

National Data on Intimate Partner Violence, Sexual Violence, and Stalking

About NISVS

NISVS is an ongoing, nationally representative telephone survey that collects detailed information on IPV, SV, and stalking victimization of adult women and men ages 18 and older in the United States. The survey collects data on past-year and lifetime experiences of violence. CDC developed NISVS to better describe and monitor the magnitude of these forms of violence in the United States.



The Centers for Disease Control and Prevention (CDC) first administered the National Intimate Partner and Sexual Violence Survey (NISVS) in 2010. NISVS examines the prevalence of intimate partner violence (IPV), sexual violence (SV), and stalking among women and men in the United States. NISVS is administered annually and will be used to track trends in IPV, SV, and stalking.

Key Findings

IPV, SV, and stalking are widespread in the United States. The findings from NISVS underscore the pervasiveness of this violence, the immediate impacts of victimization, and the lifelong health consequences. Women are disproportionately impacted. They experienced high rates of severe IPV, rape, and stalking, and long-term chronic disease and other negative health impacts, such as post-traumatic stress disorder symptoms.

Women are disproportionately affected by IPV, SV, and stalking.

- Nearly 1 in 5 women (19.3%) and 1 in 59 men (1.7%) have been raped in their lifetime.¹
- Approximately 1.9 million women were raped during the year preceding the survey.¹
- One in 4 women (22.3%) have been the victim of severe physical violence by an intimate partner, while 1 in 7 men (14.0%) have experienced the same.¹
- One in 6 women (15.2%) have been stalked during their lifetime, compared to 1 in 19 men (5.7%).¹

IPV, SV, and stalking victims experience negative impacts and health consequences.

- More than 1 in 4 women and more than 1 in 10 men have experienced contact sexual violence, physical violence, or stalking by an intimate partner and reported significant short- or long-term impacts, such as post-traumatic stress disorder symptoms and injury.¹
- Women who experienced rape or stalking by any perpetrator or physical violence by an intimate partner in their lifetime were more likely than women who did not experience these forms of violence to report having asthma, diabetes, and irritable bowel syndrome.²
- Men and women who experienced these forms of violence were more likely to report frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health, and poor mental health than men and women who did not experience these forms of violence.²

Female victims of IPV experience different patterns of violence than male victims.

- Female victims frequently experienced multiple forms of IPV (i.e. rape, physical violence, stalking); male victims most often experienced physical violence.²

The majority of this victimization starts early in life.

- Most female victims of completed rape (78.7%) experienced their first rape before the age of 25 and almost half (40.4%) experienced their first rape before age 18 (28.3% between 11 and 17 years old and 12.1% at or before the age of 10).¹
- About 35% of women who were raped as minors also were raped as adults compared to 14% of women without an early rape history.²
- More than a quarter of male victims of completed rape (28%) were first raped when they were 10 years old or younger.²

Opportunities for Prevention and Action

Lifetime and one-year estimates for IPV, SV, and stalking are alarmingly high for adult Americans, with IPV alone affecting more than 12 million people each year. Collective action is needed to implement prevention approaches and ensure appropriate responses. It is important for all sectors of society, including individuals, families, and communities, to work together to end IPV, SV, and stalking. Opportunities for prevention and intervention include:

- Promote healthy, respectful relationships in families by fostering healthy parent-child relationships and developing positive family dynamics and emotionally supportive environments.
- Provide coordinated services for survivors of IPV, SV, and stalking to ensure healing and prevent recurrence of victimization.
- Hold perpetrators responsible by enforcing laws adequately and consistently.
- Implement strong data systems for the monitoring and evaluation of IPV, SV, and stalking to help understand trends in these problems, provide information on which to base development and evaluation of prevention and intervention programs, and monitor and measure the effectiveness of these efforts.

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1. Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, Merrick MT. Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR* 2014; 63(SS-8): 1-18.
 2. Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, Chen J, Stevens MR. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2011.