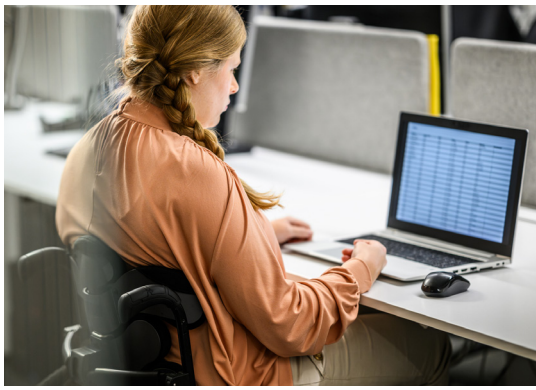
NISVS

The National Intimate Partner and Sexual Violence Survey

2023/2024 Methodology Report



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

The National Intimate Partner and Sexual Violence Survey:

2023/2024 Methodology Report

Sharon G. Smith, Jieru Chen, Kathleen C. Basile, Carlos Siordia, Sha Zhu,
Hui Zhang Kudon, Brenda Chen, and Norah W. Friar

Centers for Disease Control and Prevention
Jim O'Neill, MA, Acting Director

National Center for Injury Prevention and Control
Allison Arwady, MD, MPH, Director

Division of Violence Prevention
Judy Schaechter, MD, MBA, Director

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National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
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List of Abbreviations

AAPOR	American Association for Public Opinion Research
ABS	Address-Based Sampling
ACS	American Community Survey
CDC	Centers for Disease Control and Prevention
IPV	Intimate Partner Violence
NISVS	National Intimate Partner and Sexual Violence Survey
NSFG	National Survey of Family Growth
OMB	Office of Management and Budget
OWGM	Only-Way-to-Get-Mail
PTSD	Post-Traumatic Stress Disorder
RTI	Research Triangle Institute International
RSE	Relative Standard Error
SV	Sexual Violence
USPS	United States Postal Service

Background and Methods

What is the National Intimate Partner and Sexual Violence Survey?

Sexual violence, intimate partner violence, and stalking are critical public health issues that millions of Americans experience each year. These types of violence significantly impact the mental[1-3] and physical health[1-2, 4-7] of Americans and result in enormous societal costs.[8-10]

The National Intimate Partner and Sexual Violence Survey (NISVS) is conducted by the Centers for Disease Control and Prevention (CDC). First administered in 2010, NISVS is an ongoing survey designed to estimate the prevalence of sexual violence (SV), intimate partner violence (IPV), and stalking victimization. NISVS is a nationally representative survey of women and men in the United States that uses address-based sampling with a push-to-web design. NISVS samples noninstitutionalized English- or Spanish-speaking persons 18 years and older and is conducted in all 50 states and the District of Columbia.

NISVS establishes a health context for the survey and builds rapport with respondents by including a section on health-related questions at the start of the survey, which is unlike other surveys that collect data on violence victimization. In addition, NISVS includes numerous behaviorally specific questions to capture each type of violence; this strategy seeks to facilitate the participants' understanding of the questions and the accuracy of their responses.

The National Intimate Partner and Sexual Violence Survey describes

- lifetime and 12-month prevalence of intimate partner violence, sexual violence, and stalking in the United States;
- how prevalence of these forms of violence vary by demographic characteristics;
- characteristics of the violence (e.g., perpetrator sex, type of perpetrator [i.e., relationship to perpetrator]);
- age at first victimization;
- impact of the violence on the victim; and
- health conditions associated with these forms of victimization.

Survey Instrument

Domains included in the 2023/2024 survey are listed below in the order they are presented in the survey.

- **Demographics** include age, sex, sexual orientation, Hispanic ethnicity, race, highest level of education, marital status, and household income.
- **Physical and mental health conditions** include frequent headaches; chronic pain; difficulty sleeping; asthma; irritable bowel syndrome; diabetes; high blood pressure; HIV/AIDS; feeling worried, nervous or anxious; and feeling depressed.
- **Activity limitations** include deafness or difficulty hearing; blindness or difficulty seeing; difficulty concentrating, remembering, or making decisions; serious difficulty walking or climbing stairs; difficulty dressing or bathing; and difficulty doing errands alone.

- **Stalking** involves a perpetrator's use of a pattern of harassing or threatening tactics that are both unwanted and cause fear or safety concerns for the victim. For the purposes of this report, a person was considered a victim of stalking if (1) they experienced any stalking tactics (or combination of tactics), on more than one occasion and by the same perpetrator; and (2) felt afraid, threatened, or concerned for their safety or others' safety due to the perpetrator's actions, or if they received physical threats from the perpetrator. Finally, to assess the impact of stalking, victims were asked if they experienced mental or emotional harm (e.g., anxiety or depression) after the experience. The stalking tactic questions are presented in Appendix A.

- **Sexual violence** includes physically forced rape (completed and attempted); alcohol/drug-facilitated rape (completed); physically forced made to penetrate (completed and attempted) (*males only*); alcohol/drug-facilitated made to penetrate (completed) (*males only*); sexual coercion; unwanted sexual contact; techology-facilitated sexual violence; verbal sexual harassment in the workplace; and verbal sexual harassment in a public place. The individual sexual violence questions within each category are presented in Appendix A.

- **Immediate impacts of sexual violence** include:

    - **Among victims of sexual coercion:** contracted a sexually transmitted infection; and became pregnant (*females only*).

    - **Among victims of rape and/or made to penetrate:** contracted a sexually transmitted infection; became pregnant (*females only*); filed police report; general physical injury; concussion; concern for safety; fearfulness; and mental or emotional harm.

- **Reproductive coercion by an intimate partner** includes attempts to cause pregnancy through keeping one's partner from using birth control or a condom; refusing to use a condom or stopping its use, or intentionally breaking or removing a condom; and threatening to hurt one's partner if she did not become pregnant. Questions were followed with whether the respondent (or their partner) became pregnant due to the specific tactic. The individual questions are presented in Appendix A.

- **Psychological aggression by an intimate partner** includes expressive aggression (insult or humiliate in front of others) and coercive control and entrapment, which includes behaviors whose purpose is to monitor, control, or threaten their intimate partner (i.e., the victim). The individual questions are presented in Appendix A.

- **Physical violence by an intimate partner** includes a range of behaviors from being slapped, pushed or shoved, to more severe forms of violence such as being hit with a fist or something hard; attempting to hurt by choking or suffocating; and using or threatening to use a gun or knife against the victim. The individual questions are presented in Appendix A.

- **Intimate partner violence-related impact** was assessed among victims of contact sexual violence, psychological aggression, reproductive coercion, physical violence, or stalking by an intimate partner. Measured impacts for IPV included concern for safety; being fearful; any symptoms of post-traumatic stress disorder (PTSD); physical injury (minor bruises or scratches; cuts, major bruises, or black eyes; injury to ligaments, muscles, or tendons; broken bones or teeth; back or neck injury; knocked out after getting hit, slammed against something, or choked; concussion; mental or emotional harm; contacted a crisis hotline); needed services (medical care, law enforcement, housing, victim advocate, legal services); filed police report; missed one or more days of work; and missed one or more days of school. The following were assessed for both lifetime and the 12 months prior to taking the survey: concern for safety; being fearful; any symptom of PTSD; any physical injury; need for medical care; filed a police report; missed one or more days of work; and missed one or more days of school.

Changes to the Survey Instrument

The 2023/2024 NISVS instrument was revised from the 2016/2017 version to incorporate the new web data collection methodology, reduce length and burden on respondents, streamline the survey flow, and address gaps in the content. In the resources section (at the end of the survey), the suicide hotline number was updated to 988 ("You can reach the National Suicide Prevention Lifeline at 988.").

- **Demographics:** Two questions about U.S. citizenship and number of years having lived in the U.S. were removed.

- **Mental health conditions:** Two questions on the current experience of anxiety (i.e., how often felt worried, nervous, or anxious) and depression (i.e., how often felt depressed) were added.

- **Perpetrator information follow-up:** The follow-up questions related to perpetrator information were revised to collect the relationship-to-victim information on all perpetrators instead of only the first and most recent. Data were collected on a maximum of five perpetrators per topic, only in sections where there were perpetrator-related follow-up questions: stalking, unwanted sexual contact, sexual coercion, rape, made to penetrate, psychological aggression by an intimate partner, and physical violence by an intimate partner. Participants were asked to provide both broad and specific descriptors of their perpetrators. First, they were asked to select a broad category that best matched how they knew the perpetrator. In the 2023/2024 instrument, the broad relationship categories were spouse; ex-spouse; someone I was involved with romantically or sexually (other than a spouse); someone I used to be involved with romantically or sexually (other than an ex-spouse); family member; friend; acquaintance; someone I knew through work; person of authority; someone I knew less than 24 hours; complete stranger; someone else (specify). Second, to collect more precise information, respondents were then asked about their specific relationship to the perpetrator (e.g., neighbor, ex-spouse, grandparent). The specific relationship descriptor allows for a better understanding of the various types of perpetrators and facilitates respondent recall of their experiences during follow-up questioning about the victimization experience.

  To improve data accuracy and recall when answering follow-up questions about specific perpetrators, follow-up questions were programmed to insert the participant's previously selected response for the victim-perpetrator relationship type (e.g., husband, teacher, parent).

  For the 12-month victimization follow-up questions, the possible categories of relationship types were restricted to only intimate partner categories given that other categories were unlikely to change (e.g., neighbor is still a neighbor; family member is still a family member). Respondents were asked to confirm that the intimate partner relationship category selected for "lifetime" victimization was the same category in the 12-month period of the victimization (e.g., was still a current spouse at that time). If there was a change in the victim-perpetrator relationship, respondents selected the appropriate category (e.g., was an ex-spouse in the 12-month period of the victimization).

- **Age at first victimization:** For sections that include perpetrator follow-up, age at first victimization was asked in relation to the first experience with each perpetrator (i.e., "how old were you the FIRST TIME this person did [this/any of these things] to you?").

- **Stalking:** The stalking tactic questions were reordered, and some items were revised or split into multiple items to improve greater specificity about tactics using technology and social media. To better capture the impact of stalking, a question was added asking whether the participant experienced mental or emotional harm (e.g., anxiety or depression) after the stalking behaviors occurred.

  To ease the burden on non-victims the stalking section began with a gate question that presents the entire list of stalking tactics. Participants who endorse any item in the list of tactics were then asked additional questions about specific tactics they experienced and the person(s) responsible (i.e., type of perpetrator,

such as intimate partner, acquaintance, stranger). This format enables a more direct connection between behaviors and specific perpetrator types, which was not possible in the 2016/2017 survey data. Through the perpetrator follow-up, the current measure gathers information about the individual tactics committed by specific perpetrators (up to five) over the course of the stalking experience which, for some, may have exceeded a year. This format allows for an examination of specific forms of stalking by perpetrator type.

- **Sexual violence:** The question format was revised to ask whether the participant experienced the behavior (with yes/no response options) instead of asking how many people (ever) committed the behavior against the respondent, as was done in previous survey versions. In addition, four questions were added on technology-facilitated sexual violence (two lifetime questions, two 12-month questions).

  The rape and made to penetrate sections were restructured to provide more straightforward instructions and better clarity about the types of questions included. The question revisions also aimed to reduce repetitiveness and improve specificity about the perpetrator and behavior combinations. The alcohol/drug-facilitated and physically forced items were presented at once rather than in separate sections (so respondents don't have the sense that they were receiving the same questions twice). Then, if any rape or made to penetrate behaviors were endorsed, participants were asked follow-up questions to determine the context of the violence (i.e., alcohol/drug-facilitated, physically forced). These follow-up questions also enable linking of the specific perpetrator category (i.e., relationship category, such as intimate partner, acquaintance) to the specific context in which rape or being made to penetrate was experienced (i.e., whether it was alcohol/drug-facilitated or physically forced). This format also allows for improved linking of specific sexual violence behaviors to specific perpetrator relationship types, improves data accuracy, and reduces confusion.

  Questions were added to assess the impact of rape and made to penetrate: pregnancy from rape within the past 12 months (in addition to an existing question assessing lifetime pregnancy that resulted from rape); whether a police report was filed; and mental or emotional harm (e.g., anxiety or depression).

- **Psychological aggression by an intimate partner:** This section was reformatted to improve the flow and clarity of questions. Similar to the stalking section, participants were presented with a gate question that listed all behaviors at once, which was intended to reduce the burden on non-victims. Participants who endorsed any item in the list of tactics were asked questions about the specific tactics they experienced and the person(s) responsible (i.e., type of intimate partner perpetrator, such as current spouse, ex-partner). This format enables a more direct link between behaviors and specific perpetrator types, which was not possible in the 2016/2017 survey data. The question format was revised to ask whether the participant experienced the behavior (with yes/no response options) instead of asking how many people (ever) committed the act against the respondent, as was done in previous survey versions. Through the perpetrator follow-up, the current survey collected information about the individual tactics committed by up to five specific intimate partner perpetrators (e.g., current spouse, ex-boyfriend/girlfriend) over the course of the psychological aggression experience which, for some, may have exceeded a year. This format enables an examination of specific forms of psychological aggression by intimate partner perpetrator type. Finally, a question about frequency of psychological aggression in the past 12 months was removed.

- **Reproductive coercion by an intimate partner:** Questions on reproductive coercion were re-added that had been removed from more recent survey versions. The questions assess lifetime and 12-month prevalence of different forms of reproductive coercion, including threats to hurt a partner if she did not become pregnant and pregnancy resulting from reproductive coercion.

- **Physical violence by an intimate partner:** This section was reformatted to improve the flow and clarity of questions. Consistent with the stalking and psychological aggression sections, respondents were presented with a gate question that listed all behaviors at once, to reduce the burden on non-victims. Participants who endorsed any item in the list of tactics were asked additional questions about the specific tactics they experienced and the person(s) responsible (i.e., type of intimate partner perpetrator,

such as current spouse, ex-partner). This format enables a better linkage between behaviors and specific perpetrator types, which was not possible in the 2016/2017 survey data. The revised question format asked whether the participant experienced the behavior (using yes/no response options) instead of how many people (ever) committed the behavior toward the respondent, as was done in previous survey versions. Through the perpetrator follow-up, the current measure gathers information about the individual types of violence committed by up to five specific intimate partner perpetrators (e.g., current spouse, ex-boyfriend/girlfriend) over the course of the physical violence experience which, for some, may have exceeded a year. This format enables an examination of specific forms of physical violence by intimate partner perpetrator type.

The questions about knife and gun use against an intimate partner were revised to also include threats (i.e., "used or threatened you") and clarifying language about the experiences to include and exclude in response to these questions. Questions about frequency of physical violence in the past 12 months and age at first experience of being slapped, pushed, or shoved were removed.

- **Impact of intimate partner violence:** The pool of respondents who received the IPV-related impact questions was expanded to include those who endorsed reproductive coercion and psychological aggression by an intimate partner. For the injury section, the questions about having had a head injury were removed and replaced with a question about having experienced a concussion. The questions about having "any other physical injuries" and on whether the respondent was able to get needed medical care were removed. A question about needing help from law enforcement was removed and replaced with whether they filed a police report (for both lifetime and 12-month experiences). Questions about missing days of work or school were revised to ask whether they missed days instead of how many days were missed.

- **Witnessing intimate partner violence as a minor:** To reduce survey length, two questions were removed that asked whether a minor living in the home had witnessed intimate partner psychological aggression and intimate partner physical violence against the respondent.

- **Normative behaviors:** Fifteen questions about the respondent's thoughts and opinions about behaviors related to sexual violence and intimate partner violence were removed to reduce survey length and because previous analysis results showed little variability in responses.

Cognitive Testing

In 2018, CDC began a multi-phase study to redesign the NISVS data collection procedures. Cognitive testing was conducted on portions of the survey instrument with the goal of reducing burden and ensuring the questions were understood across different survey administration modes (i.e., phone, web).

Revisions were made to the survey instrument to adapt it for web-based administration. The new instrument was cognitively tested to reduce burden, improve recall of experiences, and ensure that instructions and questions were understood as intended.

Changes to the Data Collection Methodology

Sampling Frame and Data Collection Modes

For the NISVS 2023/2024 data collection, CDC implemented two major changes in the sampling frame and data collection mode: (1) changing from the historical random-digit-dial (RDD) list-assisted dual-frame (landline and cellular telephone frames) to the address-based sampling (ABS) frame, and (2) changing from an interviewer-administered telephone interview mode to a self-administered web-mode with a telephone interview alternative for those who preferred it. Building on the findings of the Redesign Study, a probability approach for

within-household respondent selection was used, consistent with previous NISVS administrations. Between 2018 and 2022, CDC contracted with Westat to conduct a NISVS Redesign Study which included experiments focused on identifying an improved NISVS data collection approach. The experiments included parallel surveys comparing different sampling frames (RDD and ABS) and comparing different modes of collection (interviewer-administered telephone interview; multi-mode including self-administered web, self-administered paper, and interviewer-administered telephone). Other experiments were also conducted with respect to methods to select a respondent within a randomly selected household.

Findings from the Redesign Study experiments supported moving forward with a design that utilized an ABS frame with a push-to-web format. Given the complexity of assessing injury and violence victimization experiences, the use of a self-administered paper mode was found to be infeasible. Intending to maximize coverage and expand outreach, respondents were offered options to complete the survey by web (self-administered) or in-bound interviewer-administered telephone interview (i.e., the respondent called in and requested to complete the survey by telephone instead of on the web).

The Redesign Study tested both probability and non-probability methods for within-household adult selection. The probability method,[11] similar to those used in previous NISVS surveys, provided all adults in a selected household with a known, non-zero chance of selection. In contrast, the quasi-probability method[12] employed the Youngest Male, Oldest Female approach, placing additional emphasis on gathering data from younger individuals and males to maximize participation from these traditionally underrepresented groups in ABS mail surveys. The findings indicated that the probability selection process was superior to the quasi-probability approach.

Other Studies Leading to the Redesigned Approach

Prior research[13-15] has shown that questionnaire format and question location within a questionnaire may influence both how survey participants proceed through the survey and the estimates derived from the collected data. NISVS administrations from 2010 through 2015 utilized a questionnaire that resembled an interleafed format. In this approach, gate questions (with Yes/No response options) were used to guide the answers to follow-up questions that apply to some but not necessarily all responding individuals. On the other hand, for NISVS 2016 and 2017, a questionnaire format that resembled the typical grouped format was used. With this approach, several filter questions were asked before asking several follow-up questions for any of the filter questions that were endorsed. Over the years, the order of the individual violence sections within the survey varied.

To enhance data quality and reduce respondent burden, in 2022, CDC dedicated a special study to reexamine the formatting and order effects in questionnaire design. Using a nationally representative probability web panel, a randomized trial study was conducted to discern the effects of changes in questionnaire wording, module order, and questionnaire formatting. Specifically, respondents were randomly assigned to several experimental conditions that differed in both the format and order in which the victimization-related questions were administered. Study findings and prior research[13] showed the strengths and weaknesses of the formats used in the past, leading to the decision to use a hybrid questionnaire format for the NISVS 2023/2024 to maximize the strength of questionnaire design. The NISVS 2023/2024 administration implemented a questionnaire format which can be described as a group of filter questions that are asked first, followed by detailed follow-up questions, which were asked in relation to each of the perpetrators (up to five) who committed a violent act against the victim (i.e., respondent).

OMB Approval

The Office of Management and Budget (OMB # 0920-0822) approved the survey and data collection protocol. Institutional Review Board approval was not sought or required because the survey is designated as public health surveillance.

Sampling Strategy

Address-Based Sampling Procedure

The sample was collected through an ABS procedure from September 5, 2023, through September 2, 2024. The ABS procedure is characterized by drawing random samples from the United States Postal Service (USPS) address database for reaching the target population of English- or Spanish-speaking adults (18+ years old) who lived in residential households in the 50 U.S. states and the District of Columbia. The primary aim was to collect a national sample that is a representative probability sample of adults residing in households across the country. Considering the eventual objective of producing both national and state-level prevalence estimates, the ABS procedure oversampled residential addresses in smaller states.

Approaches for Improving Participation

One challenge of using an ABS sampling methodology is accessing potential respondents who share a common mail drop location shared by multiple residents of a single address. A strategy was implemented to allow for persons with this type of address to participate in the survey. Nationally, the number of housing units corresponding with this type of address is approximately 1.8% of all housing units in the frame, although the percentage of housing units varies by geographic area. Prior research[16] on these addresses found that over 80% have two family units, and very few have more than four family units. Eliminating addresses with more than four family units results in a loss of coverage of 0.8% in the U.S. Considering that these levels of under-coverage can be addressed at the weight calibration stage, addresses with family units ≤ 4 were included and addresses with family units > 4 were excluded. When an address with family units ≤ 4 was selected, an initial invitation was mailed to all family units within this drop point address.

To maximize coverage of potential respondents, invitations were mailed to USPS delivery points other than single family household addresses, specifically OWGM (only-way-to-get-mail) PO Boxes, addresses that are flagged as vacant (where close to 1 in 5 addresses were actually valid residential addresses according to a 2016 study[17]), seasonal addresses, and addresses that had an indicator that the mail should be delivered to a PO Box, rather than the residential address, per the customer's request. State coverage ratios, percentage of rural housing units, and characteristics potentially related to coverage errors for Indian reservations were considered in the sampling frame.

Moreover, extra efforts were made to recruit potential survey participants at residential addresses in areas with a higher concentration of Hispanic residents. This was done through identifying census areas with a higher proportion of Hispanic persons, as well as using both English and Spanish languages to communicate with randomly selected households in those areas.

Sampling Frame

The foundation of the ABS frame used for NISVS administration was the Computer Delivery Sequence file of the USPS (https://postalpro.usps.com/address-quality/cds). With over 158 million business and residential addresses, the ABS frame covered nearly 100% of all households in the U.S. In addition, the data collection contracting agency supplemented the national ABS frame with ancillary information from public and private sources. Household addresses were geocoded to add latitude and longitude to append geographic and demographic data, enhancing sampling design and improving weighting adjustments.

Stratification for Estimates

The long-term objectives of NISVS are to produce timely national and state-level estimates, but these two objectives require different sampling strategies. Considering these competing objectives and technical challenges, the unequal weighting effect, and the expected precision of key survey estimates, the chosen sampling approach used states as explicit strata to allocate sample size to each state, with individual sample

selection taking place within each state independently. The states with the smallest population counts were targeted to achieve a minimum number of complete interviews as a means to aid the production of stable state-level estimates. All other states were targeted to achieve a larger number of complete interviews. The sample allocation for these states was proportional to the total adult population in each state. This design was intended to enhance the precision of national-level estimates. Prior to sample selection, implicit stratification was also carried out within each state to consider geographic and housing unit diversity. Furthermore, frame addresses within each state were sorted by ZIP Code, mail carrier route ID, and walking sequence number for implicit stratification.

- **National:** Sample allocation at the national and state-level were considered jointly. The sample allocation analyses identified an optimal approach of targeting the minimum state sample size at 90% of a continuum between a proportional allocation (which benefits national estimates) and an equal allocation (which benefits state-level estimates) of total sample counts across states. This approach helped reduce weight variation in national estimates from oversampling smaller states while maximizing the chance of having more states with statistically stable estimates.

- **State:** The sampling plan included a target sample size for all states, including those with lower population density. Additionally, the collected sample was weighted to align with population benchmark data by sex and state, enabling statistical inferences at the state level by sex, provided the estimates met the predetermined statistical stability criteria.

Within-Household Selection

Operationally, the contractor initiated the data collection process by mailing invitations through USPS mail to randomly selected residential addresses. The mailings contained instructions for completing a screener and randomly selecting an adult within the household. This process is described in more detail in the next section.

Survey Administration

NISVS 2023/2024 data were collected from September 5, 2023, through September 2, 2024. Operationally, the contractor initiated the data collection process by mailing invitations through USPS to randomly selected residential addresses. The mailings contained instructions for completing a screener and randomly selecting an adult within the household. Survey participation occurred in two separate steps:

1. A household adult completed the screener and followed instructions to select a random adult within the household. The screener could be completed by web, by telephone with an interviewer, or by filling out a paper version that could be returned by USPS. The screener asked basic questions about the composition and characteristics of the residential household. The information was used to facilitate the random selection process. Specifically, within each randomly sampled household, random sampling was carried out to select one adult within the household with a probability of selection equal to 1/(the number of adults in the household). The data collection system started with assigning a random number to each adult within the sampled household (with no particular order of adults within the household) followed by sorting the adults by their random numbers from smallest to largest. The adult with the smallest random number was selected to complete the survey. The sole adult in one-adult households was automatically selected to complete the main survey.

2. The selected adult completed the main survey. If the screener respondent was also the selected adult, then the invitation was displayed within the screener. If another household member was the selected adult, invitations to the selected adult were delivered in one of the following ways: (a) conveyed verbally by the screener respondent to the selected adult, as instructed in the screener, (b) mailed to the selected adult by letter or postcard, or (c) sent by email, text message, or both. The main survey could be completed on the web or administered by a telephone interviewer.

The majority (97.7%) of participants completed the main survey on the web instead of by telephone (2.3%). The average length of time to complete the survey on the web and by telephone was 18.2 minutes and 33.8 minutes, respectively.

Phases of Participation

To reduce non-response bias and increase the chance of reaching initial nonrespondents, a two-phase design was implemented. Specifically, in Phase One (the main data collection phase), randomly selected persons in all randomly sampled households were invited to complete the survey on the web or by telephone. Respondents contacted during Phase One were offered a small monetary incentive for their participation. Households that had not completed the survey approximately 10 weeks after the initial invitation were contacted as part of the non-response follow-up (Phase Two). Eligibility for Phase Two included households that either (a) had not completed the screener or (b) had completed the screener but not the main survey. Approximately two-thirds of the non-respondents from Phase One were randomly selected to participate in Phase Two. Phase Two offered a greater monetary incentive to encourage participation by potential respondents.

Participant Outreach

Phase 1: Main Data Collection

- **Household:** In the first household contact, large packets were mailed to sampled households and included a $5 bill showing through the envelope window. An enclosed letter contained a request to complete the screener, instructions for participation, a unique login code, the URL and QR code for accessing the information on the web, and a list of frequently asked questions. A dual language (English and Spanish) reminder postcard was mailed to non-responding households (i.e., had not completed the screener). The packets and postcards were mailed through the USPS First Class mail.

- **Selected Person in Household:** The next contact was made to the selected household adult who was identified upon completing the screener. Up to two reminder postcards were mailed to addresses where an adult had been selected but the survey was not yet completed. The postcards were mailed via USPS First Class mail. Additionally, digital reminders (text and/or email) were sent to those who agreed to receive digital communications and provided their contact information.

Phase 2: Non-Response Follow-up

- **Household:** Randomly selected addresses from a pool of nonresponding households were mailed a large packet of materials, using UPS Innovations. A reminder postcard was mailed to non-responding households (i.e., had not completed the screener) through the USPS First Class mail.

- **Selected Person in Household:** The next contact was directed to the selected household adult who was identified upon completing the screener. Up to two reminder postcards were mailed to addresses where an adult had been selected but the survey was not yet completed. The postcards were mailed via USPS First Class mail. As in Phase 1, digital reminders (text and/or email) were sent to those who agreed to receive digital communications and provided their contact information.

Incentives

Incentives were offered to participants and varied according to the mode of completion. During step one, the initial packet included a $5 bill along with information about how to participate in the study. In the packet instructions, participants were offered $10 to complete the screener by web, $5 for completing by telephone, and $5 for completing the screener by paper and submitting it by mail.

For Phase 1 of data collection, adults who were randomly selected to complete the main survey (step two) were offered $15 after completing the survey by web or by telephone. For Phase 2 of data collection (non-response follow-up), participants were offered $40 to complete the main survey on the web or by telephone.

Participants could choose to receive incentives as a digital gift code (sent by email or text) or a paper check to be received in the mail. See Table 1 below.

Table 1: Participation Incentives by Step, Mode, and Phase

Step	Phase 1			Phase 2		
	Web	Phone	Paper	Web	Phone	Paper
Screener (Step 1)	$10	$5	$5	$10	$5	$5
Main Survey (Step 2)	$15	$15	NA	$40	$40	NA

NA = Not applicable; the paper mode was not offered for the main survey.

Respondent Safety, Confidentiality, and Informed Consent

Both web and phone surveys used a graduated consent procedure to maximize safety. First, the household mailings included information that described the survey as a study of health and injuries. Next, participants were instructed to complete the main survey in private and told of the confidentiality of the web and telephone versions of the survey. Participants were given instructions for completing the survey and informed they could skip any question or quit at any time and for any reason. As participants progressed through the survey, they were given more specific information about the upcoming content (e.g., harassing behaviors, physical injuries) before any violence victimization questions were presented. A protective advantage of this strategy is that it limited how many adults in the household were aware that the survey included questions about experiences of violence (e.g., if the adult who completed the screener was not the adult selected to complete the survey).

Distress protocols were implemented, including a "Help" feature in the web version that offered resources to respondents (i.e., toll-free victimization hotline numbers and the data collection contractor's phone number and email for technical assistance or questions about the participation). The "Help" button was available to respondents throughout the survey. In addition, participants were instructed that they could stop the survey at any time by closing out of the browser or clicking an "Exit" button. Telephone interviewers provided the same "Help" (i.e., resources) information to telephone participants.

Any email messages sent by a respondent to the help desk were immediately reported to the project staff. If participants reported that they were no longer able to continue the survey, project staff noted at what point in the survey this occurred. This information allowed the contractor to determine what resources had been offered already and assess whether a follow-up with the respondent was necessary or could potentially cause harm.

Distress protocols for phone callers were set up based on three major categories of distress: unknown distress, physical distress (i.e., noises or sounds indicating physical harm to respondent), and emotional distress. No incidents of distress were reported during phone interviews in the 2023-2024 data collection period. If there had been any distress incidents reported, interviewers would have followed pre-established protocols to document the distress.

Confidentiality of the respondents is of utmost importance. In the case of any distress incidents reported, no personally identifiable information would be recorded.

Interviewer Training (Telephone Mode)

A crucial component of respondent safety is using highly trained interviewers. All telephone interviewers received two days of virtual training and additional post-training practice. A detailed training manual specific to the NISVS survey was developed. The manual focused on the study background, project-specific protocols, confidentiality procedures, respondent distress, and survey help desk troubleshooting procedures. Interviewers were briefed on the potential challenges of administering a survey on IPV, SV, and stalking, and were trained in administering questions about these topics. The need for behaviorally specific and anatomically explicit language in the questions was explained to the interviewers, and they were coached on delivery of sensitive questions. Resource information was provided to interviewers regarding assistance in coping with participant reports of traumatic and violent events.

Due to the sensitive nature of the survey content, interviewers were trained on how to respond to distressed respondents and procedures for documenting such instances. Interviewers were also trained on how to manage any distress they themselves may experience. Only certified interviewers were permitted to conduct live interviews. The certification process involved completing practice interviews, orally answering the six most frequently asked questions, and completing written quizzes specific to NISVS. Throughout the data collection period, interviewers also received performance-based feedback and feedback from live monitoring.

Data Collection and Security

The contractor, Research Triangle Institute International (RTI), performed comprehensive checks to assess data quality throughout data collection. The survey instrument was programmed, and data were collected through the BLAISE 5 software package, for both web and telephone data collection. Coding was tested through quality and frequency checks. SAS programming was used to evaluate the logic used for skip patterns and other survey routing. Flags were used to identify errors, after which programmers adjusted the code and logic to prevent the errors from reoccurring.

Additionally, RTI system programmers performed quality checks on data collection deliveries to CDC, incentives delivered to respondents, data security, and system flow.

Personally identifiable information was removed from completed surveys by RTI. Contact information was stored in a separate case management system at RTI for the purpose of delivering survey outreach materials and reminders and delivering survey incentives. All respondent contact information was deleted at the conclusion of data collection.

Data Quality Assurance

The data underwent rigorous quality assurance procedures and processes by CDC. Raw data ranges and missing values were checked, outliers were identified, and logic across multiple variables was checked by cross-referencing to ensure the accuracy and internal consistency of the data. A program was developed to streamline the processing of the raw data to generate a standardized dataset that was suitable for further analysis. All quality assurance checks were conducted and verified by CDC to ensure quality, reproducibility, and consistency.

Analyses to Assess Data Quality

There are several key insights and challenges to note in the 2023/2024 NISVS with respect to the methodology, sample representativeness, and data quality (see the NISVS 2023/2024 Data Assessment Report[18]). The adoption of the new sampling frame and web data collection mode aimed to enhance survey participation and data quality. The redesigned NISVS methodology was similar to that used in other large surveys from the same period. Comparative analyses with other national surveys (American Community Survey [ACS], Behavioral Risk Factor Surveillance System, National Health Interview Study) yielded mixed results.

Further, a number of data quality checks yielded positive results. Specifically, the alignments to population data by demographic characteristics, used in weighting, were found to be completely satisfactory. The data were calibrated to be representative of the study population by age group, sex, race/ethnicity, educational attainment, and marital status at the national level, and by sex at the state level.

As detailed in Appendix B, the weighted demographic categories used for sex, age group, race/ethnicity, and marital status closely align with U.S. population statistics (ACS), as intended. While there were minor discrepancies between marital status classifications in NISVS and ACS—both surveys categorize individuals as "Married," "Divorced," "Separated," "Widowed," and "Never married"—NISVS includes an additional category labeled "Not married but living with a partner." When combined with "Never married," this category aligns well with ACS data. For educational attainment weighting purposes, three broad categories were employed: High School/GED or Less; Some College or Associate Degree (includes technical or vocational school); and College or Higher Degree. Comparisons reveal that the NISVS 2023/2024 survey sample closely matched these categories relative to U.S. population statistics; however, a more granular analysis using six educational categories exposes some discrepancies: for educational attainment, NISVS reported a lower percentage of individuals without a high school diploma (8% vs. national average of 10.8%) but a higher percentage holding postgraduate degrees (14.2% vs. national average of 12.2%), and this discrepancy was consistent for both males and females. Additionally, consistent with other household surveys, household income was not incorporated into post-stratification weighting considerations. Compared to ACS data, the NISVS 2023/2024 sample exhibited fewer people reporting household incomes below $10,000 and fewer individuals in the higher income brackets of $75,000 or more.

At the census group block level, no significant difference was found between respondents and non-respondents regarding the percentage of the population for whom the poverty level was determined. The aggregate-level data showed misalignment in only one subgroup comparison between respondents and non-respondents with respect to health insurance coverage. Furthermore, the indicators for data collection measurement errors provided additional assurance. Additional details are described in the NISVS 2023/2024 Data Assessment Report.[18]

However, for several personal and household attributes not included in the weighting, the data did not align with external benchmarks. Discrepancies were found between the survey data and the study population regarding several disability measures and prevalence of some health conditions. These measures were not included in the weighting process, so caution should be exercised when using the data in relation to these measures. Other nuances (e.g., methodological and data collection procedural differences between the referenced surveys and the NISVS survey) should also be considered when interpreting the comparative analysis findings. For more detailed information about the data assessment analyses, please see the NISVS 2023/2024 Data Assessment Report.[18]

Weighting Procedures

Completed interviews were weighted to enable statistical inferences to the population. This weighting procedure, which involved several intermediate steps and adjustment factors, was in principle consistent with the methodology used in previous NISVS surveys. The primary goal of the weighting process was to account for the complex sample design features, including under-coverage, ineligibility, stratification, two-phase sampling, unequal probabilities of selection, and nonresponse. Since the sampling was stratified at the state level, state-specific calibrations were applied where subdomain sample sizes allowed. Additionally, the weights were calibrated to the ACS 2018-2022 5-year average of marginal totals[19] to reduce variance and errors in the resulting weighted estimates. Missing values in the covariates used for weight calibration were imputed. The calibrated weights were also adjusted to control for extreme values. The weight calibrations were performed across the following dimensions (see Appendix B):

- Sex by state
- Sex by race and ethnicity (Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian combined with non-Hispanic Native Hawaiian or Other Pacific Islander, non-Hispanic American Indian or Alaska Native non-Hispanic, multiracial combined with non-Hispanic Other)
- Sex by age category (18-24 years, 25-34, 35-44, 45-54, 55-64, 65 and older)
- Sex by education (high school graduate/GED or less, some college or associate degree including technical or vocational school, college or higher degree)
- Sex by marital status (married, divorced/separated, widowed, never married/not married but living with partner/other)

Despite these efforts, weighting may not fully address differences between the survey sample and non-respondents or those missed. While standard demographic characteristics were used in the weighting process, certain personal or household-level attributes—such as homeownership (which was not collected) and household income—were not included. The relatively small subsample size also constrained the ability to incorporate all relevant attributes or apply finer demographic categories in the weighting. Readers should be aware that, despite considerable effort and adherence to best practices, weighting does not guarantee perfect alignment between the sample and the overall study population. Differences may still exist between survey respondents and non-respondents (i.e., adults who were invited to participate but did not complete a usable portion of the survey), as well as individuals who were unintentionally missed due to sampling frame limitations (e.g., incomplete household address listings) or by design (e.g., the exclusion of clusters where a single listing covers five or more housing units, group quarters, or people in transitional living situations).

Survey Performance

Between September 5, 2023, and September 2, 2024, a total of 118,608 households were selected from the sampling frame across three sample releases: 55,526 from Release 1; 36,230 from Release 2; and 26,852 from Release 3. These households were subsequently contacted for participation in the survey. Out of those contacted, 23,358 households completed the Survey Screener. From this group, one adult was randomly chosen to participate in the main survey, resulting in a total of 16,717 individuals invited to complete it. Ultimately, 15,609 respondents (8,842 women and 6,767 men) completed the main survey.

Response rates and cooperation rates were calculated in accordance with American Association for Public Opinion Research (AAPOR) standards, specifically:

- **Response Rate:** This is calculated as the number of completed interviews divided by the total number of eligible participants in the sample. The weighted response rate for NISVS 2023/2024 was 16.5% (using AAPOR Response Rate formula #4).[20]

- **Cooperation Rate:** This represents the proportion of interviewed out of all eligible participants ever contacted. The weighted cooperation rate for NISVS 2023/2024 was 72.1% (using AAPOR Cooperation Rate formula #4).[20]

While the response rate for NISVS 2023/2024 fell below a target set by CDC, this figure encompasses all eligible sample cases, including those that could not be reached. In contrast, the high cooperation rate indicates that once contact was established with eligible respondents, they were generally willing to participate.

Data Analysis

A total of 15,609 respondents completed the survey and were included in the analysis. Participants reported instances of specific violent behaviors directed at them during their lifetime or within the 12 months prior to taking the survey. Responses were categorized into two groups: "Yes" (indicating victimization) or "Not Yes" (including responses such as "No," "Not administered," "Refused," or "Don't Know"). This approach created a composite indicator that captured any reported victimization.

Prevalence estimates reflect the percentage of the subpopulation who experienced each type of violence at least once. To be included in a prevalence estimate, respondents had to confirm experiencing at least one of the violent behaviors within the relevant timeframe (i.e., during the lifetime, in the last 12 months). Victims could encounter these behaviors multiple times. For IPV, victims reporting more than one subtype of violence were included in each relevant subcategory but counted only once in the overall IPV prevalence estimate. For example, the IPV summary metric includes three types of violence: contact sexual violence, physical violence, and stalking. A victim who experienced all three types would count only once in the numerator of the overall IPV prevalence calculation.

Three brief reports summarize the findings on stalking, SV, and IPV.[21-23] Lifetime and 12-month prevalence analyses were conducted separately for females and males. State-level estimates are presented for lifetime only. Prevalence, 95% confidence intervals, and estimated total victim counts were calculated and reported. However, no statistical comparisons were made between demographic subgroups. The estimates are subject to some uncertainty due to reliance on sample data; smaller sample sizes result in less precise estimates, increasing the likelihood of random variation. Statistical stability was assessed using the relative standard error (RSE), calculated for both percentage rates and victim counts. Estimates were deemed statistically unstable and excluded if the RSE exceeded 30% or if the unweighted numerator was 20 or fewer cases. The estimates are presented as "annualized estimates," meaning the data were collected and weighted across two periods (2023 and 2024), with the estimates reflecting an average for the 2023-2024 period. Missing estimates are denoted with a double hyphen (--). Full tables are provided for the national-level estimates even when specific estimates are unavailable. For state-level data with few stable estimates, only states with statistically stable data are shown in the tables or they are described in the text.

Analyses were conducted using SAS (version 9.4) and SAS-callable SUDAAN™ statistical software (version 11.1).

Limitations

The NISVS 2023/2024 data are subject to several limitations. First, the survey was designed to reach English- or Spanish-speaking adults residing in residential dwellings via ABS to complete the survey on the internet or by phone. Consequently, NISVS estimates exclude certain subpopulations, such as individuals experiencing homelessness or those in institutional settings (e.g., incarcerated persons), some of whom may be at high risk for the types of violence victimization assessed in the survey. Second, the response rate was 16.5%, which is somewhat lower than other push-to-web survey response rates during a similar time period, albeit on different topics. For example, the National Survey of Family Growth (NSFG), conducted by the National Center for Health Statistics in 2022-2023, had a response rate of 23.4% for a survey of females ages 15-49 years about receipt of family planning services.[24] To mitigate the potential for non-response bias and noncoverage bias in NISVS, potential respondent outreach efforts included sending digital reminders to sampled members with delayed responses, using an enhanced data collection protocol with an extended collection period and increased incentives to convert initial nonrespondents, and implementing a multi-step weighting procedure to adjust for non-response errors at both the household and respondent levels. When comparing two random samples, which comprised the majority of the NISVS 2023/2024 sample, prevalence estimates for comparable measures of lifetime unwanted sexual intercourse against females were similar between NISVS and the NSFG.[18,25] These findings suggest that, despite the low response rate, NISVS provides reasonably comparable estimates to the higher response rate (63.4%) external benchmark (NSFG[26]) for certain types of violence, at least among women.

NISVS comprehensively measures sexual violence, intimate partner violence, and stalking victimization experiences; however, the victimization estimates from this survey are likely underestimates of the true prevalence of these forms of violence for numerous reasons. For one, it is not possible to measure all of the violent behaviors that adults may have experienced given the space limitations of a survey. Also, some victims may have chosen not to disclose the violence victimization they have experienced for many possible reasons, including the stigmatizing and sensitive nature of these experiences, a lack of recall of every violence victimization experience that happened in the past, or lack of safety to disclose their victimization experiences if the perpetrator was nearby when the survey was completed. NISVS includes numerous behaviorally specific questions to improve recall and increase disclosure, but some survey participants might still misremember or misreport their victimization experiences.

The NISVS 2023/2024 data were collected using a redesigned methodology (i.e., ABS with push-to-web and optional telephone mode) and survey instrument. Given these changes, comparing 2023/2024 findings to NISVS findings from previous data years is not advised.

Conclusion

NISVS data are a crucial resource for understanding the prevalence of sexual violence, stalking, and intimate partner violence victimization in the United States. These data remain critically important to gather, given that victims may not report their experiences to law enforcement or within health systems. Therefore, surveying adults directly remains an essential method for estimating prevalence of these often hidden and stigmatizing forms of violence. In spite of the limitations, NISVS data are vital for understanding the public health burden of these forms of violence and identifying groups at greatest risk so that limited prevention resources can be allocated to those who need them most.

References

1. Hailes HP, Yu R, Danese A, Fazel S. Long-term outcomes of child sexual abuse: an umbrella review. *Lancet Psychiatry*. 2019;6:830-839.
2. Lake AM, Goleva SB, Samuels LR, Carpenter LM, Davis LK. Sex differences in health conditions associated with sexual assault in a large hospital population. *Complex Psychiatry*. 2022;8:80-89.
3. Stevens F, Nurse JRC, Arief B. Cyber stalking, cyber harassment, and adult mental health: a systematic review. *Cyberpsychol Behav Soc Netw*. 2021;24(6):367-376.
4. Basile KC, Smith SG, Chen J, Zwald M. Chronic diseases, health conditions, and other impacts associated with rape victimization of U.S. women. *J Interpers Violence*. 2021;36(23-24):NP12504-12520.
5. Leemis RW, Friar N, Khatiwada S, Chen MS, Kresnow M, Smith SG, Caslin S, Basile KC. *The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2022. https://stacks.cdc.gov/view/cdc/124646
6. Smith SG, Basile KC, Kresnow M. *The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Stalking – Updated Release*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2022. https://stacks.cdc.gov/view/cdc/124645
7. Stubbs A, Szoeke C. The effect of intimate partner violence on the physical health and health-related behaviors of women: a systematic review of the literature. *Trauma Violence Abuse*. 2022;23(4):1157-1172.
8. Letourneau EJ, Brown DS, Fang X, Hassan A, Mercy JA. The economic burden of child sexual abuse in the United States. *Child Abuse Negl*. 2018;79:413-422.
9. Peterson C, Kearns MC, McIntosh WL, Estefan LF, Nicolaidis C, McCollister KE, Gordon A, Florence C. Lifetime economic burden of intimate partner violence among U.S. adults. *Am J Prev Med*. 2018;55(4):433-444.
10. Peterson C, DeGue S, Florence C, Lokey CN. Lifetime economic burden of rape among U.S. adults. *Am J Prev Med*. 2017;52(6):691-701.
11. Rizzo L, Brick JM, Park I. A minimally intrusive method for sampling persons in random digit dial surveys. *Public Opin Q*. 2004;68:267-274.
12. Yan T, Tourangeau R, McAloon R. A meta-analysis of within-household respondent selection methods on demographic representativeness. Federal Committee on Statistical Methodology. 2015. Accessed April 10, 2025. https://nces.ed.gov/fcsm/pdf/H3_Yan_2015FCSM.pdf
13. Clark-Fobia A, Kephart K, Nelson, DV. A qualitative study on the effects of grouped versus interleafed filter questions. *Surv Pract*. 2018;11(2). https://doi.org/10.29115/SP-2018-0009
14. Eckman S, Kreuter F, Kirchner A, Jäckle A, Tourangeau R, Presser S. Assessing the mechanisms of misreporting to filter questions in surveys. *Public Opin Q*. 2014;78(3):721–733.
15. Kreuter F, McCulloch S, Presser S, Tourangeau R. The effects of asking filter questions in interleafed versus grouped format. *Sociol Methods Res*. 2011;40(1): 88–104.
16. Amaya, A. E. *RTI International's Address-Based Sampling Atlas: Drop points*. RTI Press Publication. No. OP-0047–1712. RTI Press; 2017. Accessed April 10, 2025. https://www.rti.org/sites/default/files/resources/24300998_ABS_Atlas_drop_points.pdf

17. Wiant K, McMichael J, Murphy J, Morton K, Waggy M. Consistency and accuracy of USPS-provided undeliverable codes: implications for frame construction, data collection operational decisions, and response rate calculations. Paper presented at: JSM Proceedings, American Statistical Association; July 30-August 4, 2016; Chicago, IL. Accessed March 26, 2025. http://www.asasrms.org/Proceedings/y2016/files/389837.pdf

18. Chen J, Siordia C, Zhu S, Smith SG. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2023/2024 Data Assessment Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2025. https://www.cdc.gov/nisvs/media/pdfs/dataassessment-report.pdf

19. U.S. Census Bureau. 2022 ACS 5-Year PUMS Data file. Accessed March 26, 2025. https://www.census.gov/programs-surveys/acs/microdata/access/2022.html

20. American Association for Public Opinion Research (AAPOR). *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys* (10th Edition). AAPOR. https://aapor.org/wp-content/uploads/2023/05/Standards-Definitions-10th-edition.pdf

21. Smith SG, Steven MR, Yue X, Chen J, Basile KC, Breiding MJ, Zhu S. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2023/2024 Data Brief – Stalking*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2025. https://www.cdc.gov/nisvs/media/pdfs/stalking-brief.pdf

22. Leemis RW, Zhang Kudon H, Zhu S, Smith SG, Chen J, Basile KC, Friar NW. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2023/2024 Data Brief – Sexual Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2025. https://www.cdc.gov/nisvs/media/pdfs/sexualviolence-brief.pdf

23. Zhang Kudon H, Chen B, Breiding MJ, Leemis RW, Zhang X, Basile KC, Schwank AW. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2023/2024 Data Brief – Intimate Partner Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2025. https://www.cdc.gov/nisvs/media/pdfs/intimatepartnerviolence-brief.pdf

24. Martinez GM. Receipt of family planning services in the United States: 2022-2023. NCHS Data Brief, no. 520. Hyattsville, MD: National Center for Health Statistics. 2024. https://stacks.cdc.gov/view/cdc/169629

25. National Center for Health Statistics (NCHS). National Survey of Family Growth. Key statistics from the National Survey of Family Growth – F listing. Accessed May 1, 2025. https://www.cdc.gov/nchs/nsfg/key_statistics/f-keystat.htm#forced

26. National Center for Health Statistics (NCHS). 2017-2019 National Survey of Family Growth public-use data and documentation. CDC National Center for Health Statistics; 2020. Accessed March 26, 2025. https://www.cdc.gov/nchs/nsfg/nsfg_2017_2019_puf.htm

Appendix A

Victimization Questions – National Intimate Partner and Sexual Violence Survey 2023/2024

Stalking

Stalking Tactics

Please think about whether anyone ever followed, contacted, tracked, or spied on you in a way that was intentional, unwanted, and made you feel afraid, concerned for your safety, threatened, or caused emotional suffering. Specifically, in your lifetime, has anyone ever done any of the following things to you?

- Followed you around, watched or spied on you when you did not want them to.
- Approached you or showed up in places such as your home, work, or school when you did not want them to.
- Sneaked onto your property such as your home or car and did things to scare you by letting you know they had been there.
- Sent you cards, letters, flowers, or presents when they knew you didn't want them to.
- Repeatedly made unwanted phone calls to you or sent you unwanted emails, voice, or text messages. Please do not include spam, robocalls, bill collectors or telephone solicitors.
- Repeatedly sent you unwanted messages through social media, such as Facebook, Instagram, and chat rooms.
- Watched or spied on you with a hidden camera.
- Used social media to monitor or track you, your communication, or your location without your permission. Examples of social media include Facebook, Twitter, Instagram, TikTok, and SnapChat.
- Used location technology, such as a GPS (Global Positioning System) device, app, or other electronic tracking system to track your location without your permission. This includes GPS used in a phone.
- Used technology, such as computer software, apps, or stalkerware to monitor your communication or activities without your permission.

Sexual Violence

Verbal Sexual Harassment in the Workplace

- In your lifetime, has anyone from your WORKPLACE ever made unwanted sexual remarks or sexual jokes in your presence, or sexually offensive comments about your body or appearance? Please include people you work with or come into contact with through your job. This may have happened at work, or elsewhere with people connected to your workplace.

Verbal Sexual Harassment in a Public Place

- Now, think about unwanted sexual situations you might have experienced in a public place. While you were in a PUBLIC place, has anyone ever verbally harassed you in a sexual way that made you feel uncomfortable?

Technology-Facilitated Sexual Violence

- In your lifetime, has anyone ever sent you an unwanted sexually explicit message or image through the internet, social media, email, or text message without your consent? Please do not include spam messages, phishing attempts, or messages that you think are from a Bot, that is, a computer program that imitates a human. Examples of social media include Facebook, Twitter, Instagram, TikTok, SnapChat.
- To your knowledge, has anyone ever emailed, texted, or electronically posted a revealing or sexual photo or video of you without your consent?

Unwanted Sexual Contact

- Has anyone ever kissed you in a sexual way when you did not want them to?
- Has anyone ever fondled, groped, grabbed, or touched you in a sexual way when you did not want them to?

Sexual Coercion

Have you had vaginal, oral, or anal sex with someone after they pressured you by doing any of the following?

- 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 influence or authority over you, for example, your boss or your teacher?

Rape, Completed

IF FEMALE:

- In your LIFETIME, has anyone EVER performed oral sex on you when you did NOT consent to it, and it was not wanted? By oral sex, we mean that someone put their mouth on your vagina.
- In your LIFETIME, has anyone EVER penetrated you by putting their fingers or an object in your vagina or anus when you did NOT consent to it, and it was not wanted?
- In your LIFETIME, has anyone EVER had vaginal sex with you when you did NOT consent to it, and it was not wanted? By vaginal sex, we mean that someone put their penis in your vagina.
- In your LIFETIME, has anyone EVER penetrated you by putting their penis in your mouth or anus when you did NOT consent to it, and it was not wanted?

IF MALE:

- In your LIFETIME, has anyone EVER penetrated you by putting their fingers or an object in your anus when you did NOT consent to it, and it was not wanted?
- In your LIFETIME, has anyone EVER penetrated you by putting their penis in your mouth or anus when you did NOT consent to it, and it was not wanted?

Follow-up Questions to Assess the Form of Rape (Physically Forced, Alcohol/Drug-Facilitated)

Participants who answered "yes" to any of the rape behavior questions above were immediately asked the following contextual questions:

- Did this [type of sex behavior] happen because the person used physical force or threats of physical harm, such as pinning or holding you down, using violence, or not stopping after you said no?
- Did this [type of sex behavior] happen because you were unable to consent to sex or stop it from happening because you were too drunk, high, drugged, or passed out from alcohol or drugs?

Physically Forced Rape, Attempted

IF FEMALE:

- In your LIFETIME, has anyone EVER used physical force or threats of physical harm to TRY to put their penis in your vagina, mouth, or anus, but it DID NOT happen?

IF MALE:

- In your lifetime, has anyone EVER used physical force or threats of physical harm to TRY to put their penis in your mouth or anus, but it DID NOT happen?

Made to Penetrate, Completed (Males Only)

- In your LIFETIME, has anyone EVER performed oral sex on you when you did NOT consent to it, and it was not wanted? By perform oral sex, we mean that someone put their mouth on your penis or made you put your penis in their mouth.
- In your LIFETIME, has anyone EVER had vaginal sex with you when you did NOT consent to it, and it was not wanted? By vaginal sex, we mean that someone made you put your penis in their vagina.

Follow-up Questions to Assess the Form of Made to Penetrate (Physically Forced, Alcohol/Drug-Facilitated)

Participants who answered "yes" to any of the made to penetrate behavior questions above were immediately asked the following contextual questions:

- Did this [type of sex behavior] happen because the person used physical force or threats of physical harm, such as pinning or holding you down, using violence, or not stopping after you said no?
- Did this [type of sex behavior] happen because you were unable to consent to sex or stop it from happening because you were too drunk, high, drugged, or passed out from alcohol or drugs?

Physically Forced Made to Penetrate, Attempted (Males Only)

- In your lifetime, has anyone EVER used physical force or threats of physical harm to TRY to put their mouth on your penis, or TRY to make you put your penis in their mouth, but it DID NOT happen?
- In your lifetime, has anyone EVER used physical force or threats of physical harm to TRY to make you put your penis in their vagina, but it DID NOT happen?

Reproductive Coercion by an Intimate Partner

IF FEMALE:

- Has a current or ex-partner EVER tried to keep you from using your birth control so that you would get pregnant when you didn't want to? For example, did they hide your birth control, throw it away or do anything else to keep you from using it?
    - Did you EVER actually get pregnant because a current or ex-partner stopped you from using birth control?
- Has a current or ex-partner ever threatened to hurt you if you did not become pregnant when you did not want to become pregnant?
    - Did you EVER actually get pregnant because a current or ex-partner threatened to hurt you if you did not become pregnant even when you didn't want to?
- Has a current or ex-partner EVER refused to use a condom, intentionally broken a condom, or removed a condom while having sex when you wanted them to use one, to get you pregnant?
    - Did you EVER actually get pregnant because a current or ex-partner refused to use a condom, intentionally broke a condom, or removed a condom when you wanted them to use one?

IF MALE:

- Has a current or ex-partner EVER tried to get pregnant when you didn't want them to get pregnant or tried to stop you from using a condom or other birth control so they would get pregnant?
    - Did your current or ex-partner EVER get pregnant because she stopped you from using a condom or other birth control?

Psychological Aggression by an Intimate Partner

In your lifetime, has a current or ex-romantic or sexual partner ever done any of the following things to you on purpose?

- Kept you from having your own money
- Tried to keep you from seeing or talking to your family or friends
- 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 themselves or commit suicide because they were upset with you
- Made decisions that should have been yours to make
- Destroyed something that was important to you
- Insulted or humiliated you in front of others

Physical Violence by an Intimate Partner

In your lifetime, has a current or ex-romantic or sexual partner ever done any of the following things to you on purpose?

- Slapped, pushed, or shoved you

Severe Physical Violence

- Hit you with a fist or something hard
- Kicked or stomped on you
- Hurt you by pulling your hair
- Slammed you against something to hurt you
- Tried to hurt you by choking or suffocating you
- Used or threatened you with a knife
- Used or threatened you with a gun, such as pistols, revolvers, shotguns, and rifles (but not BB guns or paint ball guns)

Appendix B

Demographic Characteristics of the National Intimate Partner and Sexual Violence Survey 2023/2024 Sample and the U.S. Population

	Women (%)		Men (%)		Total (%)	
	NISVS 2023-2024	ACS 2018-2022	NISVS 2023-2024	ACS 2018-2022	NISVS 2023-2024	ACS 2018-2022
Characteristics Used to Weight the Data						
Sex						
Female					51.2	51.2
Male					48.8	48.8
Age Group (years)						
18-24	10.7	10.7	11.8	11.8	11.2	11.2
25-34	17.2	17.2	18.3	18.3	17.7	17.7
35-44	16.5	16.5	17.2	17.2	16.9	16.9
45-54	15.9	15.9	16.5	16.5	16.2	16.2
55-64	16.8	16.8	16.7	16.7	16.8	16.8
65+	22.8	22.8	19.5	19.5	21.2	21.2
Race/Ethnicity						
Hispanic	16.4	16.4	17.3	17.3	16.8	16.8
Non-Hispanic White	61.4	61.4	62.4	62.4	61.9	61.9
Non-Hispanic Black	12.2	12.2	10.9	10.9	11.6	11.6
Non-Hispanic Asian or Pacific Islander	6.3	6.3	5.9	5.9	6.1	6.1
Non-Hispanic American Indian or Alaska Native	0.5	0.5	0.5	0.5	0.5	0.5
Non-Hispanic Multiracial/Other	3.1	3.1	3.1	3.1	3.1	3.1
Education						
High School/GED or less	35.9	35.9	40.1	40.1	37.9	37.9
Some college or Associate degree	30.8	30.8	28.6	28.6	29.7	29.7
College or higher degree	33.4	33.4	31.3	31.3	32.4	32.4
Marital Status						
Married	49.5	49.5	53.5	53.5	51.5	51.5
Divorced/Separated	14.7	14.7	11.3	11.3	13.1	13.1
Widowed	8.6	8.6	2.7	2.7	5.7	5.7
Not married living with partner/never married	27.1	27.1	32.5	32.5	29.8	29.8

Demographic Characteristics of the National Intimate Partner and Sexual Violence Survey 2023/2024 Sample and the U.S. Population (Continued)

	Women (%)		Men (%)		Total (%)	
	NISVS 2023-2024	ACS 2018-2022	NISVS 2023-2024	ACS 2018-2022	NISVS 2023-2024	ACS 2018-2022
Characteristics Not Used to Weight the Data						
Education[1]						
Didn't graduate from high school	7.0	10.1	9.1	11.5	8.0	10.8
High school graduate	28.9	25.7	30.9	28.6	29.9	27.1
Technical school or college	21.2	21.4	21.8	21.0	21.5	21.2
Associate degree	9.6	9.3	6.7	7.6	8.1	8.5
Four-year college graduate	18.6	20.8	17.6	19.6	18.1	20.2
Postgraduate	14.7	12.6	13.7	11.7	14.2	12.2
Marital Status[1]						
Married	49.4	49.5	53.5	53.5	51.4	51.5
Divorced	12.3	12.7	9.0	9.7	10.6	11.2
Separated	2.5	2.1	2.3	1.5	2.4	1.8
Widowed	8.6	8.6	2.7	2.7	5.7	5.7
Never Married	20.3	27.1	23.6	32.5	21.9	29.8
Living as a couple	6.9		8.9		7.8	
Household Income[1]						
<$10,000	9.6		8.0		8.8	15.2
$10,000-$14,999	5.2		4.5		4.8	3.4
$15,000-$19,999	4.7		3.9		4.3	3.0
$20,000-$24,999	5.7		3.7		4.7	3.3
$25,000-$34,999	8.5		7.0		7.8	6.7
$35,000-$49,999	12.3		12.2		12.3	9.5
$50,000-$74,999	15.3		14.5		14.9	14.3
$75,000+	36.9		44.5		40.6	44.6

Source: U.S. Census Bureau, 2022 American Community Survey (ACS) 5-Year Public Use Microdata Sample (PUMS) estimates.
[1] Data in columns do not add up to 100% due to missing data ("Don't Know" or "Refused").
Note: Cells in grey indicate data that are not available.

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