse health conditions.

The focus of this report is on describing the public health burden of victimization. To better understand how to prevent IPV, CDC also supports work that seeks to better understand the causes of IPV perpetration. Research examining risk and protective factors is key to understanding how perpetration of violence develops and to determine the optimal strategies for preventing intimate partner violence. While much is known about risks factors at the individual and couple level, there have been few studies examining community- and societal-level factors related to perpetration of IPV. Identifying community and societal-level factors, while difficult, could be most useful in identifying perpetration prevention strategies that have the most potential for broad impact. In addition, future research is needed to identify protective factors that decrease the likelihood of IPV perpetration. Protective factors are particularly critical to developing prevention programs as they are more likely to point to environments or situations that reduce the likelihood of violence perpetration, in general, or reduce the likelihood of IPV perpetration in the first place among those who are at high risk.

Finally, as the risk and protective factors for IPV perpetration are better understood, additional research is needed to develop and evaluate strategies to effectively prevent the first-time perpetration of IPV. This includes research that addresses the social and economic conditions that increase the risk for perpetration and victimization — such as poverty, food and housing insecurity, and sexism — as well as other forms of discrimination and social exclusion. Such research will complement efforts focused on preventing initial victimization and the recurrence of victimization.

Secondary and Tertiary Prevention

Secondary and tertiary prevention programs and services are essential for mitigating the short- and long-term consequences of IPV among victims, as well as reducing the violence-related health burden across the life span. This report examined a range of services that victims reported needing as a result of IPV at some point in their lifetime and whether they received them, including medical care, housing, victim's advocacy, legal, and community services. The vast majority of women who were victims of IPV indicated that they needed medical services; nearly half said they needed housing, victim's advocacy, and community services; and a third of women needed legal services. Among the female victims who needed at least one of these services at some point during their lifetime, nearly half did not receive any of the services that were needed. Among the male victims who needed at least one of these services, approximately two-thirds did not receive any of the needed services. This indicates that a significant gap has existed over time, and may still exist, between a need for services and the receipt of those services. Future work is needed to understand the degree to which this gap currently exists and, if so, whether this gap is due to services being unavailable or because available services were not utilized. Regardless, a better understanding of the current barriers to service utilization is always important.

Disclosing victimization experiences is a necessary first step for victims to be able to obtain the resources and services they need. One primary method by which IPV victims may disclose victimization and receive appropriate help is through disclosure to medical professionals. While 84.2% of female victims and 60.9% of male victims disclosed their IPV victimization to someone, only 21.0% of female victims and 5.0% of male victims reported having disclosed their victimization to a medical professional at some point in their lifetime. A number of medical associations (e.g., American Congress of Obstetricians [ACOG] and Gynecologists, American Medical Association [AMA])

recommend asking all patients about their experiences with IPV at every visit and providing referrals for services as indicated (AMA, 1992; ACOG, 1995). Further, in 2013, the U.S. Preventive Services Task Force recommended that clinicians should screen all women of childbearing age for IPV and provide or refer women who screen positive to intervention services (Moyer, 2013). The questions about disclosure in National Intimate Partner and Sexual Violence Survey were asked in relation to the violence experienced by an individual perpetrator and were not specific to any particular time period. However, the findings suggest a need to better understand any potential barriers that may prevent victims from disclosing to a medical professional or those that may make some medical professionals reluctant to assess patients' victimization experiences, even among those that show signs of victimization (Black, 2011). Victims choosing to disclose to health care providers is likely to improve if clinicians are prepared and able to ask about IPV in a compassionate and non-judgmental manner. One of the largest barriers to physicians asking about IPV is that they frequently feel inadequate and unprepared to appropriately respond to a patient who reports experiencing IPV. A study of final-year primary care residents regarding "perceived preparedness" found that only 21% reported being prepared to talk about IPV (Park, Wolfe, Gokhale, Winichoff, & Rigotti, 2005). The amount of time spent on IPV training remains quite limited and the majority of medical textbooks still do not contain adequate information on IPV (Hamberger, 2007). To train health care providers to effectively identify, treat, and provide secondary prevention for victims of IPV, there remains an urgent need to raise awareness about the pervasiveness of IPV and the far-reaching implications for patient health (Block, 2005).

Conclusion

To reduce the burden of intimate partner violence in the United States, it is essential to have solid data to inform IPV prevention efforts and to provide services and resources to those who have been victimized. Additionally, it is critical for all sectors of society, including peer groups, schools, medical professionals, and communities, to work together to decrease IPV. Continued efforts are required to extend the gains that have been made in understanding and implementing IPV prevention strategies.

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Appendix A: Violence Victimization and Other Domains Assessed

Violence Domains

Five types of intimate partner violence were measured in National Intimate Partner and Sexual Violence Survey (NISVS). These include sexual violence, physical violence, stalking, psychological aggression, and control of reproductive/sexual health.

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

A list of the victimization questions used in the survey can be found in Appendix B.

Sexual Violence by an Intimate Partner

Five types of sexual violence were measured in NISVS. These include acts of rape (forced penetration), being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences.

- *Rape* is defined as any completed or attempted unwanted vaginal (for women), oral, or anal penetration through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physically harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent. Rape is separated into three types, completed forced penetration, attempted forced penetration, and completed alcohol- or drug-facilitated penetration. Among women, rape includes vaginal, oral, or anal penetration by a male using his penis. It also includes vaginal or anal penetration by a male or female using their fingers or an object. Among men, rape includes oral or anal penetration by a male using his penis. It also includes anal penetration by a male or female using their fingers or an object. *Being made to penetrate someone else* includes times when the victim was made to, or there was an attempt to make them, sexually penetrate someone without the victim's consent because the victim was physically forced (such as being pinned or held down, or by the use of violence) or threatened with physical harm, or when the victim was drunk, high, drugged, or passed out and unable to consent.
  - Among women, this behavior reflects a female being made to orally penetrate a man's anus or another female's vagina or anus. It also includes perpetrators attempting to make female victims penetrate them, though penetration did not happen.
  - Among men, being made to penetrate someone else could have occurred in multiple ways: being made to penetrate a female's vagina or anus, or another man's anus, using one's own penis; being made to penetrate another man's anus, or a woman's vagina or anus, using one's own mouth; being made to penetrate a man's or woman's mouth using one's own penis. It also includes perpetrators attempting to make male victims penetrate them, though penetration did not happen.
- *Sexual coercion* is defined as unwanted sexual penetration that occurs after a person is pressured in a nonphysical way.

In NISVS, sexual coercion refers to unwanted vaginal, oral, or anal sex after being pressured in ways that included being worn down by someone who repeatedly asked for sex or showed they were unhappy; feeling pressured by being lied to, being told promises that were untrue, having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority.

- *Unwanted sexual contact* is defined as unwanted sexual experiences involving touch but not sexual penetration, such as being kissed in a sexual way, or having sexual body parts fondled or grabbed.
- *Non-contact unwanted sexual experiences* are those unwanted experiences that do not involve any touching or penetration, including someone exposing their sexual body parts, flashing, or masturbating in front of the victim, someone making a victim show his or her body parts, someone making a victim look at or participate in sexual photos or movies, or someone harassing the victim in a public place in a way that made the victim feel unsafe.

Physical Violence by an Intimate Partner

Physical violence includes a wide range of behaviors from slapping, pushing, or shoving to more severe behaviors such as being beaten, burned, or choked. In this report, severe physical violence includes being hurt by pulling hair, being hit with something hard, being kicked, being slammed against something, attempts to hurt by choking or suffocating, being beaten, being burned on purpose and having a partner use a knife or gun against the victim. While slapping, pushing, and shoving can also be severe in terms of the effect on victims, this report distinguishes between these forms of violence and the physical violence that is generally categorized as severe.

Stalking by an Intimate Partner

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

Psychological Aggression by an Intimate Partner

Psychological aggression, including expressive aggression and coercive control, is an important component of intimate partner violence (IPV). Expressive aggression includes behaviors such as name-calling, insults, and humiliation. Coercive control includes behaviors that are intended to monitor and control an intimate partner through threats to harm, interference with family and friends, and limiting access to money. Although research suggests that psychological aggression may be even more harmful than physical violence by an intimate partner (Follingstad, Rutledge, Berg, Hause, & Polek, 1990), there is little agreement about how to determine when psychologically aggressive behavior becomes abusive and should be classified as IPV. Because of the lack of consensus in the field at the time of this report, the prevalence of psychologically aggressive behaviors is reported, but is not included in the overall prevalence estimates of IPV.

Control of Reproductive or Sexual Health by an Intimate Partner

Control of reproductive or sexual health includes the refusal by an intimate partner to use a condom. For a woman, it also includes times when a partner tried to get her pregnant when she did not want to become pregnant. For a man, it also includes times when a partner tried to get pregnant when the man did not want her to become pregnant.

Other Domains Assessed

IPV-related Impact

For each perpetrator of IPV, respondents were asked about whether they had experienced:

- Being fearful
- Being concerned for safety
- Symptoms of post-traumatic stress disorder (PTSD)
  - Having nightmares
  - Trying hard not to think about it or avoiding being reminded of it
  - Feeling constantly on guard, watchful, or easily startled
  - Feeling numb or detached from others, activities, or surroundings
- Being injured
- Needing health care
- Needing housing services

- Needing victim's advocate services
- Needing legal services
- Contacting a crisis hotline
- Missing days of work or school
- For those reporting rape by an intimate partner:
  - Contracting a sexually transmitted infection
  - Becoming pregnant (for women)

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

Perpetrator Information

Respondents who reported experiencing IPV were subsequently asked to identify individual perpetrators by initials, nickname, or in some other general way so that each violent behavior reported could be tied to a specific perpetrator. For each perpetrator reported, respondents were asked their age and their relationship to the perpetrator at the time violence first began and at the last time violence was experienced. This report describes violence for which the respondent indicated that the perpetrator was a current or former intimate partner at the time when the violence first began.

Services and Disclosure

Respondents who reported experiencing violence were subsequently asked whether they needed various services (e.g., medical care, housing services, advocacy services, crisis hotline). If a respondent indicated a need for a particular service, the respondent was asked whether that service was received. In addition, respondents who reported experiencing IPV were asked whether they disclosed their victimization to various sources (e.g., health care provider, family member, friend). Respondents who sought services or disclosed their victimization were asked the degree of helpfulness of that source.

Appendix B: Victimization Questions

Sexual Violence

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

Stalking Tactics

How many people have ever…

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

Expressive Aggression

How many of your romantic or sexual partners have ever…

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

Coercive Control

How many of your romantic or sexual partners have ever…

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

Control of Reproductive or Sexual Health

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

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

Physical Violence

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

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

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