The National Intimate Partner and Sexual Violence Survey























The National Intimate Partner and Sexual Violence Survey:

2016/2017 Report on Stalking — Updated Release

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Background and Definition

Stalking is an important public health problem experienced by both women and men. It typically includes being followed, spied upon, repeatedly contacted, and often threats of violence. 1,2 It can even lead to homicide in severe cases. 3 Although stalking has historically received less attention in the scientific literature than sexual violence and intimate partner violence, stalking victimization is associated with posttraumatic stress symptoms, 4 feelings of hopelessness, 5 fear, safety concerns, depression, and anxiety. 2,6 Stalking can happen in the context of intimate partner violence, especially for female victims 1 and has been associated with

sexual violence victimization.⁷ The National Intimate Partner and Sexual Violence Survey (NISVS) is the sole source of recent, national data on stalking victimization in the United States.

This report summarizes the lifetime and 12-month experiences of stalking victims in the United States. It includes differences in prevalence by race/ethnicity, stalking tactics, type and sex of the perpetrators, and associations between stalking victimization and health conditions. Data tables are presented at the end of the report.

How NISVS Measured Stalking

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 purposes of this report, a person was considered a stalking victim if they experienced any of the stalking tactics on more than one occasion and by the same perpetrator and felt fearful, threatened, or concerned for their own safety or the safety of others as a result of the perpetrator's behavior.

Stalking tactics measured:

- Unwanted following and watching of the victim
- Unwanted approaching or showing up in places, such as the victim's home, workplace, or school
- Unwanted use of global positioning system (GPS) technology to monitor or track the victim's location
- · Leaving strange or potentially threatening items for the victim to find
- Sneaking into the victim's home or car and doing things to scare the victim or let the victim know the perpetrator had been there
- Use of technology (e.g., hidden camera, recorder, computer software) to spy on the victim from a distance
- Unwanted phone calls, including hang-ups and voice messages
- Unwanted texts, emails, social media or photos messages
- Unwanted cards, letters, flowers, or presents

In follow-up questions, respondents who experienced any of the above tactics on more than one occasion by the same perpetrator were asked whether the perpetrator did the following:

- · Made them feel fearful, threatened, or concerned for their safety or the safety of others
- · Made threats of physical harm

Methods

The National Intimate Partner and Sexual Violence Survey (NISVS) is a nationally representative random digit dialing (RDD) telephone survey of adult women and men in the United States. NISVS uses a dualframe approach that includes both landlines and cell phones. Noninstitutionalized, English- and/or Spanish-speaking adults (18 years and older) are surveyed. NISVS has been conducted periodically since 2010, including twice between September 2016 and May 2017 (i.e., the 2016/2017 period). A total of 15,152 women and 12,419 men completed the survey. The response rate was 7.6% (American Association for Public Opinion Research [AAPOR] Response Rate 4, AAPOR 2016),8 and the cooperation rate was 58.6% (AAPOR Cooperation Rate 4).8 More details about the survey instrument and the methods used to collect the 2016/2017 NISVS data can be found in the National Intimate Partner and Sexual Violence Survey, 2016/2017: Methodology Report.9

Survey sections were reorganized, and several survey questions were revised for the 2016/2017 NISVS administration. Based on consultation with experts in the field, stalking items and measurement were improved to better reflect the experiences of victims. In general, stalking module revisions included: 1) stalking items were moved to the beginning of the violence victimization questions; 2) following and watching tactics were revised to distinguish between physical stalking behaviors and those that used technology; 3) questions that assessed levels of fear were removed; and 4) revisions were made to shorten the survey time, i.e., questions regarding 12-month experiences of individual stalking tactics were removed.

Additionally, the criteria for being counted as a stalking victim were revised to be more consistent with victim experiences and recommendations in the Model Stalking Code, which does not require a specific level of fear. 10,* For NISVS 2016/2017, the criteria for stalking victimization were: 1) experienced one or more stalking tactics on more than one occasion AND 2) made to feel fearful, threatened, or concerned for their own safety or the safety of others OR 3) threatened with physical harm. Moreover, we added language instructing respondents to report all threats of violence regardless of whether they believed the threats were serious. Finally, we distinguished "brief encounter" as a specific perpetrator category in the data tables (it was formerly included as part of the "acquaintance" category). Additional details about the revisions to the 2016/2017 NISVS instrument are described in the National Intimate Partner and Sexual Violence Survey, 2016/2017: Methodology Report.9

Analyses were conducted using SAS (version 9.4) and SAS-callable SUDAAN (version 11.1). Prevalence estimates and 95% confidence intervals, weighted to the U.S. population ages 18 and older, were produced separately for females and males, along with the estimated total number of victims. Chi-square tests were conducted to assess the association between health outcomes of interest and stalking victimization with a p-value of 0.05 set as the threshold for establishing statistical significance. Estimates with relative standard errors > 30% or a numerator sample count \leq 20 were considered statistically unstable and not reported.

^{*} The document includes recommendation for how states can examine their current legal statutes in order to address stalking, hold perpetrators accountable, and protect victims.

Findings

Prevalence of Stalking Victimization

Women

Nearly 1 in 3 women (31.2% or about 38.9 million) in the United States reported stalking victimization at some point in her lifetime, during which she felt fearful, threatened, or concerned for the safety of herself or others (Table 1).

One in 15 U.S. women (6.9% or about 8.6 million) reported stalking in the 12 months before taking the survey (Table 1).

Men

About 1 in 6 men (16.1% or nearly 19 million) in the United States reported stalking victimization at some point in his lifetime, during which he felt fearful, threatened, or concerned for the safety of himself or others (Table 1).

One in 24 U.S. men (4.1% or 4.8 million) reported stalking in the 12 months prior to the survey (Table 1).



Prevalence of Stalking Victimization by Race/Ethnicity

Women

In the United States, about 1 in 2 non-Hispanic multiracial women (53.7%) and 4 in 10 non-Hispanic American Indian or Alaska Native women (42.1%) were stalked in their lifetimes (Table 2). About 1 in 3 non-Hispanic White women (32.6%) and about 1 in 4 non-Hispanic Black (29.8%), Hispanic (25.5%), and non-Hispanic Asian or Pacific Islander women (24.2%) were victims of stalking at some point in their lives (Table 2).

In the 12 months before the survey, 1 in 6 non-Hispanic multiracial women (16.9%) were stalked. Further, about 1 in 13 non-Hispanic Black women (7.6%) and 1 in 15 Hispanic women (6.8%) and non-Hispanic White women (6.6%) were stalked in the previous 12 months. The estimates for non-Hispanic Asian or Pacific Islander and non-Hispanic American Indian or Alaska Native women were based upon numbers too small to produce statistically stable estimates and are therefore not reported (Table 2).

Men

In the United States, more than 1 in 4 non-Hispanic multiracial (29.9%) and non-Hispanic American Indian or Alaska Native men (29.2%) were stalked in their lifetimes (Table 3). One in 5 non-Hispanic Black (19.8%), 1 in 6 Hispanic (17.2%), 1 in 7 non-Hispanic White (15.2%), and 1 in 11 non-Hispanic Asian or Pacific Islander men (9.4%) were victims of stalking at some point in their lives (Table 3).

In the 12 months before the survey, more than 1 in 10 non-Hispanic multiracial men (10.8%) and nearly 1 in 14 non-Hispanic Black men (7.0%) were stalked in the previous 12 months. Additionally, 1 in 23 Hispanic (4.3%) and 1 in 29 non-Hispanic White men (3.4%) were stalked in the 12 months prior to taking the survey. The estimates for non-Hispanic Asian or Pacific Islander, and non-Hispanic American Indian or Alaska Native men were based on numbers too small to produce statistically stable estimates and are therefore not reported (Table 3).

Tactics Used in Stalking Victimization

Female Victims

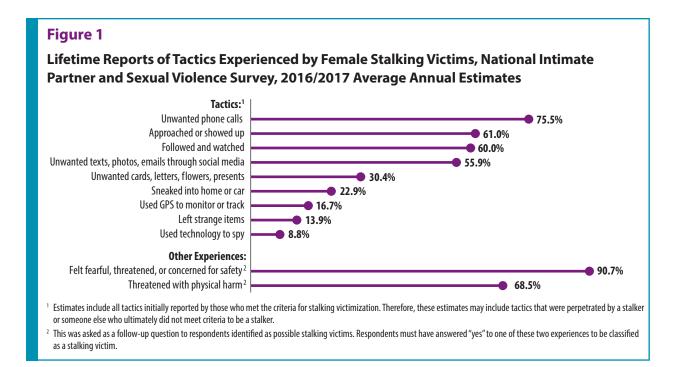
Numerous tactics are used to stalk victims. Threequarters of female stalking victims reported receiving unwanted phone calls (75.5%), and more than half reported being approached (61.0%), followed and watched (60.0%), and receiving unwanted texts, photos, and emails through social media (55.9%) during their lifetime. Additionally, most female victims (90.7%) felt fearful, threatened, or concerned for their safety due to the behaviors of the perpetrator, and 68.5% were threatened with physical harm (Figure 1 and Table 4).



Female stalking victims most often received unwanted phone calls and were approached, followed, and watched.



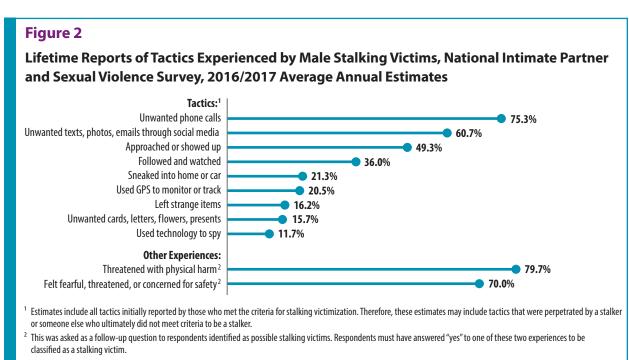
Male stalking victims most often received unwanted phone calls, texts, photos, emails, and social media messages and were approached.



Male Victims

In their lifetime, three-quarters of male stalking victims (75.3%) reported receiving unwanted phone calls; more than half received unwanted texts, photos, and emails through social media (60.7%); about one-half were approached (49.3%); and more than one-

third were followed and watched (36.0%). Most male victims (70.0%) felt fearful, threatened, or concerned for their safety due to the perpetrator's behavior, and more than three-quarters (79.7%) were threatened with physical harm (Figure 2 and Table 5).

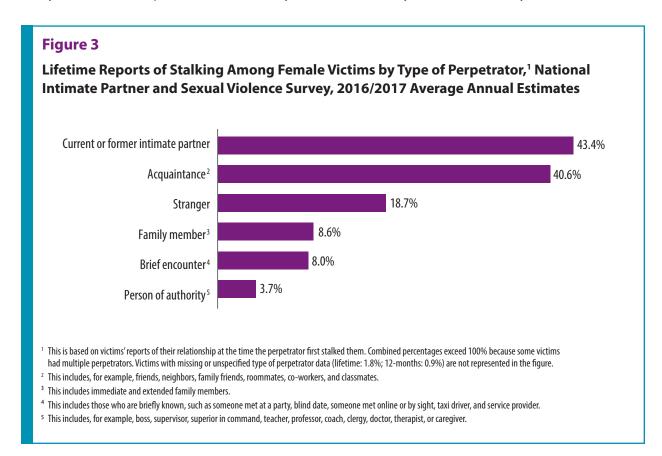


Type of Perpetrator in Stalking Victimization

Female Victims

Female victims usually knew the perpetrators who stalked them. The most common perpetrators were current or former intimate partners (43.4%) and acquaintances (40.6%) during the victims' lifetimes (see Figure 3 and Table 6). Almost 19 percent of female victims (18.7%) reported that a stranger was their stalker. Other perpetrators were reportedly family members (8.6%), persons with whom they had

a brief encounter (8.0%), and persons of authority (3.7%) (see Table 6). In the 12 months prior to the survey, 37.2% of female victims were stalked by an acquaintance, 35.5% by a current or former intimate partner, 14.8% by a stranger, 9.7% by a family member, and 6.9% by a brief encounter (Table 6). Twelve-month estimates for perpetrators in positions of authority were not statistically stable.



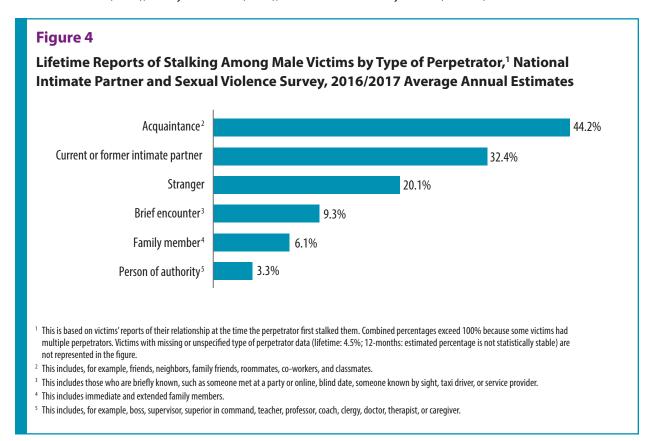


For both female and male victims, the most common perpetrators were intimate partners or acquaintances.

Male Victims

Similarly, male victims generally knew the persons who stalked them in some capacity. The most frequently reported perpetrators were acquaintances (44.2%) and current or former intimate partners (32.4%) (see Figure 4). Twenty percent (20.1%) of male victims reported that the perpetrator was a stranger. Other perpetrators were persons with whom they had brief encounters (9.3%), family members (6.1%), and

persons of authority (3.3%) (see Figure 4 and Table 7). In the 12 months preceding the survey, 35.4% of male victims were stalked by an acquaintance, 29.9% by a current or former intimate partner, 19.9% by a stranger, 8.2% by a family member, and 6.1% by a brief encounter. Twelve-month estimates for perpetrators in positions of authority were not statistically stable (Table 7).



Sex of Perpetrator in Stalking Victimization

Female Victims

Most female victims reported having only male stalking perpetrators (83.6%) in their lifetime. Seven percent (7.4%) reported having only female stalking perpetrators, and 7.1% had both male and female perpetrators (Table 8). In the 12 months preceding the survey, 79.3% of female victims reported having only male stalking perpetrators, 15.3% had only female perpetrators, and 4.9% had both male and female perpetrators (Table 8).

Male Victims

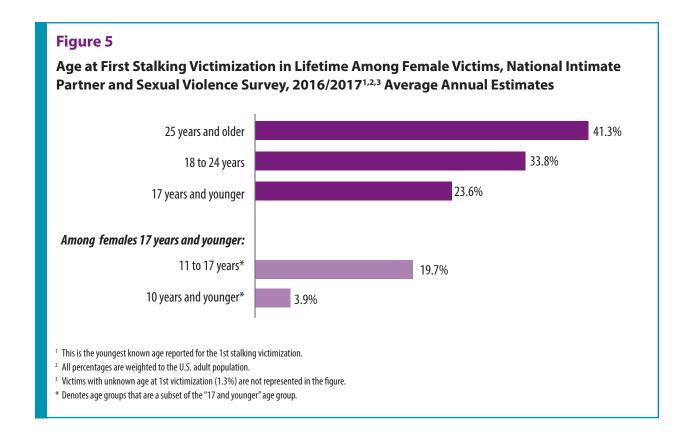
In lifetime experiences of stalking, 44.2% of male victims reported having only male perpetrators, 38.3% had only female perpetrators, and 13.9% had both male and female perpetrators (Table 9). In the 12 months prior to taking the survey, 43.0% of male stalking victims had only male perpetrators, 48.4% had only female perpetrators, and 6.0% had both male and female perpetrators (Table 9).

Age at First Stalking Victimization

Female Victims

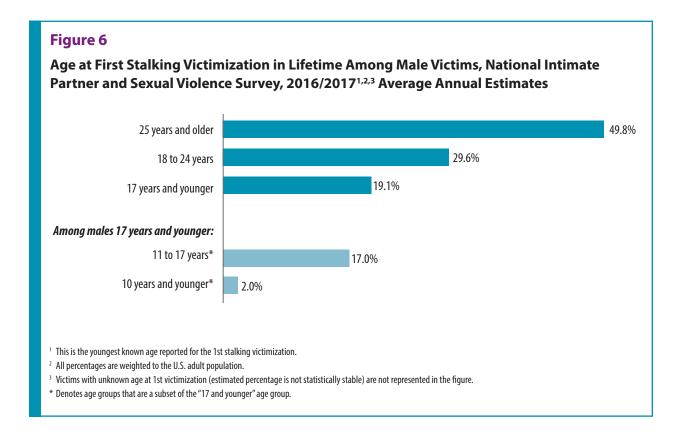
More than half of female stalking victims reported that the first stalking victimization in their lifetime occurred before age 25 (57.5% or 22.3 million victims), and about 1 in 4 (23.6% or about 9.2 million victims) were first stalked before turning 18. Nearly 20%

(19.7% or 7.7 million) of female stalking victims were between 11 and 17 years of age, and 3.9% were 10 years of age or younger. More than 41% (16.0 million) were 25 years old or older at the time of their first stalking victimization (see Figure 5 and Table 10).



Male Victims

Nearly half of male victims reported having first been stalked before age 25 (48.6%, 9.2 million victims), and 19.1% (3.6 million) were first stalked before the age of 18. Seventeen percent (3.2 million) of male victims were between 11 and 17 years of age, and 2.0% were 10 years of age or younger. One in two men (49.8% or about 9.5 million victims) were 25 years of age or older at the time of their first stalking victimization in their lifetime (see Figure 6 and Table 11).



Prevalence of Health Conditions by Stalking Victim Status

Violence victimization has been linked to negative physical and psychological health conditions. For example, stalking victimization has been linked to psychological distress, ¹¹ PTSD symptoms, ¹² and suicidality. ¹³ Fewer data exist on the association of stalking and physical health. Research has shown a relationship between stalking victimization and complaints of pain ^{14,15} and poor current health status, injury, and chronic disease. ¹⁶ Moreover, prior research has shown that persons with disabilities are at greater

risk for violence compared to non-disabled persons. 17-20 Although few studies have been conducted, recent evidence has shown greater risk of stalking victimization among persons with a disability. 21

This section presents prevalence data on health conditions and activity limitations among U.S. women and men who reported stalking victimization during their lifetime versus those who did not report such victimization.

Prevalence Among Women

Six of the 10 health conditions measured were significantly higher (p < .05) among women who reported stalking victimization compared to those who did not. They include asthma, irritable bowel syndrome, frequent headaches, chronic pain, difficulty sleeping, and blindness or serious difficulty seeing. Also, 2 of the 10 conditions (diabetes and high blood pressure) measured were significantly lower (p < .05) among women who reported stalking victimization compared to those who did not. Stalking victimization was not associated with serious

difficulty hearing; HIV/AIDS was not statistically stable (Table 12). Similarly, all four measured activity limitations were significantly higher among women who reported stalking victimization compared to those who did not experience stalking in their lifetime. The four activity limitations include serious difficulty walking or climbing stairs, difficulty dressing or bathing, difficulty concentrating, remembering, or making decisions, and difficulty doing errands alone (Table 12).

Prevalence Among Men

Seven of the 10 measured health conditions were significantly higher (p <.05) among men who reported stalking victimization compared to those who did not. They include asthma, HIV/AIDS, frequent headaches, chronic pain, difficulty sleeping, serious difficulty hearing and seeing, and blindness; no significant differences were observed for irritable bowel syndrome, diabetes, and high blood pressure (Table 13).

All activity limitations measured were significantly higher among men who reported stalking victimization in their lifetime compared to those who did not. These limitations include serious difficulty walking or climbing stairs, difficulty dressing or bathing, difficulty concentrating, remembering, or making decisions, and difficulty doing errands alone (Table 13).

Discussion and Conclusion

These latest estimates from NISVS indicate that stalking remains a serious public health problem. In general, victims were most often stalked by someone they knew, such as an intimate partner or an acquaintance. For female victims, perpetrators were usually the opposite sex, but male victims had similar percentages of both male and female perpetrators. Overall, stalking affects both women and men and often starts at young ages. About 1 in 2 female and male victims first experienced stalking before age 25. Furthermore, nearly 1 in 4 female victims and 1 in 5 male victims were stalked before turning 18. However, many victims first experienced stalking at age 25 and older, possibly reflecting intimate partner stalking.

Similar to other forms of violence, some racial and ethnic minority groups are substantially affected by stalking. For example, 1 in 2 non-Hispanic multiracial and 4 in 10 non-Hispanic American Indian/Alaska Native women reported having been stalked during their lifetime. Similar patterns were apparent for men: nearly 3 in 10 non-Hispanic multiracial and non-Hispanic American Indian/Alaska Native men were stalked during their lifetime.

Perpetrators used various tactics to stalk victims, such as physical strategies involving following, approaching, and sending unwanted items, and technology-based strategies involving phone calls, text messages, emails, and GPS. Today's emphasis on technology as a means of socializing and communicating has its conveniences, but it also increases the ease by which people can pursue and harass others in ways that might be frightening and

threatening. These data show the potential danger for victims, most of which were threatened with physical harm by their perpetrators.

Additionally, the data show important associations between stalking victimization and health. Almost 50% of female victims and more than 40% of male victims reported sleep difficulties, compared to 27% of female and about 24% of male non-victims, respectively. Other common health conditions associated with stalking victimization were frequent headaches, chronic pain, and difficulty concentrating, remembering, or making decisions. The finding (for women) that prevalence of diabetes and high blood pressure were lower for victims compared to non-victims might suggest that other variables explain this association. In general, this pattern shows the complex association between stalking victimization and physical and mental health.

Stalking victimization is often perpetrated by intimate partners of the victim and in combination with other forms of intimate partner violence; therefore, the approaches to prevention may be similar. Perpetrators who the victim considered an acquaintance, such as friends, classmates, and other known persons who are not intimate partners were also common in this study. This suggests that prevention approaches that focus on peer violence and aggression may also be useful for preventing stalking. Because stalking victimization most often starts before age 25, prevention efforts must start early in life to promote healthy peer, dating, and intimate relationships.

CDC developed technical packages that describe strategies and approaches for preventing sexual and intimate partner violence^{22,23} that may inform stalking prevention. For example, one promising approach is the use of social-emotional learning programs for youth. These programs may help in developing skills such as empathy, respect, healthy communication, and conflict resolution.^{22,23} Primary prevention efforts that teach young people healthy relationship skills for all stages of intimate relationships, including break-ups, and with peers and acquaintances might be useful for preventing stalking of intimate partners and acquaintances.

Stalking is a misunderstood crime, and increased efforts are warranted to train service providers, those in criminal justice, and the public about how to recognize it when it occurs.²⁴ In some cases, a stalker's persistent and unwanted pursuit of a relationship with a victim is initially mistaken as innocent romantic gestures or infatuation. However, a stalking perpetrator's seemingly benevolent behavior (e.g., sending flowers) might have dangerous symbolic meaning to the victim and represent a sign of escalation or risk of harm.¹⁰

Finally, findings show that some racial/ethnic minority groups bear a greater burden of stalking victimization compared to others—this is especially true of those who identify as multiracial. Further research is needed to better understand what makes up the multiracial group and the circumstances that place them at greater risk for stalking. For example, stalking is a common element of intimate partner violence, and previous NISVS data showed that lifetime prevalence of intimate partner violence was

also high among multiracial persons. 1 The lifetime prevalence estimates also show that American Indian and Alaska Native women and men and non-Hispanic Black men have an elevated risk of stalking. Prior research has shown that these populations also have a high prevalence of various forms of violence victimization, 25,26 including intimate partner violence.1 To address these inequities, prevention strategies must reflect culturally sensitive approaches²⁷ that also address historical traumas experienced by some racial/ethnic minorities.²⁸ Further, the racial/ethnic disparities in the prevalence of stalking show that strategies need to address the economic, social, and structural contributors that might increase the risk for violence, including stalking. Stressors of poverty and the societal factors that limit the prosperity of certain populations²⁶ are such contributors. For example, approaches that create protective environments in schools, workplaces, and communities, and policies that strengthen household financial security and work-family supports may reduce intimate partner stalking given the evidence for their preventive effects on intimate partner violence and related risk factors more broadly.23

The negative health implications from stalking, similar to the effects of intimate partner violence,²⁹ may be exacerbated in racial/ethnic minority groups who are already at greater risk for some forms of chronic disease.³⁰ Previous research has shown that exposure to violence as a minor or young adult may have long-term negative effects on mental and physical health, particularly among racial/ethnic minorities.³¹ Longitudinal research may clarify the effect of stalking experienced as a minor on the long-term health of such groups.

Limitations

The findings in this report are subject to numerous limitations that may impact the generalizability of the results. First, NISVS only reaches those who have a landline or cell phone, which misses certain groups such as transient and institutionalized (e.g., prisoners) populations who may be at risk for the types of violence victimization covered in the survey. Second, while random digit dialing (RDD) telephone surveys offer the advantage of having an interviewer who can establish rapport and monitor the emotional safety of respondents, many studies using the surveys, including NISVS, have reported declining response rates. A low response rate, though not necessarily an indicator of bias, is a cause for concern. To help address this issue, NISVS uses both cell and landline sampling frames and non-response follow-up to minimize non-coverage and non-response bias. In addition, CDC conducted in-depth analyses to further investigate the representativeness of the sample and determined that, although some non-response bias cannot be dismissed, evidence supports the representativeness of the data.32

Third, the nine tactics questions were presented as gateway questions leading to a short set of questions used to assess actual stalking victimization (i.e., presence of fear or concern for safety). Therefore, for some respondents, it is possible that the tactics reported by victims included some tactic experiences that ultimately did not meet criteria for stalking.

Fourth, the timing and causal consequences of the violence cannot be determined due to the cross-sectional nature of the data. For example, whether those reporting blindness or serious difficulty seeing experienced stalking prior to or while they were visually impaired is unknown.

Fifth, the estimates provided in this report should be viewed as underestimates of the true prevalence of stalking. Although NISVS uses several techniques to establish rapport with respondents and to facilitate disclosure of their experiences, including asking numerous behaviorally specific questions to measure stalking, some may not have been comfortable reporting their victimization in the survey. Reasons for non-disclosure include shame, current distress about the victimization, or close proximity of the perpetrator at the time of the survey. Additionally, these data could be subject to recall bias and telescoping, which occurs when respondents have difficulty recalling the precise timing of incidents in their past. Respondents might report incidents as having occurred more recently than they really did; telescoping might have affected the 12-month estimates in particular.

Finally, substantial changes have been made to the 2016/2017 survey questions compared with prior NISVS surveys; therefore, comparisons to previous data years are not recommended.

Conclusion

NISVS data show that stalking is prevalent in the United States and affects millions of people each year, making it a serious public health issue. The experience and effects of stalking can disrupt lives and contribute to adverse health conditions. Approaches that focus

on intimate partner violence and peer victimization and on promoting healthy relationships among youth may be most helpful in preventing stalking and its negative impacts.

References

- 1. Smith S, Chen J, Basile K, Gilbert L, Merrick M, Patel N, et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2017.
- 2. Logan T. Examining stalking experiences and outcomes for men and women stalked by (ex)partners and non-partners. J Fam Violence. 2020;35:729-39.
- 3. Rai A, Villarreal-Otalora T, Blackburn J, Choi Y. Correlates of intimate partner stalking precipitated homicides in the United States. J Fam Violence. 2020;35:705-16.
- 4. Fleming K, Newton T, Fernandez-Botran R, Miller J, Burns V. Intimate partner stalking victimization and posttraumatic stress symptoms in post-abuse women. Violence Against Women. 2013;18(12):1368-89.
- 5. Reidy D, Smith-Darden J, Kernsmith P. Behavioral and mental health correlates of youth stalking victimization: a latent class approach. Am J Prev Med. 2016;51(6):1007-14.
- 6. Dressing H, Kuehner C, Gass P. Lifetime prevalence and impact of stalking in a European population. Br J Psychiatry. 2005;187(2):168-72.
- 7. Logan T. Exploring the intersection of partner stalking and sexual abuse. Violence Against Women. 2011;17(7):904-24.
- 8. American Association for Public Opinion Research (AAPOR). Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 9th edition: AAPOR; 2016. Available from: https://www.aapor.org/AAPOR Main/media/publications/Standard-Definitions20169theditionfinal.pdf
- Kresnow M, Smith S, Chen J, Basile K. The National Intimate Partner and Sexual Violence Survey (NISVS), 2016/2017: Methodology Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2022.
- 10. National Center for Victims of Crime. The model stalking code revisited: responding to the new realities of stalking. Washington, DC: National Center for Victims of Crime; 2007.
- 11. Diette T, Goldsmith A, Hamilton D, Darity Jr W, McFarland K. Stalking: does it leave a psychological footprint? Soc Sci Q. 2014;95(2):563-80.
- 12. Edwards K, Gidycz C. Stalking and psychosocial distress following the termination of an abusive dating relationship: a prospective analysis. Violence Against Women. 2014;20(11):1383-97.
- 13. Nobles M, Cramer R, Zottola S, Desmarais SG, TM, Holley S, Wright S. Prevalence rates, reporting, and psychosocial correlated of stalking victimization: results from a three-sample cross-sectional study. Soc Psychiatry Psychiatr Epidemiol. 2018;53:1253-63.
- 14. Logan T, Walker R. Toward a deeper understanding of the harms caused by partner stalking. Violence Vict. 2010;25(4):440-55.
- 15. Morris M, Bailey B, Ruiz E. Pain in the acute aftermath of stalking: associations with posttraumatic stress symptoms, depressive symptoms, and posttraumatic cognitions. Violence Against Women. 2020;26(11):1343-61.
- 16. Davis K, Coker A, Sanderson M. Physical and mental health effects of being stalked for men and women. Violence Vict. 2002;17(4):429–43.

- 17. Alriksson-Schmidt A, Armour B, Thibadeau J. Are adolescent girls with a physical disability at increased risk for sexual violence? J Sch Health. 2010;80(7):361-7.
- 18. Basile K, Breiding M, Smith S. Disability and risk of recent sexual violence in the United States. Am J Public Health. 2016;106:928-33.
- 19. Breiding M, Armour B. The association between disability and intimate partner violence in the United States. Ann Epidemiol. 2015;25(6):455-7.
- Khalifeh H, Howard L, Osborn D, Moran P, Johnson S. Violence against people with disability in England and Wales: findings from a national cross-sectional survey. PLoS One. 2013. doi: https://doi.org/10.1371/journal.pone.0055952.
- 21. Reyns B, Scherer H. Stalking victimization among college students: the role of disability within a lifestyle-routine activity framework. Crime Deling. 2018;64(5):650-73.
- 22. Basile K, DeGue S, Jones K, Freire K, Dills J, Smith S, et al. STOP SV: A Technical Package to Prevent Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2016. Available from: https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf.
- 23. Niolon P, Kearns M, Dills J, Rambo K, Irving S, Armstead T, et al. Preventing intimate partner violence across the lifespan: a technical package of programs, policies, and practices. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2017.
- 24. Dreke R, Johnson L, Landhuis J. Challenges with and recommendations for intimate partner stalking policy and practice: a practitioner perspective. J Fam Violence. 2020;35:769-79.
- 25. Petrosky E, Ertl A, Sheats K, Wilson R, Betz C, Blair J. Surveillance for violent deaths National Violent Death Reporting System, 34 states, four California counties, the District of Columbia, and Puerto Rico. MMWR Surveill Summ. 2020;69(8):1-37.
- 26. Sheats K, Irving S, Mercy J, Simon T, Crosby A, Ford D, et al. Violence-related disparities experienced by black youth and young adults: opportunities for prevention. Am J Prev Med. 2018;55(4):462-9.
- 27. Centers for Disease Control and Prevention. CDC works to address violence against American Indian and Alaska Native people. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2020.
- 28. Henson M, Sabo S, Trujillo A, Teufel-Shone N. Identifying protective factors to promote health in American Indian and Alaska Native adolescents: a literature review. J Primary Prevent. 2017;38:5-26.
- 29. Stockman J, Hayashi H, Campbell J. Intimate partner violence and its health impact on ethnic minority women. J Womens Health. 2015;24(1):62-79.
- 30. Bauer U, Briss P, Goodman R, Bowman B. Prevention of chronic disease in the 21st century: elimination of the leading preventable causes of premature death and disability in the USA. Lancet. 2014;384(9937):45-52.
- 31. Kenney M, Singh G. Adverse childhood experiences among American Indian/Alaska Native children: the 2011-2012 National Survey of Children's Health. Scientifica. 2016. doi: https://doi.org/10.1155/2016/7424239.
- 32. Kresnow M, Holland K, Peytchev A, Chen J, Smith S, Simon T. NISVS 2016/2017 Data Assessment Report: Examination of data representativeness and factors contributing to observed increases in estimates of violence victimization in the presence of low response rates. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2022.

Tables

Table 1

Lifetime and 12-Month Prevalence of Stalking Victimization — U.S. Women and Men, National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates

	Lifetime			12-Month		
	Weighted %	95% CI	Estimated Number of Victims*	Weighted %	95% CI	Estimated Number of Victims*
Women	31.2	(29.9, 32.5)	38,875,000	6.9	(6.2, 7.7)	8,626,000
Men	16.1	(15.0, 17.2)	18,976,000	4.1	(3.6, 4.7)	4,840,000

Abbreviation: CI = confidence interval.

Table 2

Lifetime and 12-Month Prevalence of Stalking Victimization by Race/Ethnicity¹ — U.S. Women, National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates

		Lifetime		12-Month		
Race Ethnicity ¹	Weighted %	95% CI	Estimated Number of Victims*	Weighted %	95% CI	Estimated Number of Victims*
Hispanic	25.5	(22.2, 29.0)	4,607,000	6.8	(5.0, 9.1)	1,231,000
Non-Hispanic						
Black	29.8	(26.4, 33.5)	4,580,000	7.6	(5.8, 9.8)	1,164,000
White	32.6	(31.0, 34.2)	26,505,000	6.6	(5.7, 7.5)	5,333,000
Asian or Pacific Islander	24.2	(17.8, 32.2)	1,695,000			
American Indian or Alaska Native	42.1	(30.8, 54.2)	333,000			
Multiracial ²	53.7	(46.6, 60.6)	1,154,000	16.9	(11.9, 23.5)	363,000

^{*} Rounded to the nearest thousand.

¹ The American Indian or Alaska Native designation does not indicate being enrolled or being affiliated with a tribe. Persons of Hispanic ethnicity can be of any race or a combination of races. Of the total analysis sample (n=27,571), 0.20% are females who did not provide sufficient race/ethnicity information for weighting, so their data values were imputed.

² The Multiracial category indicates two or more races.

^{*} Rounded to the nearest thousand.

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

Table 3

Lifetime and 12-Month Prevalence of Stalking Victimization by Race/Ethnicity¹ — U.S. Men, National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates

	Lifetime			12-Month		
Race Ethnicity ¹	Weighted %	95% CI	Estimated Number of Victims*	Weighted %	95% CI	Estimated Number of Victims*
Hispanic	17.2	(14.2, 20.6)	3,159,000	4.3	(3.1, 6.1)	798,000
Non-Hispanic						
Black	19.8	(16.5, 23.6)	2,656,000	7.0	(5.0, 9.8)	940,000
White	15.2	(13.9, 16.5)	11,769,000	3.4	(2.8, 4.1)	2,622,000
Asian or Pacific Islander	9.4	(6.2, 13.9)	572,000			
American Indian or Alaska Native	29.2	(19.1, 41.8)	213,000			
Multiracial ²	29.9	(23.2, 37.6)	606,000	10.8	(6.8, 16.6)	218,000

¹ The American Indian or Alaska Native designation does not indicate being enrolled or being affiliated with a tribe. Persons of Hispanic ethnicity can be of any race or a combination of races. Of the total analysis sample (n=27,571), 0.36% are males who did not provide sufficient race/ethnicity information for weighting, so their data values were imputed.

² The Multiracial category indicates two or more races.

^{*} Rounded to the nearest thousand.

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

Table 4
Lifetime Reports of Tactics Experienced by Female Stalking Victims, National Intimate Partner and Sexual Violence Survey, 2016/2017 Average Annual Estimates

	Lifetime			
Tactics Experienced by Stalking Victims ¹	Weighted %	95% CI	Estimated Number of Victims*	
Followed you around and watched you when you did not want them to	60.0	(57.5, 62.5)	23,334,000	
Approached you or showed up in places, such as your home, work, or school	61.0	(58.5, 63.4)	23,700,000	
Used GPS technology or equipment to monitor or track your location when you did not want them to	16.7	(14.9, 18.8)	6,505,000	
Left strange or potentially threatening items for you to find	13.9	(12.3, 15.7)	5,411,000	
Sneaked into your home or car and did things to scare you by letting you know they had been there	22.9	(20.9, 25.0)	8,897,000	
Used technology such as a hidden camera, recorder, or computer software to spy on you from a distance	8.8	(7.4, 10.4)	3,412,000	
Made unwanted phone calls to you, including hang-ups and voice messages	75.5	(73.2, 77.6)	29,339,000	
Sent you unwanted emails, text or photo messages, or social media messages through Facebook, Twitter, etc.	55.9	(53.4, 58.3)	21,716,000	
Sent you cards, letters, flowers, or presents when they knew you didn't want them to	30.4	(28.1, 32.8)	11,807,000	
Other Experiences of Stalking Victims				
Felt fearful, threatened, or concerned for safety ²	90.7	(89.2, 92.1)	35,275,000	
Threatened with physical harm ²	68.5	(66.2, 70.8)	26,642,000	

¹ Estimates include all tactics initially reported by those who met the criteria for stalking victimization. Therefore, these estimates may include tactics that were perpetrated by a stalker or someone else who ultimately did not meet criteria to be a stalker.

² Asked as a follow-up question to respondents who experienced any of the tactics on more than one occaision by the same perpetrator. The respondent must have answered "yes" to at least one of these two experiences to be classified as a stalking victim.

^{*} Rounded to the nearest thousand.

Table 5
Lifetime Reports of Tactics Experienced by Male Stalking Victims, National Intimate Partner and Sexual Violence Survey, 2016/2017 Average Annual Estimates

	Lifetime			
Tactics Experienced by Stalking Victims ¹	Weighted %	95% CI	Estimated Number of Victims*	
Followed you around and watched you when you did not want them to	36.0	(32.6, 39.5)	6,833,000	
Approached you or showed up in places, such as your home, work, or school	49.3	(45.6, 53.0)	9,358,000	
Used GPS technology or equipment to monitor or track your location when you did not want them to	20.5	(17.6, 23.7)	3,890,000	
Left strange or potentially threatening items for you to find	16.2	(13.7, 19.0)	3,074,000	
Sneaked into your home or car and did things to scare you by letting you know they had been there	21.3	(18.5, 24.5)	4,046,000	
Used technology such as a hidden camera, recorder, or computer software to spy on you from a distance	11.7	(9.5, 14.3)	2,215,000	
Made unwanted phone calls to you, including hang-ups and voice messages	75.3	(71.9, 78.4)	14,285,000	
Sent you unwanted emails, text or photo messages, or social media messages through Facebook, Twitter, etc.	60.7	(57.1, 64.2)	11,519,000	
Sent you cards, letters, flowers, or presents when they knew you didn't want them to	15.7	(13.5, 18.3)	2,985,000	
Other Experiences of Stalking Victims				
Felt fearful, threatened, or concerned for safety ²	70.0	(66.4, 73.4)	13,291,000	
Threatened with physical harm ²	79.7	(76.5, 82.5)	15,117,000	

¹ Estimates include all tactics initially reported by those who met the criteria for stalking victimization. Therefore, these estimates may include tactics that were perpetrated by a stalker or someone else who ultimately did not meet criteria to be a stalker.

² Asked as a follow-up question to respondents who experienced any of the tactics on more than one occaision by the same perpetrator. The respondent must have answered "yes" to at least one of these two experiences to be classified as a stalking victim.

^{*} Rounded to the nearest thousand.

Table 6

Lifetime and 12-Month Reports of Stalking Among Female Victims by Type of Perpetrator¹ — National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates

	Lifetime			12-Month		
	Weighted %	95% CI	Estimated Number of Victims*	Weighted %	95% CI	Estimated Number of Victims*
Current or former intimate partner	43.4	(40.9, 45.9)	16,859,000	35.5	(30.3, 41.2)	3,064,000
Family member ²	8.6	(7.3, 10.1)	3,349,000	9.7	(6.8, 13.6)	836,000
Person of authority ³	3.7	(2.9, 4.8)	1,454,000			
Acquaintance ⁴	40.6	(38.2, 43.1)	15,798,000	37.2	(31.8, 42.9)	3,206,000
Brief encounter ⁵	8.0	(6.7, 9.5)	3,096,000	6.9	(4.0, 11.7)	598,000
Stranger	18.7	(16.9, 20.6)	7,253,000	14.8	(11.5, 18.8)	1,277,000

- ¹ This is based on victims' reports of their relationship at the time the perpetrator first committed stalking against them. Combined column percentages exceed 100% because some victims had multiple perpetrators. Victims with missing or unspecified type of perpetrator data (lifetime: 1.8%; 12-months: 0.9%) are not represented in the table.
- ² Includes immediate and extended family members.
- ³ Includes, for example, boss, supervisor, superior in command, teacher, professor, coach, clergy, doctor, therapist, and caregiver.
- ⁴ Includes, for example, friends, neighbors, family friends, roommates, co-workers, and classmates.
- ⁵ Includes those who are briefly known, such as someone met at a party, blind date, someone met online, someone known by sight, taxi driver, and service provider.
- * Rounded to the nearest thousand.
- -- Estimate is not reported; relative standard error > 30% or cell size ≤ 20 .

Table 7

Lifetime and 12-Month Reports of Stalking Among Male Victims by Type of Perpetrator¹ — National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates

	Lifetime			12-Month		
	Weighted %	95% CI	Estimated Number of Victims*	Weighted %	95% CI	Estimated Number of Victims*
Current or former intimate partner	32.4	(29.1, 36.0)	6,156,000	29.9	(23.6, 37.0)	1,447,000
Family member ²	6.1	(4.8, 7.7)	1,149,000	8.2	(5.4, 12.2)	397,000
Person of authority ³	3.3	(2.4, 4.7)	635,000			
Acquaintance ⁴	44.2	(40.5, 47.9)	8,386,000	35.4	(28.9, 42.5)	1,715,000
Brief encounter ⁵	9.3	(7.4, 11.6)	1,757,000	6.1	(3.6, 10.0)	294,000
Stranger	20.1	(17.2, 23.3)	3,808,000	19.9	(14.4, 26.9)	965,000

- ¹ This is based on victims' reports of their relationship at the time the perpetrator first committed stalking against them. Combined column percentages exceed 100% because some victims had multiple perpetrators. Victims with missing or unspecified type of perpetrator data (lifetime: 4.5%; 12-months: estimated percentage is not statistically stable) are not represented in the table.
- ² Includes immediate and extended family members.
- ³ Includes, for example, boss, supervisor, superior in command, teacher, professor, coach, clergy, doctor, therapist, and caregiver.
- ⁴ Includes, for example, friends, neighbors, family friends, roommates, co-workers, and classmates.
- ⁵ Includes those who are briefly known, such as someone met at a party, blind date, someone met online, someone known by sight, taxi driver, and service provider.
- * Rounded to the nearest thousand.
- -- Estimate is not reported; relative standard error > 30% or cell size ≤ 20 .

Table 8

Sex of Perpetrator in Lifetime and 12-Month Reports of Stalking Among Female Victims — National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates

	Lifetime			12-Month		
	Weighted % ¹	95% CI	Estimated Number of Victims*	Weighted % ¹	95% CI	Estimated Number of Victims*
Male perpetrators only	83.6	(81.7, 85.4)	32,516,000	79.3	(73.9, 83.8)	6,840,000
Female perpetrators only	7.4	(6.2, 8.9)	2,885,000	15.3	(11.3, 20.4)	1,320,000
Both male and female perpetrators	7.1	(5.9, 8.5)	2,758,000	4.9	(2.8, 8.3)	421,000

Abbreviation: CI = confidence interval.

- ¹ Because the sex of perpetrator data needed to be complete for the victim to be placed in one of these exclusive categories, victims with completely or partially unknown sex of perpetrator data (lifetime: 1.8%; 12-months: estimated percentage is not statistically stable) are not represented in the table.
- * Rounded to the nearest thousand.

Table 9

Sex of Perpetrator in Lifetime and 12-Month Reports of Stalking Among Male Victims — National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates

	Lifetime			12-Month			
	Weighted % ¹	95% CI	Estimated Number of Victims*	Weighted % ¹	95% CI	Estimated Number of Victims*	
Male perpetrators only	44.2	(40.5, 47.9)	8,381,000	43.0	(36.1, 50.1)	2,079,000	
Female perpetrators only	38.3	(34.7, 42.0)	7,266,000	48.4	(41.1, 55.7)	2,341,000	
Both male and female perpetrators	13.9	(11.5, 16.7)	2,638,000	6.0	(3.8, 9.3)	288,000	

- ¹ Because the sex of perpetrator data needed to be complete for the victim to be placed in one of these exclusive categories, victims with completely or partially unknown sex of perpetrator data (lifetime: 3.6%; 12-months: estimated percentage is not statistically stable) are not represented in the table.
- * Rounded to the nearest thousand.

Table 10

Age at Time of First Stalking Victimization Among Female Victims — National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates

Age Group¹ (years)	Weighted %	95% CI	Estimated Number of Victims*
17 and younger	23.6	(21.5, 25.9)	9,187,000
10 and younger	3.9	(3.0, 5.1)	1,527,000
11 to 17	19.7	(17.8, 21.8)	7,660,000
24 and younger ²	57.5	(55.0, 59.9)	22,337,000
18 to 24	33.8	(31.4, 36.3)	13,150,000
25 and older	41.3	(38.9, 43.7)	16,045,000
25 to 34	20.7	(18.8, 22.8)	8,052,000
35 to 44	11.9	(10.4, 13.5)	4,607,000
45 and older	8.7	(7.5, 10.1)	3,386,000

Abbreviation: CI = confidence interval.

Table 11

Age at Time of First Stalking Victimization Among Male Victims — National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates

Age Group¹ (years)	Weighted %	95% CI	Estimated Number of Victims*
17 and younger	19.1	(16.4, 22.1)	3,618,000
10 and younger	2.0	(1.4, 2.9)	384,000
11 to 17	17.0	(14.4, 20.0)	3,235,000
24 and younger ²	48.6	(44.9, 52.3)	9,228,000
18 to 24	29.6	(26.1, 33.2)	5,610,000
25 and older	49.8	(46.1, 53.5)	9,450,000
25 to 34	22.3	(19.3, 25.6)	4,226,000
35 to 44	13.2	(11.1, 15.7)	2,510,000
45 and older	14.3	(12.1, 16.8)	2,713,000

¹ Victims with unknown age at 1st victimization (1.3%) are not represented in the table.

 $^{^{2}\,}$ Includes the 18–24, 17 and younger, 10 and younger, and 11–17 age groups.

^{*} Rounded to the nearest thousand.

¹ Victims with unknown age at 1st victimization (estimated percentage is not statistically stable) are not represented in the table.

 $^{^{2}}$ Includes the 18–24, 17 and younger, 10 and younger, and 11–17 age groups.

^{*} Rounded to the nearest thousand.

Table 12

Comparing the Prevalence of Physical Health Conditions and Activity Limitations Among Those With and Without a History of Stalking Victimization — U.S. Women, National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates

	History of Stalki	ng Victimization	No History of Stall	king Victimization
	Weighted %	95% CI	Weighted %	95% CI
Health Condition				
Asthma	25.5*	(23.5, 27.8)	17.9	(16.6, 19.2)
Irritable bowel syndrome	15.1*	(13.5, 16.9)	8.2	(7.4, 9.1)
Diabetes	11.5	(10.1, 13.1)	13.7*	(12.6, 14.8)
High blood pressure	26.9	(24.9, 29.0)	30.9*	(29.4, 32.5)
HIV/AIDS				
Frequent headaches	30.9*	(28.6, 33.2)	16.2	(15.0, 17.6)
Chronic pain	38.4*	(36.1, 40.8)	23.2	(21.8, 24.7)
Difficulty sleeping	47.8*	(45.3, 50.3)	27.2	(25.7, 28.7)
Serious difficulty hearing	8.5	(7.3, 9.9)	7.6	(6.7, 8.6)
Blindness or serious difficulty seeing	6.9*	(5.9, 8.1)	5.4	(4.7, 6.2)
Activity Limitation				
Serious difficulty walking or climbing stairs	19.1*	(17.4, 20.9)	16.5	(15.2, 17.9)
Difficulty dressing or bathing	6.1*	(5.1, 7.2)	4.0	(3.3, 4.8)
Difficulty concentrating, remembering, or making decisions	26.1*	(24.0, 28.3)	12.1	(11.0, 13.3)
Difficulty doing errands alone	13.8*	(12.3, 15.5)	7.7	(6.7, 8.7)

^{*} Chi-square test of association statistically significant, p-value < 0.05.

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

Table 13

Comparing the Prevalence of Physical Health Conditions and Activity Limitations Among Those With and Without a History of Stalking Victimization — U.S. Men, National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates

	History of Stalking Victimization		No History of Stalking Victimization	
	Weighted %	95% CI	Weighted %	95% CI
Health Condition				
Asthma	19.3*	(16.7, 22.2)	14.7	(13.6, 16.0)
Irritable bowel syndrome	4.8	(3.7, 6.3)	3.5	(2.9, 4.1)
Diabetes	13.5	(11.2, 16.1)	12.0	(11.1, 13.1)
High blood pressure	31.9	(28.8, 35.3)	30.0	(28.5, 31.5)
HIV/AIDS	2.7*	(1.8, 4.0)	0.7	(0.5, 1.1)
Frequent headaches	20.7*	(17.9, 23.8)	8.6	(7.7, 9.7)
Chronic pain	35.2*	(31.7, 38.8)	20.3	(19.0, 21.7)
Difficulty sleeping	43.1*	(39.5, 46.8)	23.9	(22.5, 25.3)
Serious difficulty hearing	13.9*	(11.6, 16.5)	9.9	(9.0, 10.9)
Blindness or serious difficulty seeing	8.5*	(6.7, 10.6)	3.9	(3.4, 4.6)
Activity Limitation				
Serious difficulty walking or climbing stairs	15.9*	(13.6, 18.5)	11.0	(10.0, 12.0)
Difficulty dressing or bathing	6.6*	(5.3, 8.3)	3.3	(2.8, 3.9)
Difficulty concentrating, remembering, or making decisions	27.3*	(23.9, 30.9)	10.7	(9.7, 11.7)
Difficulty doing errands alone	14.4*	(12.1, 17.0)	5.2	(4.5, 6.0)

^{*} Chi-square test of association statistically significant, p-value < 0.05.

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