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Characteristics and Impacts of Sexual Violence and Stalking Victimization by the Same Perpetrator Using a Nationally Representative Sample

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Abstract

Authors examine prevalence of sexual violence and stalking victimization by the same perpetrator, reporting perpetrator types, intimate partner context and impacts for this combination of victimization. Data are from the 2010–2012 National Intimate Partner and Sexual Violence Survey, a nationally representative adult telephone survey. Analyses examined the characteristics of the victimization, presence of other intimate partner violence by the same perpetrator, and victim impacts (e.g., injury). An estimated 8.1% (9.8 million) of women and 1.6% (1.9 million) of men in the United States were stalked and sexually victimized by the same perpetrator, most often an intimate partner. Over 90% of female and male victims experienced sexual violence, stalking, psychological aggression, and physical violence by the same intimate partner perpetrator. Impacts of both intimate partner and non-intimate partner perpetrated victimization were most commonly fearfulness, concern for safety, and posttraumatic stress disorder symptoms. Sexual violence combined with stalking is common in the context of intimate partner violence. Early prevention efforts (i.e., in youth) addressing the context of intimate partner violence may be helpful in reducing these forms of violence and their impacts.

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Disclosure statement

No potential conflict of interest was reported by the author(s).

Ethical standards and informed consent

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation [institutional and national] and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients for being included in the study.

Keywords

Intimate partner violence; health impacts; polyvictimization; United States; prevalence

Sexual violence and stalking are two forms of violence victimization that are prevalent in the United States (U.S.) and have impacts on health. In 2016–2017 in the U.S., over half of women (54.3%) and almost 1 in 3 men (30.7%) reported some form of sexual violence victimization involving physical contact at some point in their life (K.C. Basile et al., 2022) and 1 in 3 women (31.2%) and 1 in 6 men (16.1%) report lifetime stalking victimization (S.G. Smith et al., 2022). Each of these forms of victimization have been extensively examined separately in the literature and found to be perpetrated commonly by current or former intimate partners, particularly in the case of female victims (K.C. Basile et al., 2022; S.G. Smith et al., 2022).

A smaller body of research has examined the combination of these two forms of violence victimization by the same perpetrator, and most of this literature is either centered on college samples (Banyard et al., 2020; Spitzberg et al., 2001), court samples (Logan & Cole, 2011) or other limited samples such as sexual violence-related homicide victims (Chan & Heide, 2009; Grubin, 1994). Much of this scholarship is focused on current or former intimate partners as the most common perpetrators (McGuire & Wraith, 2000; Tjaden & Thoennes, 1998). Data from the National Violence against Women Survey of the 1990's found that almost a third (31%) of the women who were stalked by a husband or partner had been sexually assaulted by the same partner (Tjaden & Thoennes, 1998). Work by Logan and Cole (2011) examined the overlap of women's stalking and sexual violence victimization by violent intimate partners. They found an association between intimate partner sexual violence and stalking and also found that stalking and rape victimization by an intimate partner were associated with sustained fear. In addition, majorities of women who were stalked and raped by the same intimate partner had higher scores on a severity index of physical violence by the partner and endorsed other sexually coercive behaviors by that partner than those who were not stalked and raped. Spitzberg et al. (2001) studied obsessive relational intrusion, a form of stalking in which the stalker desires or assumes an intimate relationship with the victim and found that it was associated with sexual coercion in a sample of college students, although this study did not examine these two forms of aggression by the same perpetrator. Katz and Rich (2015) found in their study of female college students that women who experienced both sexual and physical violence by an intimate partner reported elevated rates of ongoing pursuit involving intimidation and threats after the relationship ended. McGuire and Wraith (2000), in their stalking review article, point out that stalkers who have had a previous relationship with the victim are the most likely to be violent. This literature as a whole suggests that experiencing both sexual violence and stalking by the same perpetrator may be a particularly dangerous combination of victimization.

Although decades of scholarship have documented the impact of sexual violence on health (Basile et al., 2020; Koss et al., 1994; Martin et al., 2011) and some research has also examined the association of stalking with negative health (Davis et al., 2002; Logan &

Cole, 2007) and mental health among severely battered women (Mechanic et al., 2000), very little work has focused on the association of experiencing both stalking and sexual violence by the same perpetrator with health. One exception is a study by Diette et al. (2014) who used merged national data from three large data sets of women and found that women who were victims of both stalking and sexual violence had higher levels of psychological distress than women who were victims of either sexual violence or stalking alone. Another exception is the work of Mechanic et al. (2000); in a sample of battered women, they found that relentlessly stalked battered women reported more severe concurrent abuse by the partner, including sexual violence, and increased depression and post-traumatic stress disorder (PTSD) compared to infrequently stalked battered women, suggesting that the combination of stalking with other forms of violence by an intimate partner can be especially impactful on health for some women. In an effort to fill research gaps, this study uses nationally representative data to examine the prevalence and characteristics of sexual violence and stalking victimization by the same perpetrator, presenting data on the type of perpetrator.

Given the previous literature indicating that the combination of sexual violence and stalking occurs in the context of intimate partner violence, the paper then details the prevalence of sexual violence and stalking along with other forms of violence (i.e., physical violence and psychological aggression) by the same intimate partner perpetrator, and reports on the health (e.g., fear, injury) and other impacts (i.e., help seeking) associated with the combination of sexual violence and stalking victimization by the same perpetrator.

Methods

Data were collected using the 2010–2012 National Intimate Partner and Sexual Violence Survey (NISVS). NISVS is a nationally representative telephone survey of adults in the United States. All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation [institutional and national] and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all respondents included in the study. Participants were sampled using a random-digit-dial strategy, with both landline and cell phone frames. The weighted response rate during this period ranged from 27.5% to 33.6%. The cooperation rate ranged from 80.3% to 83.5% which reflects the percentage of respondents who elected to participate after confirming their eligibility. The final sample size for all three years was 41,174, including 22,590 women and 18,584 men. This sample size from three years of pooled data (2010–2012) allowed a large enough sample to examine stalking and sexual violence victimization by the same perpetrator.

Measures

Any sexual violence

Participants were asked whether they ever experienced any of several forms of sexual violence. Questions included the following: *non-contact unwanted sexual experiences* (e.g., someone exposed their sexual body parts, made to participate in sexual photos or movies); *unwanted sexual contact* (e.g., kissed or fondled); *sexual coercion*, defined as

unwanted sexual penetration through nonphysical or verbal pressure (e.g., threatened to end relationship, made promises that were untrue); *rape*, defined as completed or attempted unwanted penetration of the victim through the use of physical force or alcohol/drug-facilitation; *made to penetrate*, defined as times when the victim was made to penetrate someone else through the use of physical force or alcohol/drug-facilitation.

Stalking

Stalking victimization was defined as 1) having ever experienced multiple stalking tactics or a single tactic multiple times by the same perpetrator, and 2) felt very fearful or believed that they or someone close to them would be harmed or killed as a result of the perpetrator's behavior.

Physical violence

Participants were asked whether they ever experienced any of 10 behaviors by an intimate partner, ranging from less severe (e.g., slapping) to severe (e.g., beaten, used a knife or gun on you).

Psychological aggression

Participants were asked whether they ever experienced any of 18 behaviors by an intimate partner, ranging from expressive aggression (e.g., insulted, humiliated, called names) to coercive control (e.g., kept you from leaving the house, made physical threats, threatened suicide).

The sexual violence, stalking, physical violence, and psychological aggression questions can be found in S. G. Smith et al. (2017).

Type of perpetrator

During the interview, participants who ever experienced violence provided a descriptor (i.e., initials chosen by the participant) of the perpetrator(s). The initials were linked to each violence experience to enable the connection of multiple violence experiences across a single perpetrator. Later in the survey, participants were asked: "How did you know or what was your relationship to [fill initials] the first time this/any of these things happened?." The linking of perpetrators and victim experiences is described further in Black et al. (2011). Responses were broadly categorized into five groups: intimate partner, acquaintance, family member, person of authority, and stranger.

Impacts of violence

To assess impacts from violence, participants were asked whether they experienced any of the impacts when "this/any of these things happened" with an individual, specific perpetrator. Impacts were linked to each perpetrator. The specific measured impacts were: fear, concern for safety, any symptoms of post-traumatic stress disorder (PTSD), physical injury, any need for medical care, housing services, or victim's advocate services, whether they contacted a crisis hotline, missed a day of work or school, became pregnant (for females who experienced rape), and contracted a sexually transmitted infection (for those who experienced rape or being made to penetrate).

Data analysis

Data from 2010 to 2012 were combined for analysis. Prevalence and population estimates are weighted to the U.S. adult population and are nationally representative. Analyses were conducted using SAS, version 9.4 and SUDAAN, version 11.0.1 to account for the complex sample design. Results are provided if they are statistically reliable, which occurs when the case count is above 20 and the relative standard error is less than or equal to 30%. Analyses were done for both males and females, among victims of both stalking and sexual violence (contact and non-contact) by the same perpetrator. Estimates among male and female victims who experienced stalking and sexual violence by the same intimate partner were then measured by additional outcomes such as additional victimization (physical violence and psychological aggression), and lifetime impacts.

An analysis was done to examine the co-occurrence of physical violence and psychological aggression in addition to stalking and sexual violence perpetrated by the same intimate partner at some point in life. Table 2 shows respondents who were victims of both stalking and sexual violence by the same intimate partner and if they also experienced psychological aggression by that partner, physical violence, or both. These same categories were examined, but with the physical violence and psychological aggression as exclusive of each other within the same intimate partner relationship. The three categories of respondents that were examined are: 1) victims of stalking, sexual violence, and only psychological aggression by that partner, 2) victims of stalking, sexual violence, and only physical violence by that partner, and 3) victims of stalking, sexual violence, psychological aggression and physical violence, by the same intimate partner. The victim may be represented in more than one of the three categories if they had multiple intimate partner perpetrators and reported different victimization combinations.

Results

Characteristics of victimization

An estimated 8.1% (9.8 million) of women (Table 1) and 1.6% (about 1.9 million) of men in the U.S. experienced both sexual violence and stalking by the same perpetrator at some point in life. The type of perpetrator involved in the victimization varied but was predominantly a current or former intimate partner of the victim (Table 1). During their lifetime, 6.2% of all women (about 7.5 million women) experienced both sexual violence and stalking by the same intimate partner. Other types of perpetrators of both sexual violence and stalking were: acquaintance perpetrators (1.3% of women), strangers (0.5% of women), family members (0.4% of women), and persons of authority (0.1% of women). In their lifetime, 1.1% of men (about 1.2 million men) experienced both sexual violence and stalking by the same intimate partner, and 0.5% by the same acquaintance perpetrator (Table 1). When examining female victims (i.e., the 8.1% of women who experienced both sexual violence and stalking by the same perpetrator), 76.2% were victimized by the same intimate partner, 15.8% by an acquaintance, 6.6% by a stranger, 5.2% by a family member, and .8% by a person of authority (Table 1). Among male victims of both stalking and sexual violence by the same perpetrator (1.6%), 64.6% were victimized by the same intimate partner, and 29.8% by an

acquaintance. Estimates were not stable for male victimization of both sexual violence and stalking by a family member, person of authority and stranger.

Sexual violence and stalking victimization in the context of intimate partner violence

Among victims of sexual violence and stalking by the same intimate partner perpetrator, 91.0% of female victims and 91.0% of male victims additionally experienced physical violence at some point in life by the same intimate partner perpetrator. An estimated 95.9% of female victims and 98.2% of male victims additionally experienced psychological aggression at some point in life by the same intimate partner perpetrator. Also, 90.1% of female victims and 91.0% of male victims additionally experienced both physical violence and psychological aggression at some point in life by the same intimate partner perpetrator (Table 2). Among female victims, 7% (approximately 520,000 women) experienced sexual violence, stalking and psychological aggression exclusively, with the absence of any physical violence, by the same intimate partner perpetrator (data not shown). Results for female victims experiencing only physical violence exclusive of psychological aggression, and results for male victims, are based on counts too small to provide statistically reliable estimates and are therefore not presented.

Lifetime impacts of sexual violence and stalking victimization by any type of perpetrator

A range of impacts were reported by female victims of sexual violence and stalking by the same perpetrator (any type). During their lifetime, nearly all female victims (98.7%) were fearful, and 83.9% were concerned for their safety, as a result of the perpetrator's behavior. Additional reported impacts were: PTSD symptoms (77.3%), injury (60.1%), missed at least one day of work or school (48.2%), needed medical care (37.2%), legal services (35.9%), victim's advocate services (19.9%), or housing services (18.5%), became pregnant (16.6%), contacted a crisis hotline (12.4%), and contracted a sexually transmitted infection (11.0%; Table 3).

Lifetime impacts of sexual violence and stalking victimization by an intimate partner perpetrator

A variety of lifetime impacts were reported by female victims of sexual violence and stalking by the same intimate partner perpetrator. About all female victims, 99.3%, were fearful and 86.3% were concerned for their safety. Additional impacts were: PTSD symptoms (80.6%), injury (65.0%), missed at least one day of work or school (51.7%), needed legal services (39.5%), medical care (38.3%), victim's advocate services (20.9%), or housing services (19.5%), became pregnant (18.7%), contacted a crisis hotline (13.6%), and contracted a sexually transmitted infection (12.6%; Table 4).

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

Among male victims of sexual violence and stalking by the same intimate partner perpetrator the majority reported being fearful (86.8%) and concerned for their safety (73.5%) during their lifetime. Additional impacts were: PTSD symptoms (63.7%), missed at least one day of work or school (51.3%), needed legal services (44.3%), injury (42.6%), or medical care (27.7%). Estimates were statistically unstable and therefore not reported for

needing housing services, victim's advocate services, having contacted a crisis hotline and contracted a sexually transmitted infection (Table 4).

Discussion

In the U.S., about 1 in 12 women and approximately 1 in 63 men have been the victim of both sexual violence and stalking by the same perpetrator at some time in their lives. Most perpetrators of this combination of violent victimization were intimate partners (for women it was 6.2% of all U.S. women). Findings from this study further support that sexual violence and stalking victimization by an intimate partner often occur in the context of other violence by that partner; majorities of both female and male victims of sexual violence and stalking by the same perpetrator also reported either physical violence, psychological aggression, or both additional forms of violence by that same perpetrator. Psychological aggression was the most commonly reported additional form of IPV for both males and females (98.2% and 95.9% respectively). By expanding the analysis and examining psychological aggression with the absence of physical violence, and vice versa, we see that only 7% of women who experienced stalking and sexual violence by the same intimate partner also experienced psychological aggression without physical violence. The prevalence of women experiencing only physical violence without psychological aggression, and the prevalence for men experiencing only physical violence or only psychological aggression is too small to report. This provides further evidence that the combination of sexual violence and stalking rarely occurs outside the context of perpetration of multiple forms of violence; in this study, 90.1% of women and 91% of men who experienced sexual violence and stalking by the same intimate partner also experienced psychological aggression and physical violence by that same perpetrator. These findings are consistent with previous literature that has highlighted intimate partners as common perpetrators of sexual violence and stalking in the context of battering relationships (Logan & Cole, 2011; Mechanic et al., 2000).

The findings in this study and in the larger literature that most sexual violence and stalking by the same perpetrator is occurring in the intimate partner context might revolve around the dissolution of an established relationship. For example, McGuire and Wraith (2000) describe that the context of sexual violence and stalking victimization is often a former "disgruntled" partner who might either refuse to accept the end of a relationship or might be seeking retribution for perceived rejection or infidelity. Work by DeKeseredy et al. (2004); (2006) revealed the vulnerability of women leaving a relationship in terms of increased risk of sexual violence and other violence by a former partner (DeKeseredy et al., 2004, 2006). The current study adds to this existing literature by showing that the health impact is large for victims who experience both sexual violence and stalking, particularly when it is perpetrated by an intimate partner in the context of other violence. Beyond physical violence, these other forms of violence appear to uniquely contribute to these various health impacts, highlighting that IPV is broad and encompasses many types of abuse. Future research would be beneficial that examines the status of the intimate partner relationship (current or former) to better understand the context and timing for this combination of violence.

The current findings add to the literature by providing a more detailed examination of the physical, mental and reproductive health impacts as well as the need for several different services related to this particular combination of victimization. Findings show that mental health impacts for victims of sexual violence and stalking by the same perpetrator were common, including fear, concern for safety, and PTSD symptoms, but also common were physical injury (for female victims) and missing a least one day of work/school, reported by more than half of victims. One in 3 female victims needed medical care and legal services, and 1 in 4 male victims needed medical care and over 40% needed legal services. All reported health impacts and need for services were most common in the context of intimate partner violence. These findings have implications for prevention of sexual violence and stalking and intimate partner violence more generally. First, understanding the overlapping experiences of different forms of victimization and how they are related to health and other impacts can inform prevention of and response to these forms of violence.

The current findings suggest that those victims who experience more than one form of victimization, particularly sexual violence and stalking by an intimate partner, are likely to experience numerous forms of victimization in that violent relationship and numerous health impacts. Efforts to prevent and respond to individual forms of violence should consider the larger context for this violence, the risks to health and wellbeing, and economic costs to victims (e.g., for legal or medical services and missed work) in order to address and prevent numerous forms of violence and their impacts on health simultaneously. Previous research documenting a battering context for intimate relationships where stalking is present along with other forms of intimate partner violence suggests that these violent relationships might be particularly dangerous (Mechanic et al., 2000). As such, services for victims of intimate partner violence might be most beneficial when they are sensitive to the potential safety concerns in situations where numerous forms of victimization are present, particularly in relationships that are ending (McGuire & Wraith, 2000). Supports for survivors of intimate partner violence such as housing programs, civil legal protections, and patient-centered services like screening, mental health and reproductive health services, and danger assessment are some evidence-based approaches that might be useful in cases where sexual violence and stalking are present in an already violent intimate partner relationship (Niolon et al., 2017). In terms of prevention, compilations of the best available evidence to prevent sexual violence and intimate partner violence are available that can guide prevention efforts (Basile et al., 2016; Niolon et al., 2017). These resources include numerous strategies to prevent these forms of violence, including for example, changing social norms that condone violence, empowering girls and women by strengthening economic supports for women and families, and creating protective environments in schools, workplaces, and communities (Basile et al., 2016; Niolon et al., 2017). Prevention of sexual violence, stalking, and intimate partner violence would be most successful if it begins early in the lifespan, given the commonly reported early age of first victimization for these types of violence (K.C. Basile et al., 2022; S.G. Smith et al., 2022). Prevention approaches with adolescents that seek to prevent these forms of violence from happening in the first place have the best chance of also reducing the health, economic, and other impacts of these forms of violence. More research is needed to further elucidate the context (e.g., relationship

status for intimate partner relationships, order of commencement of sexual violence versus stalking, characteristics of victims and perpetrators) to inform prevention efforts.

This study is subject to a few limitations. Victimization estimates are considered underestimates of the true prevalence. NISVS uses strategies to build rapport and facilitate disclosure, but some participants might not have felt comfortable reporting their victimization or the characteristics to a live interviewer. Second, respondents were not asked the order in time in which violent incidents occurred. We cannot determine whether stalking preceded sexual violence or vice versa and the status of the relationship (current or former) at the time of the perpetration. Third, the data are cross-sectional, so directionality between victimization and health conditions cannot be determined. Fourth, given sample size limitations, we were not able to examine experiences of sexual violence and stalking victimization by racial/ethnic group, sexual orientation, gender identity or other aspects of diversity. A next step for research in this area is to better understand differences in experiences of sexual violence and stalking and their impacts among diverse groups because these findings may not be applicable to all groups. Fifth, follow-up questions were asked within the context of the experience with an individual perpetrator, thus it is not possible to link individual violence experiences to specific impacts (e.g., impacts of stalking specifically or impacts of sexual violence specifically). Finally, the data were collected in 2010–2012 so are 10–12 years old at the time of publication.

Conclusions

This study adds to our understanding of sexual violence and stalking victimization experienced by the same perpetrator using a nationally representative sample. Findings suggest that the combination of sexual violence and stalking victimization often occurs in intimate partner relationships and is accompanied by other victimization experiences (physical and psychological aggression) in that same relationship. Victims who experience this combination of sexual violence and stalking victimization reported numerous impacts including health impacts and help seeking needs. Prevention efforts that start early in the lifespan and acknowledge the overlapping victimization experiences of violence victims, particularly in the context of intimate partner violence, might most effectively reduce these forms of violence by understanding the context in which they occur.

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Table 1.

Prevalence of any sexual violence and stalking by the same perpetrator by type of perpetrator among women and among female victims, national intimate partner and sexual violence survey (NISVS), 2010–2012.

Type of Perpetrator	Weighted % of all Women	95% CI for all Women	Weighted % of Female Victims of Sexual Violence and Stalking by Same Perp	95% CI for Female Victims of Sexual Violence and Stalking by Same Perp	Estimated Number of Victims ^a
Overall	8.1	(7.6, 8.7)			9,806,000
Intimate partner	6.2	(5.7, 6.7)	76.2	(72.9, 79.2)	7,473,000
Family Member	0.4	(0.3, 0.6)	5.2	(3.6, 7.5)	512,000
Person of Authority	0.1	(0.0, 0.1)	0.8	(0.5, 1.4)	79,000
Acquaintance	1.3	(1.1, 1.5)	15.8	(13.3, 18.6)	1,547,000
Stranger	0.5	(0.4, 0.7)	6.6	(5.2, 8.3)	647,000

Note. CI = confidence interval.

^aWeighted to nearest thousand.

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Table 2.

Prevalence of multiple forms of violence by the same intimate partner perpetrator among victims of sexual violence and stalking, national intimate partner and sexual violence survey (NISVS), 2010–2012.

	Female Victims			Male Victims		
	Weighted %	95% CI	Estimated Number of Victims ^a	Weighted %	95% CI	Estimated Number of Victims ^a
Experienced sexual violence, stalking, and physical violence	91.0	(88.8, 93.3)	6,803,000	91.0	(83.4, 95.4)	1,100,000
Experienced sexual violence, stalking, and psychological aggression	95.9	(93.6, 97.4)	7,167,000	98.2	(93.3, 99.5)	1,187,000
Experienced sexual violence, stalking, physical violence, and psychological aggression	90.1	(87.5, 92.2)	6,733,000	91.0	(83.4, 95.3)	1,099,000

Note. CI = confidence interval.

^aWeighted to nearest thousand.

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Table 3.

Lifetime impacts of sexual violence and stalking by the same perpetrator among female victims, national intimate partner and sexual violence survey (NISVS), 2010–2012.

Impact	Same Perpetrator (Any Type)			Same Intimate Partner Perpetrator		
	Weighted %	95% CI	Estimated Number of Victims ^a	Weighted %	95% CI	Estimated Number of Victims ^a
Fearful	98.7	(97.9, 99.3)	9,679,000	99.3	(98.5, 99.7)	7,421,000
Concerned for safety	83.9	(80.7, 86.7)	8,230,000	86.3	(82.4, 89.4)	6,447,000
Any PTSD symptoms	77.3	(74.0, 80.3)	7,581,000	80.6	(76.7, 83.9)	6,021,000
Injury	60.1	(56.4, 63.6)	5,889,000	65.0	(60.9, 68.9)	4,858,000
Needed medical care	37.2	(33.8, 40.7)	3,648,000	38.3	(34.5, 42.3)	2,864,000
Needed housing services	18.5	(15.5, 21.7)	1,813,000	19.5	(16.4, 22.9)	1,454,000
Needed victim's advocate services	19.9	(17.1, 23.1)	1,955,000	20.9	(17.8, 24.3)	1,558,000
Needed legal services	35.9	(32.6, 39.3)	3,517,000	39.5	(35.7, 43.4)	2,953,000
Contacted a crisis hotline	12.4	(10.3, 14.8)	1,213,000	13.6	(11.1, 16.5)	1,014,000
Missed at least one day of work or school	48.2	(44.6, 51.8)	4,723,000	51.7	(47.5, 55.8)	3,861,000
Contracted a sexually transmitted infection	11.0	(8.9, 13.6)	1,079,000	12.6	(9.9, 15.8)	938,000
Became pregnant	16.6	(13.6, 19.9)	1,631,000	18.7	(15.2, 22.7)	1,396,000

Note. CI = confidence interval; PTSD = post-traumatic stress disorder.

^aWeighted to nearest thousand.HT

Similarly, among male victims of sexual violence and stalking by the same perpetrator, most reported being fearful (89.3%) and concerned for their safety (71.3%) during their lifetime as a result of the perpetrator's behavior. Additional reported impacts were: PTSD symptoms (59.3%), missed at least one day of work or school (47.8%), injury (40.8%), needed legal services (40.4%), medical care (25.7%), and victim's advocate services (11.7%). Estimates for needing housing services, having contacted a crisis hotline and contracted a sexually transmitted infection were statistically unstable and are therefore not reported (Table 3).

Table 4.

Lifetime impacts of sexual violence and stalking by the same perpetrator among male victims, national intimate partner and sexual violence survey (NISVS), 2010–2012.

Impact	Same Perpetrator (Any Type)			Same Intimate Partner Perpetrator		
	Weighted %	95% CI	Estimated Number of Victims ^a	Weighted %	95% CI	Estimated Number of Victims ^a
Fearful	89.3	(83.1, 93.5)	1,671,000	86.8	(77.0, 92.8)	1,049,000
Concerned for safety	71.3	(63.3, 78.2)	1,334,000	73.5	(64.0, 81.3)	888,000
Any PTSD symptoms	59.3	(50.5, 67.5)	1,109,000	63.7	(53.0, 73.2)	770,000
Injury	40.8	(32.5, 49.7)	764,000	42.6	(32.6, 53.3)	515,000
Needed medical care	25.7	(18.4, 34.7)	481,000	27.7	(18.7, 38.9)	335,000
Needed housing services	–	–	–	–	–	–
Needed victim's advocate services	11.7	(6.6, 19.7)	218,000	–	–	–
Needed legal services	40.4	(33.3, 47.5)	755,000	44.3	(34.0, 55.1)	535,000
Contacted a crisis hotline	–	–	–	–	–	–
Missed at least one day of work or school	47.8	(49.2, 56.5)	894,000	51.3	(40.8, 61.7)	620,000
Contracted a sexually transmitted infection	–	–	–	–	–	–

Note. CI = confidence interval; PTSD = post-traumatic stress disorder.

^aWeighted to nearest thousand.