

# The Impact of Intimate Partner Violence: A 2015 NISVS Research-in-Brief



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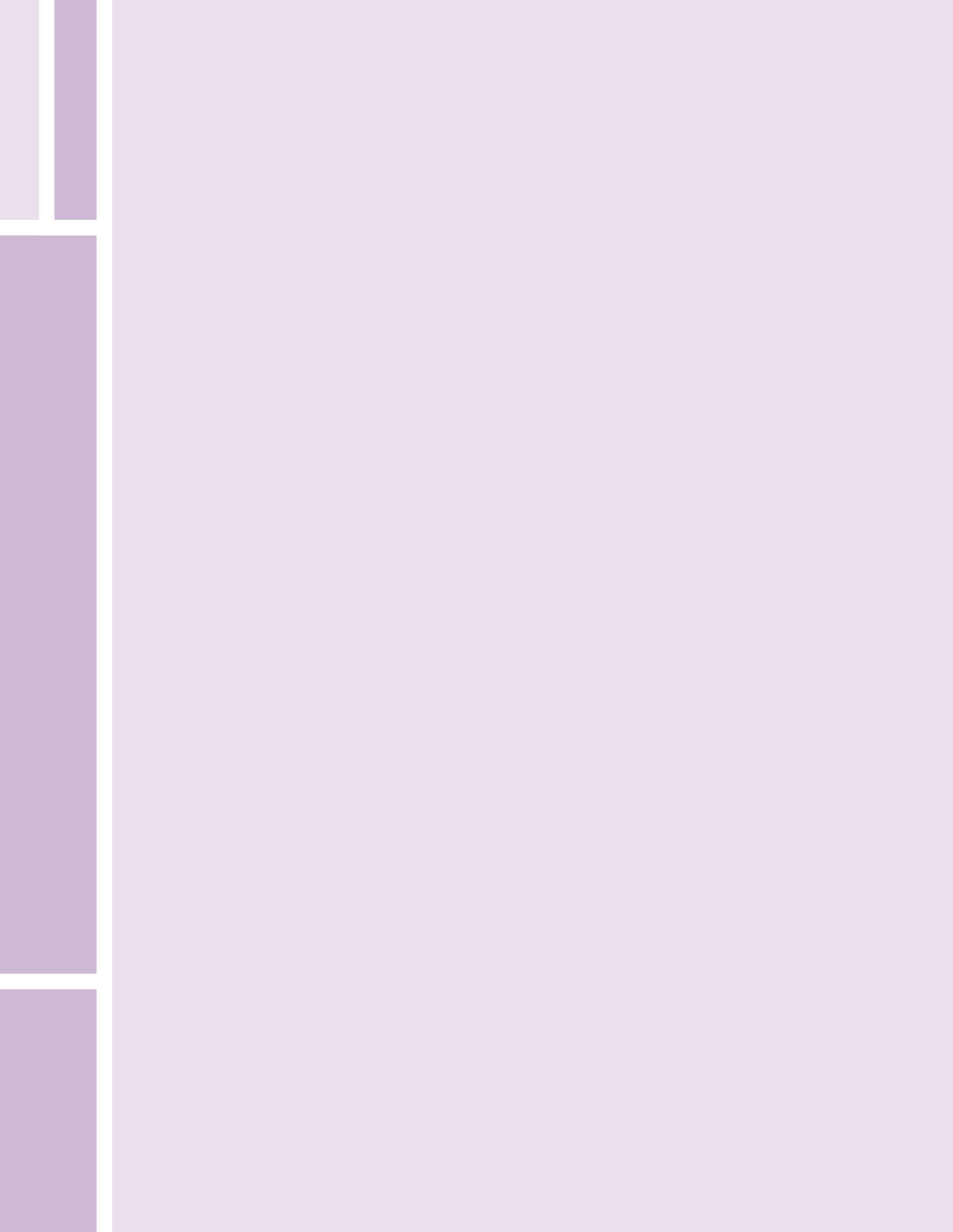
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Recognition is given to the team of people that substantially contributed to the original development of the National Intimate Partner and Sexual Violence Survey: Kathleen C. Basile, Michele C. Black, Matthew J. Breiding, James A. Mercy, Linda E. Saltzman, and Sharon G. Smith (contributors listed in alphabetical order).



# The Impact of Intimate Partner Violence: A 2015 NISVS Research-in-Brief

The National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing, nationally representative telephone survey that collects detailed information on intimate partner violence (IPV), sexual violence, and stalking victimization of adult women and men aged 18 years and older in the United States. NISVS measures victimization occurring in both the lifetime and 12 months before taking the survey. CDC developed NISVS to better describe and monitor the magnitude of these forms of violence in the United States.

Intimate partner violence is a major public health problem affecting millions of people in the United States each year. A recent report from the NISVS found that 36.4% of women and 33.6% of men experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetimes (Smith et al., 2018). IPV has been linked to serious long-term physical and mental health consequences, and has an estimated lifetime economic burden of \$3.6 trillion (e.g., Breiding, Black, & Ryan, 2008; Logan & Cole, 2007; Peterson et al., 2018).

The primary purpose of this report is to provide a comprehensive examination of the impact of IPV as a supplement to *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release* (Smith et al., 2018). The findings in this report offer additional information about specific IPV-related impacts, describing the wide range of experiences associated with IPV victimization. Data tables are presented at the end of this report.

## How NISVS Measured Intimate Partner Violence and Related Impact

**Intimate partner violence** includes physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner. In NISVS, an intimate partner is described as a romantic or sexual partner and includes spouses, boyfriends, girlfriends, people with whom respondents dated, were seeing, or “hooked up.” See the NISVS 2015 Data Brief (Smith et al., 2018) for details on how NISVS measures intimate partner violence and its subtypes.

### Intimate Partner Violence-Related Impact

For each perpetrator of intimate partner violence, respondents were asked whether they had experienced any of the following impacts as a result of their IPV victimization:

- 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 medical care as a result of the intimate partner violence experienced\*
- needing housing services
- needing victim advocate services
- needing legal services
- needing help from law enforcement\*
- contacting a crisis hotline
- missing days of work because of the intimate partner violence experienced\*
- missing days of school because of the intimate partner violence experienced\*
- for those reporting rape or made to penetrate by an intimate partner—contracting a sexually transmitted infection or becoming pregnant (for women)

Intimate partner violence-related impact questions were assessed among victims of contact sexual violence, physical violence, or stalking by an intimate partner during the lifetime, and for some impacts (with asterisks), in the last 12 months. The impacts were assessed for specific perpetrators and asked in relation to any form of intimate partner violence experienced in that relationship. By definition, all stalking victimizations result in impact because the definition of stalking requires the experience of fear or concern for safety. 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 intimate partner violence experienced (sexual violence, physical violence, stalking, and psychological aggression) by the perpetrator in that relationship. Past 12-month impact items were used to provide 12-month IPV-related impact estimates.

\*Lifetime and 12-month impact were measured.

## National Prevalence of Intimate Partner Violence-Related Impact

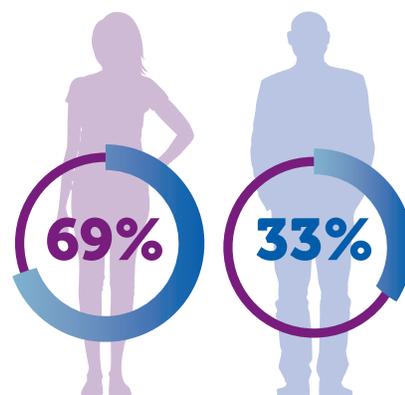
### Women

- As reported in the NISVS 2015 Data Brief (Smith et al., 2018), during their lifetime, about 1 in 4 women (25.1% or 30.0 million) in the U.S. experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported at least one form of IPV-related impact (Table 1). Five commonly related impacts during their lifetimes were (Table 1):
  - 20.5% of women (24.5 million) were concerned for their safety.
  - 17.6% of women (21.0 million) reported being fearful.
  - 14.9% of women (17.8 million) experienced PTSD symptoms.
  - 12.4% of women (14.9 million) were injured.
  - 11.5% of women (13.8 million) needed help from law enforcement.
- As reported in the NISVS 2015 Data Brief (Smith et al., 2018), in the 12 months prior to taking the survey, an estimated 3.0% or 3.6 million women in the U.S. experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported at least one IPV-related impact (Table 1).

### Men

- As reported in the NISVS 2015 Data Brief (Smith et al., 2018), during their lifetime, more than 1 in 10 men (10.9% or 12.1 million) in the U.S. experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported at least one form of IPV-related impact (Table 2). Five commonly related impacts during their lifetimes were (Table 2):
  - 5.3% of men (5.9 million) were concerned for their safety.
  - 4.4% of men (4.9 million) reported being fearful.
  - 4.0% of men (4.5 million) were injured.
  - 3.5% of men (3.9 million) needed help from law enforcement.
  - 3.4% of men (3.8 million) experienced PTSD symptoms.
- As reported in the NISVS 2015 Data Brief (Smith et al., 2018), in the 12 months prior to taking the survey, an estimated 1.9% or 2.1 million men in the U.S. experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported at least one IPV-related impact (Table 2).

**Among victims of contact sexual violence, physical violence, and/or stalking by an intimate partner, over two thirds of female victims and nearly one third of male victims reported experiencing an IPV-related impact during their lifetimes.**

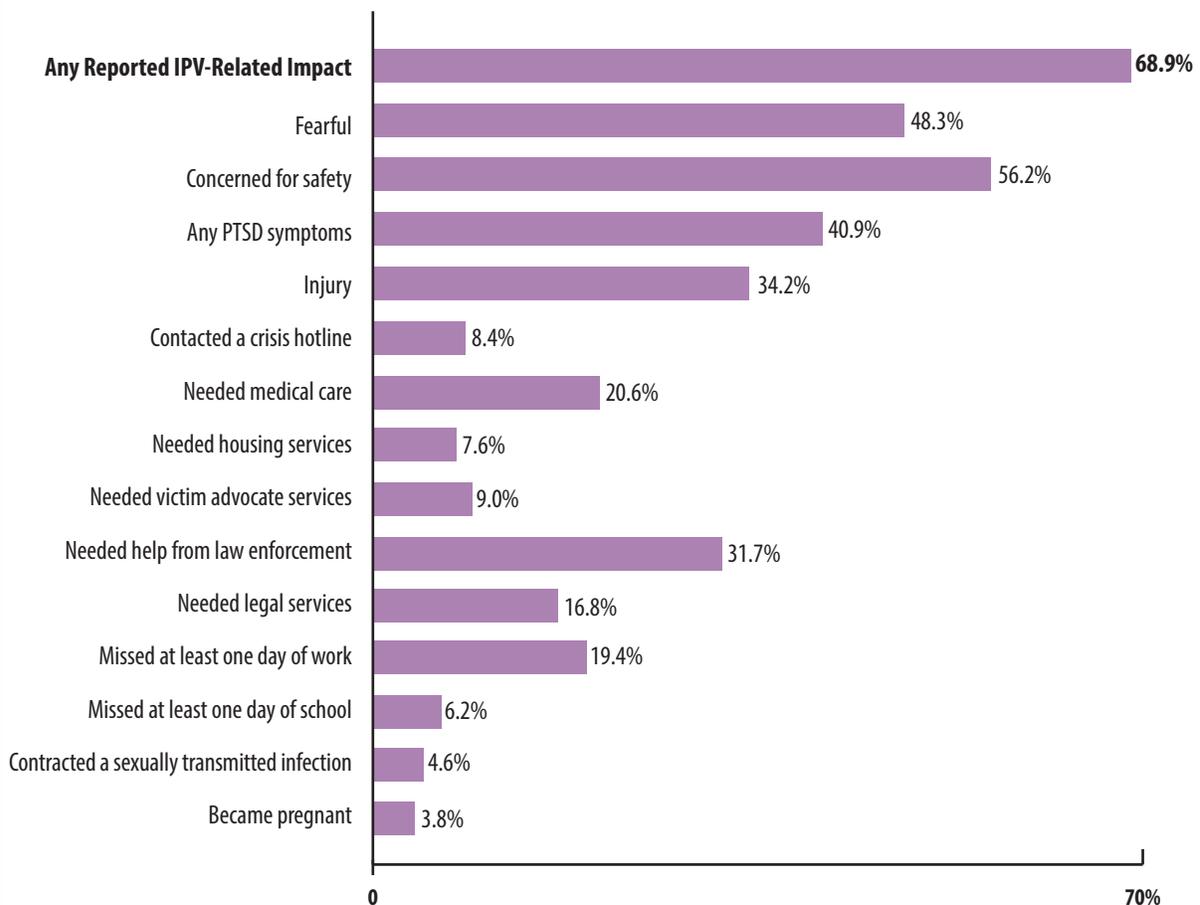


## Distribution of Intimate Partner Violence-Related Impacts Among Female Victims

- Among female victims, over two-thirds (68.9% or 30.0 million) experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetimes and reported at least one IPV-related impact (Table 3).
- In the 12 months prior to taking the survey, more than half (55.2% or 3.6 million) of female victims experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported at least one IPV-related impact (Table 3).
- Impacts commonly experienced by female victims were concern for safety, fear, PTSD symptoms, injury, and needing help from law enforcement (see Figure 1).

**Figure 1**

**Percentage of Lifetime IPV-Related Impacts Among Female Victims of Contact Sexual Violence, Physical Violence, and/or Stalking by an Intimate Partner—NISVS 2015**

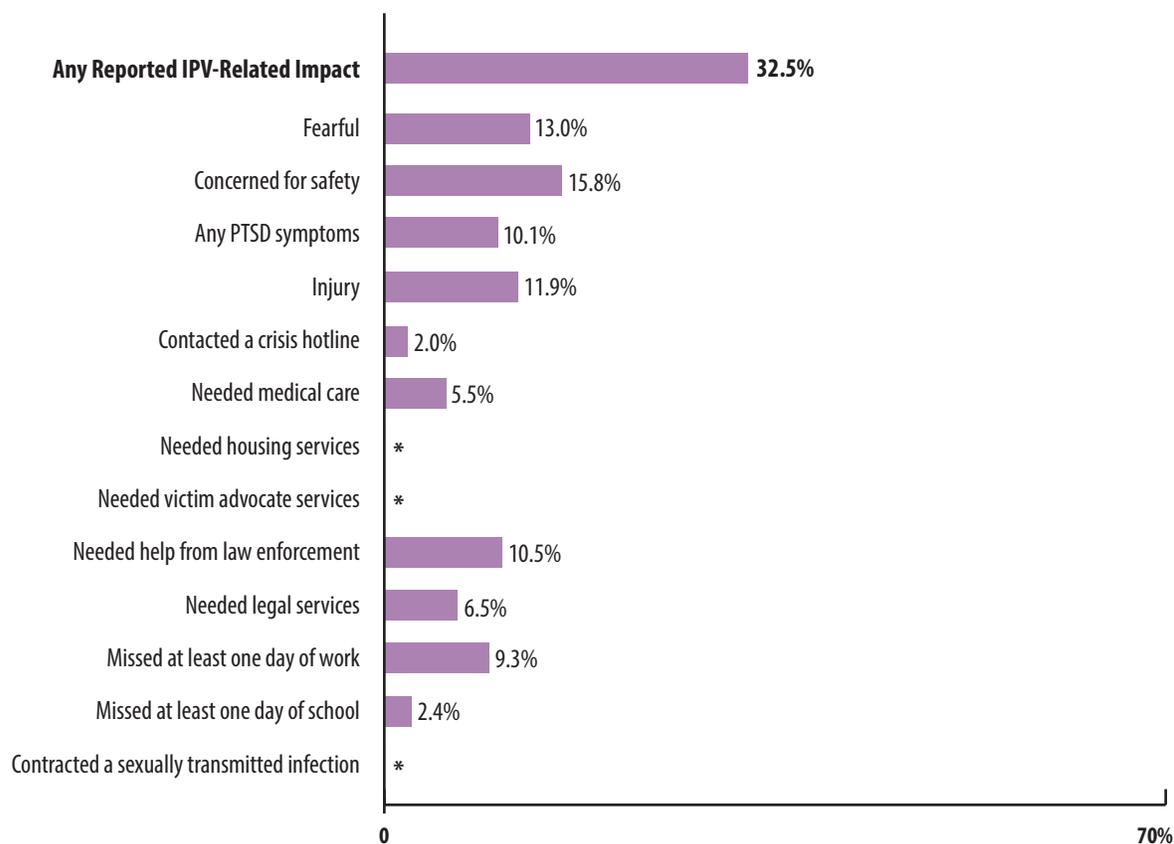


## Distribution of Intimate Partner Violence-Related Impacts Among Male Victims

- Among male victims, nearly 1 in 3 (32.5% or 12.1 million) experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported at least one IPV-related impact (Table 4).
- In the 12 months prior to taking the survey, over one-third (36.3% or 2.1 million) of male victims experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported at least one IPV-related impact (Table 4).
- Impacts commonly experienced by male victims were concern for safety, fear, injury, needing help from law enforcement, and PTSD symptoms (see Figure 2).

**Figure 2**

**Percentage of Lifetime IPV-Related Impacts Among Male Victims of Contact Sexual Violence, Physical Violence, and/or Stalking by an Intimate Partner—NISVS 2015**



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

## Summary

This report provides greater context to the IPV prevalence estimates presented in the NISVS 2015 Data Brief (Smith et al., 2018). For example, 1 in 4 women and 1 in 10 men in the U.S. experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetimes and reported some form of IPV-related impact from the violence. Among victims of contact sexual violence, physical violence, and/or stalking by an intimate partner, about 69% of female victims and 33% of male victims reported experiencing one or more IPV-related impacts during their lifetimes. Commonly experienced IPV-related impacts reported by both women and men included concern for safety, being fearful, injury, PTSD symptoms, and needing help from law enforcement.

This supplemental report summarizes the kinds of impacts that women and men experience after IPV. The results of this report illuminate the overwhelming impact that the experience of IPV has for female victims. For example, over half (56.2%) of female IPV victims were concerned for their safety and nearly half (48.3%) of female victims reported being fearful as a result of IPV. However, it is important to note that IPV

also negatively impacts males. For instance, in their lifetimes, nearly 1 in 6 male victims of contact sexual violence, physical violence, and/or stalking by an intimate partner were concerned for their safety, more than 1 in 10 needed help from law enforcement, and 1 in 20 needed medical care because of this or other violence by the intimate partner perpetrator.

Intimate partner violence is a serious public health issue that is preventable. CDC's intimate partner violence prevention strategy focuses on the promotion of respectful, nonviolent relationships through individual, relationship, community, and societal change. Primary prevention of IPV involves a comprehensive, multi-sectored approach that would be most beneficial if started early in the life course. The CDC's Division of Violence Prevention published a suite of technical packages for sexual violence, intimate partner violence, child abuse and neglect, youth violence and suicide prevention to help communities take advantage of the best available evidence in violence prevention policy, programs, and practices. All of the technical packages are available at <https://www.cdc.gov/violenceprevention/pub/technical-packages.html>.

## Limitations

The findings in this report are subject to several limitations. First, random-digit-dial telephone (RDD) surveys continue to suffer problems that may affect the representativeness of the sample, such as declining response rates and possible non-response bias (Peytchev, Carley-Baxter, & Black, 2011). Efforts were made to reduce the potential of non-response and non-coverage bias (see Smith et al., 2018). The estimates presented in this report are likely to be underestimates of the true prevalence for a number of reasons. For example, although NISVS questions cover a wide range of victimization experiences, it is not possible to include all types of victimization or impacts. In addition, some respondents may have been uncomfortable disclosing their experiences to an interviewer given the sensitive nature of the topic. Disclosing victimization experiences could present safety concerns (especially if the respondent is currently involved in a violent relationship), re-traumatize the victim, or perpetuate the stigma that victims encounter. As the study population for NISVS 2015 was English- or Spanish-speaking women and men aged 18 years and older in U.S. households, survey sampling did not reach adults living in group quarters (e.g., nursing homes, military bases, college dormitories), those in prison, those living in shelters, or those who are homeless or transient. Furthermore, all self-report surveys are subject to recall bias and telescoping whereby victims believe that victimization experiences occurred closer in time than they actually did; this is especially true for incidents that occurred in the past 12 months. Finally, the IPV-related impact questions were designed to capture the context of the victimization with specific perpetrators; therefore, the impacts of individual types of violence (e.g., intimate partner sexual violence) cannot be determined, as respondents might have experienced multiple forms of violence by the same intimate partner. For a more detailed review

of the limitations, see *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief—Updated Release* (Smith et al., 2018).

We suggest using caution when comparing estimates reported here to those based on previous NISVS years or other population-based data sources. Differences in the NISVS survey instruments across data years may impact observed prevalence estimates. Relevant to this report, the measurement of the 12-month IPV-related impact was made more specific in 2015 to capture impact that occurred during the 12 months prior to taking the survey. In the previously published reports, estimates of victimization captured experiences occurring in the 12 months prior to taking the survey, but the impact could have happened at any point in that relationship and was not limited to the past 12 months. In addition, there are differences in the methodology between NISVS and other surveys which may affect prevalence estimates, such as the sampling design, the language and terminology used in measuring IPV, and the context in which the victimization questions are presented to respondents.

Notwithstanding these limitations, population-based public health surveys which utilize behaviorally specific questions continue to be an important data source for sexual violence, stalking, and intimate partner violence. NISVS uniquely captures victimization experiences that may not be reported via official reporting mechanisms because they are not viewed as a crime by the victim or did not require health care treatment. In this regard, NISVS serves as an important element of the prevention process by providing data that can be used to inform public health action and response for sexual violence, stalking, and intimate partner violence.

## Methods

NISVS is an ongoing, nationally representative RDD telephone survey of sexual violence, intimate partner violence, and stalking among adult women and men in the United States. Noninstitutionalized English- and/or Spanish-speaking persons aged 18 years and older are surveyed using a dual-frame strategy that includes landline and cell phones. Surveys are conducted in all 50 states and the District of Columbia.

The estimates presented in this brief report are based on a total of 10,081 completed interviews conducted between April and September 2015. Interviews were completed by 5,758 women and 4,323 men; 32% of the interviews were conducted by landline and 68% by cell phone. The overall weighted response rate was 26.4% (American Association for Public Opinion Research, Response Rate 4; AAPOR RR4, AAPOR, 2015) with a weighted cooperation rate (American Association for Public Opinion Research, Cooperation Rate 4; AAPOR COOP4, AAPOR, 2015) of 89.6%.

The NISVS 2015 survey followed the same methodology as in earlier years, with a few exceptions. Details regarding these changes can be found in the NISVS 2015 Data Brief (Smith et al., 2018).

As NISVS 2015 is a complex sample survey, sampling weights are needed in statistical analyses in order to make inferences to the U.S. adult population. Prevalence estimates, produced separately for males and females, were derived by calculating the weighted percentage of victims among the respective subpopulations. For each estimated percentage, the number of victims in the population was also computed, along with 95% confidence intervals for each. All analyses were conducted using SUDAAN (version 11.01, Research Triangle Institute, 2013) statistical software to account for the various sample design features. For every estimate in this report, two statistical reliability criteria were considered jointly: the relative standard error (RSE), which is a measure of an estimate's statistical reliability, and the victim count for each form of violence. For any given estimate, if the RSE was greater than 30% or the victim count was 20 or fewer, the estimate was not reported. Matters that could influence the width of a confidence interval may include the sample size,

the confidence level desired, and the variability of the sample data. A relatively narrower confidence interval may be indicative of a less varied estimate whereas a wider confidence interval may be due to a small sample size or reflect a larger variability in the data, given the same level of confidence.

The survey instrument utilizes behaviorally specific questions to assess victimization of sexual violence, intimate partner violence, and stalking during the lifetime and 12 months prior to taking the survey. The survey development process is described more fully in the 2010 Summary Report (Black et al., 2011), available at [https://www.cdc.gov/violenceprevention/pdf/NISVS\\_Report2010-a.pdf](https://www.cdc.gov/violenceprevention/pdf/NISVS_Report2010-a.pdf). A detailed description and list of the victimization questions from the survey are included in the NISVS State Report 2010-2012 (Smith et al., 2017) available at <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>.

The 2015 instrument contained some modifications, which included the intimate partner violence questions. The following changes were made to the IPV impact section of the survey: three injury items were added to increase specificity (i.e., injury to any ligaments, muscles, or tendons; back or neck injury; and head injury) and were asked of respondents who reported having experienced injury; distinct questions were created for having missed at least one day of work or school (these items were previously combined into one question); seven questions were added that specifically assessed 12-month and lifetime estimates for the following impacts: being fearful, concerned for safety, injury, need for medical care, needed help from law enforcement, missed at least one day of work, and missed at least one day of school. Readers should be aware that this revision to the measurement of the 12-month IPV-related impact changes the interpretation of this construct from that of previous years. In previous NISVS reports, while estimates of victimization captured experiences that occurred during the previous 12 months, the IPV-related impact could have occurred at any point in the relationship and was not limited to the past 12 months. However, in the current measurement, 12-month IPV-related impact refers to the subset of impacts that did occur during the past 12 months.

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## Tables

**Table 1**

**Lifetime and 12-Month Prevalence of Contact Sexual Violence,<sup>1</sup> Physical Violence, and/or Stalking by an Intimate Partner with IPV-Related Impact<sup>2</sup> — U.S. Women, NISVS 2015**

	Lifetime			12-Month		
	Weighted %	95% CI	Estimated Number of Victims*	Weighted %	95% CI	Estimated Number of Victims*
<b>Any Reported IPV-Related Impact<sup>2</sup></b>	25.1	(23.7-26.5)	30,025,000	3.0	(2.5-3.7)	3,635,000
Fearful	17.6	(16.3-18.9)	21,033,000	2.3	(1.9-2.9)	2,798,000
Concerned for safety	20.5	(19.2-21.8)	24,501,000	2.6	(2.1-3.3)	3,146,000
Any PTSD symptoms <sup>3</sup>	14.9	(13.8-16.1)	17,839,000			
Injury	12.4	(11.4-13.6)	14,906,000	0.6	(0.3-1.0)	700,000
Minor bruises or scratches	11.1	(10.1-12.2)	13,286,000			
Cuts, major bruises, or black eyes	8.7	(7.8-9.7)	10,393,000			
Injury to any ligaments, muscles or tendons	4.5	(3.9-5.3)	5,441,000			
Broken bones or teeth	3.1	(2.5-3.7)	3,696,000			
Back or neck injury	2.7	(2.2-3.2)	3,177,000			
Being knocked out after getting hit, slammed against something, or choked	4.2	(3.6-5.0)	5,082,000			
Head injury	4.1	(3.5-4.8)	4,910,000			
Vaginal or anal injuries	1.7	(1.3-2.1)	1,994,000			
Mental or emotional harm	10.3	(9.3-11.3)	12,299,000			
Other injuries	1.6	(1.2-2.1)	1,924,000			
Contacted a crisis hotline	3.1	(2.6-3.6)	3,657,000			
Needed medical care	7.5	(6.7-8.4)	8,957,000	--	--	--
Needed housing services	2.8	(2.3-3.3)	3,299,000			
Needed victim advocate services	3.3	(2.8-3.9)	3,924,000			
Needed help from law enforcement	11.5	(10.5-12.6)	13,820,000	1.0	(0.7-1.4)	1,159,000
Needed legal services	6.1	(5.4-6.9)	7,304,000			
Missed at least one day of work	7.1	(6.3-7.9)	8,463,000	0.4	(0.3-0.7)	509,000
Missed at least one day of school	2.2	(1.8-2.7)	2,685,000	--	--	--
Contracted a sexually transmitted infection <sup>4</sup>	1.7	(1.3-2.1)	2,013,000			
Became pregnant <sup>5</sup>	1.4	(1.1-1.8)	1,657,000			

**Abbreviations:** CI = confidence interval; IPV = intimate partner violence; PTSD = Post-traumatic stress disorder.

<sup>1</sup>Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

<sup>2</sup>Includes experiencing any of the following: being fearful, concerned for safety, injury, need for medical care, needed help from law enforcement, missed at least one day of work, missed at least one day of school. The following impacts were also included in the lifetime estimate only: any post-traumatic stress disorder symptoms, need for housing services, need for victim advocate services, need for legal services and contacting a crisis hotline. For those who reported rape or being made to penetrate by an intimate partner, it also includes a lifetime estimate of having contracted a sexually transmitted infection or having become pregnant. Intimate partner violence-related impact questions were assessed among victims of contact sexual violence, physical violence, and/or stalking by an intimate partner either during the lifetime or in the last 12 months. The impacts were assessed for specific perpetrators and asked in relation to any form of intimate partner violence experienced by that perpetrator. By definition, all stalking victimizations result in impact because the definition of stalking requires the experience of fear or concern for safety.

<sup>3</sup>Includes: nightmares; tried not to think about or avoided being reminded of; felt constantly on guard, watchful, or easily startled; and felt numb or detached.

<sup>4</sup>Among those who reported rape or being made to penetrate by an intimate partner.

<sup>5</sup>Among those who reported rape by an intimate partner.

\*Rounded to the nearest thousand.

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

Note: Cells in grey indicate questions that were not asked.

**Table 2**

**Lifetime and 12-Month Prevalence of Contact Sexual Violence,<sup>1</sup> Physical Violence, and/or Stalking by an Intimate Partner with IPV-Related Impact<sup>2</sup> — U.S. Men, NISVS 2015**

	Lifetime			12-Month		
	Weighted %	95% CI	Estimated Number of Victims*	Weighted %	95% CI	Estimated Number of Victims*
<b>Any Reported IPV-Related Impact<sup>2</sup></b>	10.9	(9.8-12.1)	12,118,000	1.9	(1.4-2.5)	2,101,000
Fearful	4.4	(3.7-5.2)	4,869,000	1.0	(0.7-1.5)	1,137,000
Concerned for safety	5.3	(4.6-6.2)	5,915,000	1.1	(0.8-1.5)	1,217,000
Any PTSD symptoms <sup>3</sup>	3.4	(2.8-4.1)	3,763,000			
Injury	4.0	(3.3-4.8)	4,450,000	--	--	--
Minor bruises or scratches	3.3	(2.7-4.0)	3,630,000			
Cuts, major bruises, or black eyes	2.4	(1.9-3.1)	2,725,000			
Injury to any ligaments, muscles or tendons	0.9	(0.6-1.3)	951,000			
Broken bones or teeth	--	--	--			
Back or neck injury	--	--	--			
Being knocked out after getting hit, slammed against something, or choked	--	--	--			
Head injury	0.8	(0.5-1.1)	836,000			
Anal injuries	--	--	--			
Mental or emotional harm	1.8	(1.4-2.3)	1,992,000			
Other injuries	0.6	(0.4-0.9)	638,000			
Contacted a crisis hotline	0.7	(0.5-1.0)	763,000			
Needed medical care	1.8	(1.4-2.4)	2,047,000	--	--	--
Needed housing services	--	--	--			
Needed victim advocate services	--	--	--			
Needed help from law enforcement	3.5	(2.9-4.3)	3,924,000	0.6	(0.3-0.9)	633,000
Needed legal services	2.2	(1.7-2.7)	2,415,000			
Missed at least one day of work	3.1	(2.5-3.8)	3,479,000	--	--	--
Missed at least one day of school	0.8	(0.6-1.2)	914,000	--	--	--
Contracted a sexually transmitted infection <sup>4</sup>	--	--	--			

**Abbreviations:** CI = confidence interval; IPV = intimate partner violence; PTSD = Post-traumatic stress disorder.  
<sup>1</sup>Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.  
<sup>2</sup>Includes experiencing any of the following: being fearful, concerned for safety, injury, need for medical care, needed help from law enforcement, missed at least one day of work, missed at least one day of school. The following impacts were also included in the lifetime estimate only: any post-traumatic stress disorder symptoms, need for housing services, need for victim advocate services, need for legal services and contacting a crisis hotline. For those who reported rape or being made to penetrate by an intimate partner, it also includes a lifetime estimate of having contracted a sexually transmitted infection. Intimate partner violence-related impact questions were assessed among victims of contact sexual violence, physical violence, and/or stalking by an intimate partner either during the lifetime or in the last 12 months. The impacts were assessed for specific perpetrators and asked in relation to any form of intimate partner violence experienced by that perpetrator. By definition, all stalking victimizations result in impact because the definition of stalking requires the experience of fear or concern for safety.  
<sup>3</sup>Includes: nightmares; tried not to think about or avoided being reminded of; felt constantly on guard, watchful, or easily startled; and felt numb or detached.  
<sup>4</sup>Among those who reported rape or being made to penetrate by an intimate partner.  
 \*Rounded to the nearest thousand.  
 --Estimate not reported; relative standard error > 30% or cell size ≤ 20.  
 Note: Cells in grey indicate questions that were not asked.

**Table 3****Lifetime and 12-Month Distribution Among Female Victims of Contact Sexual Violence,<sup>1</sup> Physical Violence, and/or Stalking by an Intimate Partner with IPV-Related Impact<sup>2</sup> — NISVS 2015**

	Lifetime			12-Month		
	Weighted %	95% CI	Estimated Number of Victims*	Weighted %	95% CI	Estimated Number of Victims*
<b>Any Reported IPV-Related Impact<sup>2</sup></b>	68.9	(66.3, 71.4)	30,025,000	55.2	(48.0-62.2)	3,635,000
Fearful	48.3	(45.5, 51.0)	21,033,000	42.5	(35.5-49.8)	2,798,000
Concerned for safety	56.2	(53.4, 59.0)	24,501,000	47.8	(40.6-55.1)	3,146,000
Any PTSD symptoms <sup>3</sup>	40.9	(38.3, 43.7)	17,839,000			
Injury	34.2	(31.6, 36.9)	14,906,000	10.6	(6.5-16.9)	700,000
Minor bruises or scratches	30.5	(28.0, 33.1)	13,286,000			
Cuts, major bruises, or black eyes	23.8	(21.6, 26.3)	10,393,000			
Injury to any ligaments, muscles or tendons	12.5	(10.8, 14.4)	5,441,000			
Broken bones or teeth	8.5	(7.0, 10.2)	3,696,000			
Back or neck injury	7.3	(6.0, 8.8)	3,177,000			
Being knocked out after getting hit, slammed against something, or choked	11.7	(10.0, 13.5)	5,082,000			
Head injury	11.3	(9.6, 13.2)	4,910,000			
Vaginal or anal injuries	4.6	(3.6, 5.8)	1,994,000			
Mental or emotional harm	28.2	(25.8, 30.7)	12,299,000			
Other injuries	4.4	(3.4, 5.8)	1,924,000			
Contacted a crisis hotline	8.4	(7.1, 9.9)	3,657,000			
Needed medical care	20.6	(18.4, 22.9)	8,957,000	--	--	--
Needed housing services	7.6	(6.3, 9.1)	3,299,000			
Needed victim advocate services	9.0	(7.6, 10.7)	3,924,000			
Needed help from law enforcement	31.7	(29.2, 34.3)	13,820,000	17.6	(12.6-24.1)	1,159,000
Needed legal services	16.8	(14.9, 18.8)	7,304,000			
Missed at least one day of work	19.4	(17.5, 21.5)	8,463,000	7.7	(4.8-12.2)	509,000
Missed at least one day of school	6.2	(5.0, 7.5)	2,685,000	--	--	--
Contracted a sexually transmitted infection <sup>4</sup>	4.6	(3.6, 5.8)	2,013,000			
Became pregnant <sup>5</sup>	3.8	(3.0, 4.9)	1,657,000			

**Abbreviations:** CI = confidence interval; IPV = intimate partner violence; PTSD = Post-traumatic stress disorder.

<sup>1</sup>Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

<sup>2</sup>Includes experiencing any of the following: being fearful, concerned for safety, injury, need for medical care, needed help from law enforcement, missed at least one day of work, missed at least one day of school. The following impacts were also included in the lifetime estimate only: any post-traumatic stress disorder symptoms, need for housing services, need for victim advocate services, need for legal services and contacting a crisis hotline. For those who reported rape or being made to penetrate by an intimate partner, it also includes a lifetime estimate of having contracted a sexually transmitted infection or having become pregnant. Intimate partner violence-related impact questions were assessed among victims of contact sexual violence, physical violence, and/or stalking by an intimate partner either during the lifetime or in the last 12 months. The impacts were assessed for specific perpetrators and asked in relation to any form of intimate partner violence experienced by that perpetrator. By definition, all stalking victimizations result in impact because the definition of stalking requires the experience of fear or concern for safety.

<sup>3</sup>Includes: nightmares; tried not to think about or avoided being reminded of; felt constantly on guard, watchful, or easily startled; and felt numb or detached.

<sup>4</sup>Among those who reported rape or being made to penetrate by an intimate partner.

<sup>5</sup>Among those who reported rape by an intimate partner.

\*Rounded to the nearest thousand.

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

Note: Cells in grey indicate questions that were not asked.

**Table 4****Lifetime and 12-Month Distribution Among Male Victims of Contact Sexual Violence,<sup>1</sup> Physical Violence, and/or Stalking by an Intimate Partner with IPV-Related Impact<sup>2</sup> — NISVS 2015**

	Lifetime			12-Month		
	Weighted %	95% CI	Estimated Number of Victims*	Weighted %	95% CI	Estimated Number of Victims*
<b>Any Reported IPV-Related Impact<sup>2</sup></b>	32.5	(29.5-35.6)	12,118,000	36.3	(28.7-44.6)	2,101,000
Fearful	13.0	(11.0-15.3)	4,869,000	19.7	(13.8-27.2)	1,137,000
Concerned for safety	15.8	(13.7-18.3)	5,915,000	21.0	(15.3-28.2)	1,217,000
Any PTSD symptoms <sup>3</sup>	10.1	(8.3-12.2)	3,763,000			
Injury	11.9	(10.0-14.2)	4,450,000	--	--	--
Minor bruises or scratches	9.7	(8.0-11.8)	3,630,000			
Cuts, major bruises, or black eyes	7.3	(5.8-9.2)	2,725,000			
Injury to any ligaments, muscles or tendons	2.5	(1.7-3.8)	951,000			
Broken bones or teeth	--	--	--			
Back or neck injury	--	--	--			
Being knocked out after getting hit, slammed against something, or choked	--	--	--			
Head injury	2.2	(1.5-3.3)	836,000			
Anal injuries	--	--	--			
Mental or emotional harm	5.3	(4.1-6.9)	1,992,000			
Other injuries	1.7	(1.1-2.8)	638,000			
Contacted a crisis hotline	2.0	(1.4-3.0)	763,000			
Needed medical care	5.5	(4.2-7.2)	2,047,000	--	--	--
Needed housing services	--	--	--			
Needed victim advocate services	--	--	--			
Needed help from law enforcement	10.5	(8.7-12.6)	3,924,000	10.9	(6.8-17.2)	633,000
Needed legal services	6.5	(5.2-8.1)	2,415,000			
Missed at least one day of work	9.3	(7.6-11.4)	3,479,000	--	--	--
Missed at least one day of school	2.4	(1.6-3.6)	914,000	--	--	--
Contracted a sexually transmitted infection <sup>4</sup>	--	--	--			

**Abbreviations:** CI = confidence interval; IPV = intimate partner violence; PTSD = Post-traumatic stress disorder.

<sup>1</sup>Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

<sup>2</sup>Includes experiencing any of the following: being fearful, concerned for safety, injury, need for medical care, needed help from law enforcement, missed at least one day of work, missed at least one day of school. The following impacts were also included in the lifetime estimate only: any post-traumatic stress disorder symptoms, need for housing services, need for victim advocate services, need for legal services and contacting a crisis hotline. For those who reported rape or being made to penetrate by an intimate partner, it also includes a lifetime estimate of having contracted a sexually transmitted infection. Intimate partner violence-related impact questions were assessed among victims of contact sexual violence, physical violence, and/or stalking by an intimate partner either during the lifetime or in the last 12 months. The impacts were assessed for specific perpetrators and asked in relation to any form of intimate partner violence experienced by that perpetrator. By definition, all stalking victimizations result in impact because the definition of stalking requires the experience of fear or concern for safety.

<sup>3</sup>Includes: nightmares; tried not to think about or avoided being reminded of; felt constantly on guard, watchful, or easily startled; and felt numb or detached.

<sup>4</sup>Among those who reported rape or being made to penetrate by an intimate partner.

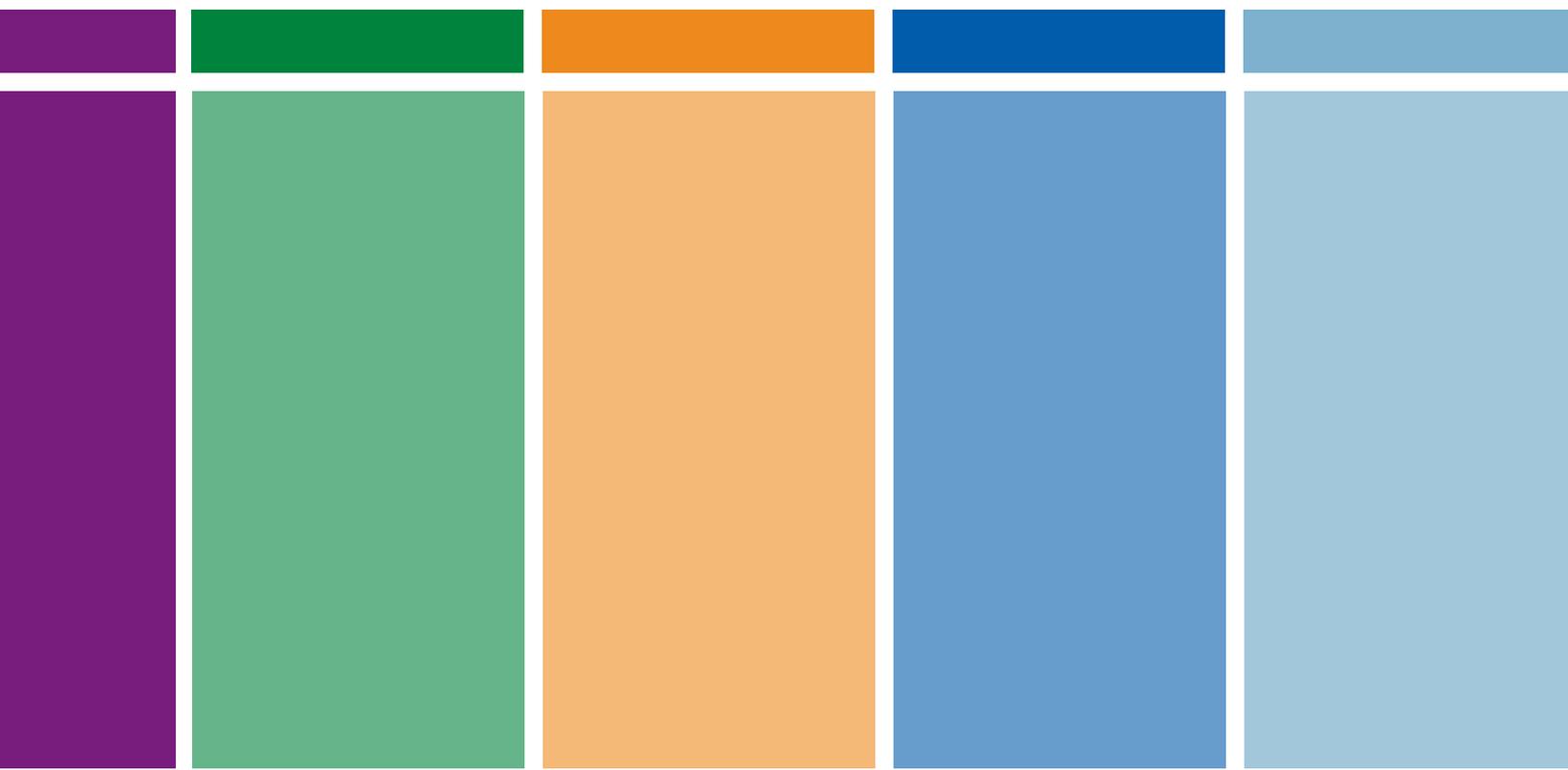
\*Rounded to the nearest thousand.

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

Note: Cells in grey indicate questions that were not asked.







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National Center for Injury Prevention and Control  
Division of Violence Prevention

