

What You Need to Know: The National Intimate Partner and Sexual Violence Survey (NISVS) 2016/2017 Report on Sexual Violence



The Centers for Disease Control and Prevention (CDC) launched the National Intimate Partner and Sexual Violence Survey (NISVS) in 2010 as an ongoing survey of sexual violence, stalking, and intimate partner violence among adult women and men in the United States (at this point, CDC does not collect data about transgender and nonbinary individuals; however, trans and nonbinary people likely responded to the survey).

NISVS data is collected using a random-digit-dial (RDD) telephone (both landline and cell phone) survey of English and/or Spanish-speaking people over the age of 18 who do not live in an institution (such as a nursing or personal care home, correctional facility, etc.). The survey was administered twice in 2016/2017, with a total of 15,152 women and 12,419 men completing the survey. CDC has recently released sexual violence data from that survey in their [NISVS 2016/2017 Report on Sexual Violence](#) (Basile et al., 2022a).

This latest report provides a summary of both lifetime and past-12-month prevalence of five types of sexual violence – rape, being made to penetrate someone (asked of men only), sexual coercion, unwanted sexual contact, and sexual harassment in a public space. The report lists definitions for each type of sexual violence on page 1. In addition, the report includes prevalence data by race/ethnicity, characteristics of the victimization, as well as the direct impacts of victimization and associated health conditions.

The 2016/2017 survey was revised and reorganized (detailed information about the survey and methods can be found in [The National Intimate Partner and Sexual Violence Survey: 2016/2017 Methodology Report](#)

[Kresnow et al., 2022b]). As such, comparisons to previous NISVS data are not recommended. The report also makes a note of the timing of this data collection. Several events related to sexual violence were prominent in the news in 2016 and 2017. This included then-Vice President Joe Biden speaking out about sexual violence at the Academy Awards (which is estimated to have reached 10% of the U.S. population). In addition, the Fall of 2017 saw the reemergence of the [#MeToo movement](#) in the wake of numerous sexual violence allegations against prominent men. These events could have led to greater awareness of sexual violence and may have influenced disclosures by NISVS respondents. However, in general, researchers still view the data as underestimated due to the topic's sensitivity.

Key Findings

- In the U.S., 1 in 4 women and 1 in 26 men reported completed or attempted rape victimization at some point in their lifetime. This number is higher for specific groups. More than 2 in 5 American Indian or Alaskan Native and multiracial women were raped in their lifetime.
- Nearly 1 in 4 women and 1 in 9 men reported sexual coercion at some point in their lifetime. 1 in 3 American Indian or Alaskan Native and multiracial men reported unwanted sexual contact in their lifetime.
- Nearly 1 in 2 women and 1 in 4 men reported unwanted sexual contact at some point in their lifetime, with 5% of women and 3% of men reporting this type of sexual violence in the 12 months prior to taking the survey.
- 1 in 3 women and 1 in 9 men reported being harassed in a public place at some point in their lifetime, with 10% of women and 3% of men reporting harassment in the 12 months prior to taking the survey.



- 1 in 4 Black and Hispanic women, 1 in 3 Asian or Pacific Islander women, 2 in 5 American Indian or Alaskan Native women, and nearly half of multiracial women reported being sexually harassed in a public place in their lifetime.
- Most victims of sexual violence knew the person who harmed them. During their lifetimes, more than half of both females (56.1%) and males (57.3%) that experienced rape were raped by an acquaintance. For women, more than 1 in 3 were raped by an intimate partner and 1 in 6 by a family member. For men, about 1 in 6 were raped by a family member and 1 in 8 by an intimate partner.
- 94% of female victims reported only male rape perpetrators in their lifetime. 76.8% of male rape victims reported having only male perpetrators in their lifetime.
- 69.6% of male made-to-penetrate victims reported only female perpetrators during their lifetime.
- For sexual coercion lifetime experiences, 93.6% of female victims reported only male perpetrators while male 71.7% of male victims reported only female perpetrators.
- Most victims of all forms of sexual violence involving physical contact reported that their first victimization happened before they were 25 years old.

- Additionally, many victims (between a third and a half of victims for the 5 types of sexual violence) reported that their first victimization was during childhood (before 18 years old).
- Many victims of rape, being made to penetrate, and sexual coercion reported immediate impacts from the violence. 2 in 3 women and 1 in 5 men were concerned for their safety. 1 in 7 women and 1 in 25 men contracted a sexually transmitted infection. And 1 in 3 women and 1 in 18 men were injured.
- The prevalence of several health conditions (e.g., asthma, frequent headaches, chronic pain, difficulty sleeping) was higher for sexual violence victims compared to nonvictims for both women and men.

These findings highlight the importance of understanding the context under which victimization increases for racial and ethnic minority groups. The relationship between victimization and historical trauma, structural inequities, and health must be understood to decrease such disparities. (Basile et al., 2022a, 16)

Prevention Implications

Like previous NISVS data, these latest numbers illustrate that sexual violence is all too common. Support for survivors and efforts to prevent sexual violence before it has a chance to happen are crucial. The CDC has mapped out strategies for these efforts in [*STOP SV: A Technical Package to Prevent Sexual Violence*](#) (Basile et al., 2016). Prevention efforts should cross multiple sectors and happen at multiple levels - individual, relationship, community, and societal - to change norms and behaviors contributing to sexual violence perpetration. Programming must be relevant to the specific cultural and community contexts to be effective. These efforts must also address the structural factors contributing to perpetration and victimization including institutional and systemic racism, oppression, and inequity. Strategies to meaningfully prevent and respond to sexual violence can increase equity, safety, and healing.

References

Basile, K. C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S. G., & Raiford, J. L. (2016). *STOP SV: A technical package to prevent sexual violence*. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

Basile, K. C., Smith, S. G., Kresnow, M., Khatiwada, S., & Leemis, R. W. (2022a). *The National Intimate Partner and Sexual Violence Survey: 2016/2017 report on sexual violence*. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualViolence.pdf>

Kresnow, M., Smith, S. G., Basile, K. C., & Chen, J. (2022b). *The National Intimate Partner and Sexual Violence Survey: 2016/2017 methodology report*. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvsMethodologyReport.pdf>