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***Recommendations  
and  
Reports***

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**Building Data Systems for  
Monitoring and Responding to  
Violence Against Women**

**Recommendations from a Workshop**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Centers for Disease Control and Prevention (CDC)  
Atlanta, GA 30333



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# Building Data Systems for Monitoring and Responding to Violence Against Women

## Recommendations from a Workshop

### Summary

*This report provides recommendations regarding public health surveillance and research on violence against women developed during a workshop, "Building Data Systems for Monitoring and Responding to Violence Against Women." The Workshop, which was convened October 29–30, 1998, was co-sponsored by the U.S. Department of Health and Human Services and the U.S. Department of Justice.*

## BACKGROUND

Available data suggest that violence against women (VAW) (i.e., both adolescents and adults) is a substantial public health problem in the United States. Law enforcement data indicate that 3,419 females died in 1998 as a result of homicide (1), and approximately one third of these women were murdered by a spouse, ex-spouse, or boyfriend. Data regarding nonfatal cases of assault are less accessible and are often inconsistent because of methodologic differences. However, recent survey data collected during 1995–1996 suggest that approximately 2.1 million women are physically assaulted or raped annually; 1.5 million of these women are physically assaulted or raped by a current or former intimate partner (2). Based on survey data from the Bureau of Justice Statistics' National Crime Victimization Survey, in 1998, women were victims in nearly 900,000 violent crimes committed by an intimate partner (3). Although these and other statistics suggest the magnitude of the problem, some experts believe that statistics on violence against women underrepresent the problem; others believe that some studies overestimate the extent of violence against women. Such lack of consensus and confusion about the different findings from various data sources prompted the establishment of the Workshop in October 1998.

## INTRODUCTION

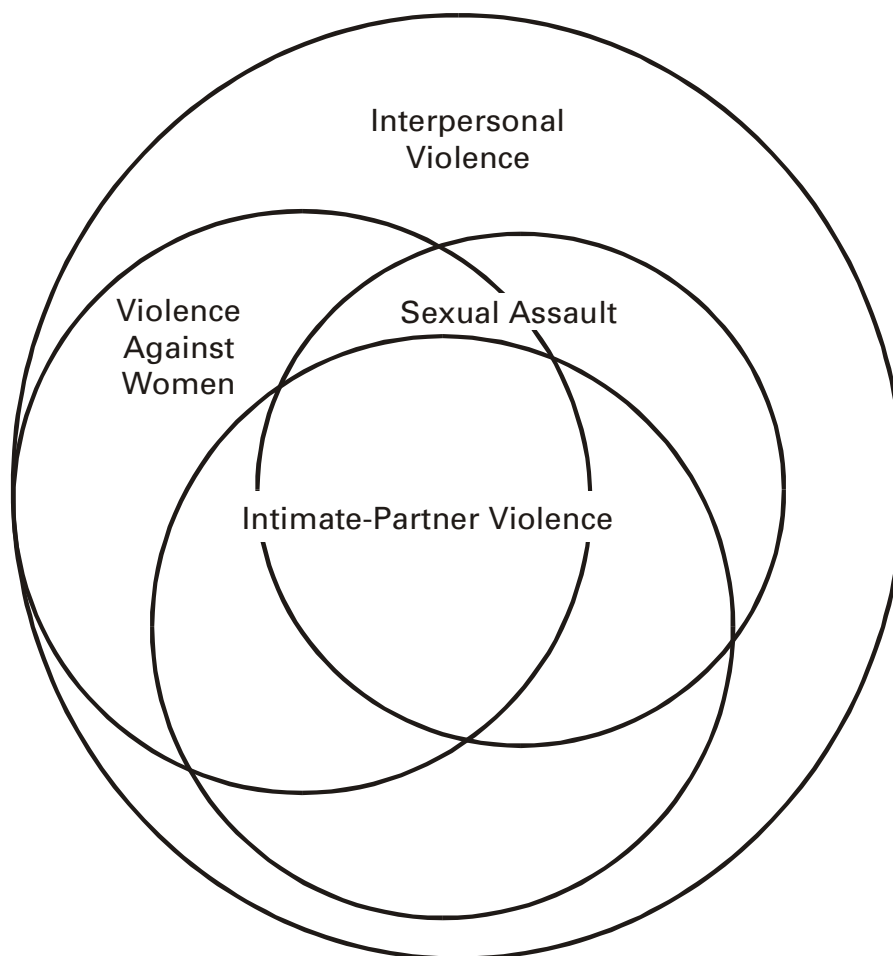
The U.S. Department of Health and Human Services (DHHS) and the U.S. Department of Justice (DOJ) co-sponsored the workshop "Building Data Systems for Monitoring and Responding to Violence Against Women" in October 1998. The 2-day invitational workshop, funded by CDC's National Center for Injury Prevention and Control (NCIPC) and National Center for Health Statistics (NCHS) along with the Bureau of Justice Statistics (BJS) and the National Institute of Justice (NIJ), brought together researchers and practitioners from the public health and criminal justice fields.

Earlier in 1998, the U.S. Secretary of Health and Human Services and Attorney General held a joint briefing that focused on the nature and extent of VAW. During the briefing, concerns were raised over differences among published estimates of rape, sexual assault, and intimate-partner violence and the resulting difficulties for developing and implementing effective programs and policies. The briefing also highlighted

current knowledge about the magnitude of violence against women and identified areas in which more information is needed. The Workshop was an outcome of this briefing and was conceived as a first step in a long-term effort to more accurately measure VAW and to conduct sound research.

In planning the Workshop, the Steering Committee\* conceptualized VAW as encompassing many types of behaviors and relationships between victims and perpetrators. The Committee decided to focus on that subset of VAW categorized as intimate-partner violence and sexual violence by any perpetrator (Figure 1). In addition, several issues

**FIGURE 1. Categories of interpersonal violence**



**NOTE:** Because the exact proportions of these categories are unknown, the areas in the figure are not drawn to scale.

\*Steering Committee members from the U.S. Department of Health and Human Services (DHHS) included Linda E. Saltzman (National Center for Injury Prevention and Control [NCIPC], CDC), Lois A. Fingerhut (National Center for Health Statistics, CDC), James A. Mercy (NCIPC, CDC), Jerry Silverman (DHHS), and Malcolm Gordon (National Institute of Mental Health, National Institutes of Health). Members from the U.S. Department of Justice included Christy Visher (National Institute of Justice [NIJ], Office of Justice Programs [OJP]), Michael R. Rand (Bureau of Justice Statistics, OJP), and Bernard Auchter (NIJ, OJP).

were identified as needing to be addressed, including a) collection of national, state, and local VAW data from both public health and criminal justice sources to represent different perspectives; b) definitions and methodologies; and c) concerns about the availability of social services for VAW victims. The Steering Committee commissioned six background papers that targeted these issues. All Workshop participants were provided copies of these papers before the workshop. Each paper was presented at the Workshop, followed by comments from one or more respondents.\*

This Workshop addressed the opportunities and challenges associated with public health surveillance (i.e., the ongoing and systematic collection, analysis, and interpretation of information) and research relating to VAW. The goals of the workshop were to

- develop information and make recommendations enabling researchers to better describe and track VAW;
- share information about data collection for VAW, with emphasis on intimate-partner violence and sexual violence; and
- identify gaps and limitations of existing systems for ongoing data collection regarding VAW.

## THE WORK GROUPS

Workshop attendees were divided into four work groups that met twice during the 2-day meeting. The groups were asked to develop recommendations on the following four topics related to the background papers and presentations:

- defining and measuring VAW;
- state and local data for studying and monitoring VAW;
- national data for studying and monitoring VAW; and
- new research strategies for studying VAW.

### Work Group on Defining and Measuring VAW

The purpose of this work group was to identify and make recommendations about resolving problems resulting from the absence of uniform definitions associated with VAW. VAW is a broad term, encompassing a wide range of behaviors. Definitions of VAW should be established that are comprehensive enough to encompass women's physical and psychological experiences of violence, yet that are not so broad that they encompass behaviors that cannot be validly defined as VAW. It is unknown which data elements are most critical, or even possible, to collect. In addition to identifying components that are critical to defining and measuring VAW, this work group was asked to address questions about how to develop new measurement instruments or enhance existing ones to improve the quality of VAW data collected. The work group was directed to address which aspects of VAW should be measured (e.g., the occurrence of acts and the number of victims).

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\*Revisions of the background papers have been peer-reviewed and published (4–11).

## **Work Group on State and Local Data for Studying and Monitoring VAW**

This work group was charged with developing recommendations regarding how state and local data systems could be improved for monitoring and characterizing VAW. They were asked to identify the key opportunities and methodologic challenges in using state and local data sources and to offer potential solutions for overcoming the identified challenges. The work group considered what types of data items should be collected; which data systems have the greatest utility for monitoring and characterizing VAW at the state and local levels; how greater uniformity in definitions and types of data collected on VAW can be fostered; and the challenges of data linkage.

## **Work Group on National Data for Studying and Monitoring VAW**

This work group was charged with developing recommendations regarding how to improve and optimize national data for monitoring and characterizing VAW and its key dimensions (e.g., intimate-partner violence and sexual assault). The work group recognized that national data are collected from various data sources designed for different purposes. The group considered 18 surveys and surveillance systems that either contribute data or have the potential to contribute data toward measuring some aspect of VAW (Table 1). Although this list is not comprehensive, it served as a reference for a discussion about what makes a survey or a data system useful for monitoring VAW.

In addition, the group considered some of the factors that determine the utility and reliability of VAW estimates (Table 2). None of the 18 surveys or surveillance systems considered by the work group are ideal for measuring VAW; however, four surveys (i.e., the National Crime Victimization Survey, the National Violence Against Women Survey, the National Youth Survey, and the National Women's Study) are likely the most useful and reliable. Data from each of these surveys can be used to produce estimates of prevalence, incidence, and chronicity.

Some surveys (e.g., the National Family Violence Survey) can be used to derive prevalence estimates but are not conducted on an ongoing basis. One reporting system, the National Incident-Based Reporting System, is ongoing but is being used by only a few states and thus does not provide nationally representative data. In addition, none of the ongoing surveys collect detailed VAW data. Some of the surveys and surveillance systems could potentially be modified to include additional questions related to VAW (e.g., the National Health Interview Survey and the National Electronic Injury Surveillance System). Although several factors (e.g., comorbidity and etiology) are addressed by a few surveys, these surveys do not provide incidence or prevalence estimates.

## **Work Group on New Research Strategies for Studying VAW**

The purpose of this work group was to make recommendations for new methods of data collection and data analysis to better understand and characterize VAW. The group considered new data sources, ways to improve identification of VAW in existing databases, and data linkages. In addition, they discussed new methods of assessing a) exposure to violence and b) intervention outcomes, with emphasis on service delivery settings that can become sources of data regarding the prevalence and experiences of battered women.

**TABLE 1. Sources and potential sources of national data on violence and abuse against women**

Source	Web site(s)	Sponsor(s)
<b>Criminal justice</b>		
Supplementary Homicide Reports (SHR)*	<a href="http://www.fbi.gov/ucr.htm">www.fbi.gov/ucr.htm</a> <a href="http://www.ojp.usdoj.gov/bjs/homicide/addinfo.htm">www.ojp.usdoj.gov/bjs/homicide/addinfo.htm</a>	FBI
National Crime Victimization Survey*	<a href="http://www.ojp.usdoj.gov/bjs/">www.ojp.usdoj.gov/bjs/</a>	BJS
National Incident-Based Reporting System*	<a href="http://www.fbi.gov/ucr.htm">www.fbi.gov/ucr.htm</a>	FBI
<b>Health care</b>		
National Ambulatory Medical Care Survey	<a href="http://www.cdc.gov/nchs/about/major/ahcd/namcsdes.htm">www.cdc.gov/nchs/about/major/ahcd/namcsdes.htm</a>	CDC (NCHS)
National Hospital Ambulatory Medical Care Survey	<a href="http://www.cdc.gov/nchs/about/major/ahcd/nhamcsds.htm">www.cdc.gov/nchs/about/major/ahcd/nhamcsds.htm</a>	CDC (NCHS)
National Hospital Discharge Survey	<a href="http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm">www.cdc.gov/nchs/about/major/hdasd/nhds.htm</a>	CDC (NCHS)
National Health Interview Survey	<a href="http://www.cdc.gov/nchs/nhis.htm">www.cdc.gov/nchs/nhis.htm</a>	CDC (NCHS)
National Survey of Family Growth	<a href="http://www.cdc.gov/nchs/nsfg.htm">www.cdc.gov/nchs/nsfg.htm</a>	CDC (NCHS)
National Vital Statistics System	<a href="http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm">www.cdc.gov/nchs/about/major/dvs/mortdata.htm</a>	CDC (NCHS)
National Electronic Injury Surveillance System	<a href="http://cpsc.gov/cpsc/pub/pubs/3002.html">cpsc.gov/cpsc/pub/pubs/3002.html</a>	CPSC
Monitoring the Future	<a href="http://165.112.78.61/DESPR/MTF.html">165.112.78.61/DESPR/MTF.html</a>	SAMHSA, University of Michigan
<b>Other</b>		
Youth Risk Behavior Surveillance System	<a href="http://www.cdc.gov/nccdphp/dash/yrbs/ov.htm">www.cdc.gov/nccdphp/dash/yrbs/ov.htm</a>	CDC (NCCDPHP)
Behavioral Risk Factor Surveillance System	<a href="http://www.cdc.gov/nccdphp/behavior.htm">www.cdc.gov/nccdphp/behavior.htm</a>	CDC (NCCDPHP)
National Violence Against Women Survey (1995–1996)*	<a href="http://ncjrs.org/pdffiles1/nij/181867.pdf">ncjrs.org/pdffiles1/nij/181867.pdf</a> <a href="http://ncjrs.org/pdffiles/172837.pdf">ncjrs.org/pdffiles/172837.pdf</a> <a href="http://ncjrs.org/pdffiles/169592.pdf">ncjrs.org/pdffiles/169592.pdf</a>	NIJ, CDC (NCIPC)
National Family Violence Survey (1975, 1985)*	<a href="http://www.icpsr.umich.edu/cgi/ab.prl?file=9211">www.icpsr.umich.edu/cgi/ab.prl?file=9211</a> <a href="http://www.icpsr.umich.edu/cgi/ab.prl?file=7733">www.icpsr.umich.edu/cgi/ab.prl?file=7733</a> <a href="http://socio.com/srch/summary/afda/fam31.htm">socio.com/srch/summary/afda/fam31.htm</a> <a href="http://socio.com/srch/summary/afda/fam32.htm">socio.com/srch/summary/afda/fam32.htm</a>	NIH (NIMH)
National Youth Survey (1976–1989)*	<a href="http://www.sscnet.ucla.edu/issr/da/index/techinfo/m2491.htm">www.sscnet.ucla.edu/issr/da/index/techinfo/m2491.htm</a>	NIH (NIMH, NIDA), OJJDP, NIJ
National Survey of Family and Households (1987–1988 and 1992–1994)*	<a href="http://156.40.88.3/about/cpr/dbs/res_national4.htm">156.40.88.3/about/cpr/dbs/res_national4.htm</a> <a href="http://socio.com/srch/summary/afda/fam01-05.htm">socio.com/srch/summary/afda/fam01-05.htm</a>	NIH (NICHD)
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**NOTE:** FBI=Federal Bureau of Investigation; BJS=Bureau of Justice Statistics; NCHS=National Center for Health Statistics; CPSC=Consumer Product Safety Commission; SAMHSA=Substance Abuse and Mental Health Services Administration; NCCDPHP=National Center for Chronic Disease Prevention and Health Promotion; NIJ=National Institute of Justice; NCIPC=National Center for Injury Prevention and Control; NIH=National Institutes of Health; NIMH=National Institute of Mental Health; NIDA=National Institute of Drug Abuse; OJJDP=Office of Juvenile Justice and Delinquency Prevention; NICHD=National Institute of Child Health and Human Development.

\*Includes specific data or direct questions regarding violence against women.

**TABLE 2. Questions to consider in determining the utility and reliability of surveillance-based estimates of violence against women (VAW)**

<b>Factor</b>	<b>Questions to consider</b>
Periodicity	Is the survey ongoing or periodic (i.e., repeated over time), as opposed to a one-time survey?
Precision	Are the survey results based on large samples so that standard errors are minimized, or are data based on a census or complete count?
Supplement	Does the survey include or have the potential to include a supplement or a follow-back component (i.e., a mechanism to recontact survey respondents for additional information) to better estimate VAW?
Health services	Does the survey measure health-care utilization for VAW?
Social services	Does the survey measure social-services utilization for VAW?
Etiology	Can risk factors be estimated?
Co-morbidity	Does the survey include drug or alcohol abuse or other conditions that could affect the magnitude of VAW?
Methodology	Can the survey be used to explore methodologic questions?
Prevalence	Can the survey be used to estimate annual or lifetime prevalence of VAW?
Incidence	Can the survey be used to estimate incident cases of VAW?
Chronicity	Can the survey be used to estimate the number of episodes of violence/abuse per victim per year?

## RECOMMENDATIONS

The following recommendations, which were developed by the four work groups, are categorized by several broad topics. Because the workshop was organized into four work groups, similar recommendations were conceived for several topics. Some of the recommendations could have been categorized under more than one topic; however, to avoid repetition, these recommendations are listed only in the most appropriate category.

Although some recommendations may seem similar, they are not identical and were developed by different work groups and from different perspectives. The recommendations do not reflect consensus from the entire workshop. Thus, for each bulleted recommendation, the work group responsible for its conception is identified in parentheses following the statement.

### Defining the Scope of the Problem

- CDC has initiated a process to develop and pilot test uniform definitions associated with intimate-partner violence (12). These uniform definitions should be used as the basis for defining and measuring VAW, with the following modification. The term "violence and abuse against women" (VAAW) should become standard. The "VAAW" term can provide a middle ground between the desire not to muddle the generally understood meaning of the term "violence" (i.e., actions that cause or threaten actual physical harm) and the desire not to overlook psychological/emotional forms of abuse and the trauma and social costs

they cause to victims. Continuing to use only the term “VAW” supports the misconception that a woman is only abused if she has broken bones or other physical injuries. Both practice guidelines and published research document the psychological and psychiatric sequelae of violence against women (13) and the substantial use of mental health services by victims of intimate-partner violence (14).\* **(Work Group on Defining and Measuring VAW)**

- “Violence” is a term that encompasses a broad range of maltreatment against women. The phrase “violence and abuse against women” should be used to refer to the combination of all five of the following major components of such maltreatment:
  - physical violence;
  - sexual violence;
  - threats of physical and/or sexual violence;
  - stalking; and
  - psychological/emotional abuse.

The first three components — physical violence, sexual violence, and threats of physical and/or sexual violence — should comprise a narrower category of VAW. Accusations have been made that VAW statistics are falsely inflated with subjective measures of psychological abuse (5). With the recommended terminology and classification scheme, the first three categories can be combined and reported as VAW. All five components of maltreatment against women can still be used to represent a larger spectrum of behaviors harmful to women.

Consensus was reached that stalking should be included as a component of VAAW; however, no consensus was reached regarding whether stalking should be included in the narrower category of VAW, considered psychological/emotional abuse, or treated as a discrete category. Whether stalking requires the presence of a clear threat to do physical harm is an unresolved issue. Future research on stalking may help clarify the category in which stalking should be included.\* **(Work Group on Defining and Measuring VAW)**

- Data should be collected on as many of the five major components of VAAW as possible, and data collection should allow for examination of the co-occurrence of the components.\* **(Work Group on Defining and Measuring VAW)**
- Research, program, and public health surveillance data should report disaggregated statistics for each of the five forms of VAAW. Presentations of VAAW data should show cross-tabulations or Venn diagrams for all of the forms of maltreatment.\* **(Work Group on Defining and Measuring VAW)**

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- The use of common definitions and data elements should be encouraged. Uniformity of definitions and data elements will increase the reliability of VAW estimates across locale and time. A CDC-sponsored panel of invited experts developed uniform definitions and a recommended set of data elements for intimate-partner violence surveillance that are being tested by three states (12). In addition, guidelines for public health surveillance of intimate-partner violence are needed on local levels, potentially serving as a model for surveillance of other forms of VAW. Federal agencies (e.g., those responsible for addressing the legal or public health consequences of VAW) should jointly fund local surveillance efforts. **(Work Group on State and Local Data for Studying and Monitoring VAW)**

## **Need for Multiple Measures/Collaboration Across Disciplines and Agencies**

- Personal interview surveys (national, state, and local) are a better tool for measuring the extent of VAW than record reviews (e.g., medical, crime, and other service delivery); however, no single or existing tool is sufficient to gauge and track all dimensions of VAW. Multiple data collection efforts and funding of health, criminal justice, and social services are needed. **(Work Group on National Data for Studying and Monitoring VAW)**
- Because no single measurement tool can capture all of the elements of VAAW, researchers and programs must continue drawing from existing tools and developing new measures.\* **(Work Group on Defining and Measuring VAW)**
- Multi-disciplinary research should be strongly encouraged. **(Work Group on New Research Strategies for Studying VAW)**
- Experts in several different disciplines should be encouraged to collaborate with researchers who specialize in VAW and to initiate similar research in their own fields. Disciplines that currently or could potentially conduct research on VAW include anthropology, business/management, criminal justice, demography, economics, education, epidemiology, geography, journalism/mass communication, philosophy/ethics, psychology, public health, social work, sociology, substance abuse, suicidology, system analysis/operations research, theology, urban/rural planning, and women's studies. In addition to these discipline-based groups, such collaboration might also include persons whose research areas focus on ethnicity, the behavior of boys and men, and research methodology (e.g., survey methodologists). **(Work Group on New Research Strategies for Studying VAW)**

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- A chartbook or annual report should be produced to present the current available data regarding VAW. In addition to describing the current state of VAW, such a report would help identify areas in the data systems that need improvement or areas in which more information is needed. **(Work Group on National Data for Studying and Monitoring VAW)**
- DHHS and DOJ should jointly conduct methodologic research on VAW. Such research could focus on several issues, such as the effect of context on prevalence estimates (e.g., health versus criminal justice) and definitions (e.g., narrow versus broad). **(Work Group on National Data for Studying and Monitoring VAW)**
- Collaboration between service providers and researchers in the conduct of research activities will improve the quality of information collected about VAW. Such collaboration requires the development of a true partnership at the start of research activities (i.e., a partnership that includes the joint planning and implementation of the research methodology, presentation and dissemination of study findings, and using the research results to refine the services for victims and perpetrators of violence). Such partnerships between researchers and service providers should be studied to identify the types of activities and procedures that are most useful. **(Work Group on New Research Strategies for Studying VAW)**

## **Developing Strategies to Collect Data on VAW**

### ***Building/Enhancing Measures of VAW***

- The potential of existing data sets for characterizing and monitoring VAW should be assessed. Data can be organized into four major categories: nationally representative surveys, local health data, local criminal justice data, and non-nationally representative data from service providers. Ongoing, population-based surveys developed for other local or state purposes should be considered as potential opportunities for studying VAW. Other ongoing surveys that contain questions concerning VAW (although not all are currently conducted at the local level or in all jurisdictions) include the Pregnancy Risk Assessment Monitoring System (PRAMS) and the National Crime Victimization Survey (NCVS). Modules or specific questions pertaining to VAW could also be added routinely to the Behavior Risk Factor Surveillance System (BRFSS) or the Youth Risk Behavior Surveillance System (YRBSS). Potential sources of local health data include emergency departments, hospital discharge records, the Health Employer Data Information System (HEDIS), sexual assault nurse examiner (SANE) programs, mental health databases, medical examiner data, and trauma registries. Possible sources for local criminal justice data include databases for misdemeanors, restraining orders, court probation, and court-case tracking. Police departments, forensic labs, and district attorney offices may also provide local criminal-justice data. Service-provider data might be collected from battered women programs, rape crisis centers, protective-service programs, victim-witness advocates, teen dating violence prevention programs, child and family services, welfare offices, and school counselors. **(Work Group on State and Local Data for Studying and Monitoring VAW)**

- Questions or supplements can be added to existing continuous surveys (e.g., the National Survey of Family Growth, the National Health Interview Survey, and BRFSS). Although supplements to surveys can be costly, adding questions to ongoing surveys or conducting periodic supplements can be more cost-effective in producing detailed data sets than creating new surveys. **(Work Group on National Data for Studying and Monitoring VAW)**
- As a cost-effective and efficient strategy for gathering data, questions or modules concerning VAW could be added to numerous ongoing surveys. This activity might be particularly useful if the survey is representative of a well-defined population (e.g., persons living within a particular geographic region or persons with other common characteristics) and is ongoing (e.g., following the same persons or monitoring a changing population over time). **(Work Group on New Research Strategies for Studying VAW)**
- Monitoring efforts should focus on counting the number of women who are victimized by VAAW. Future consideration should also be given to adding measures that capture more accurately the number of perpetrators in the population for each of the components of VAAW.\* **(Work Group on Defining and Measuring VAW)**
- Data used for monitoring should include past year prevalence, past year frequency, and lifetime prevalence. The lifetime prevalence calculation represents the physical health, mental health, and social consequences that can occur years after violence or abuse has stopped. **(Work Group on Defining and Measuring VAW)**
- Improved estimation of lifetime prevalence of VAW is needed. Of the ongoing surveys, none can estimate lifetime prevalence of violence. **(Work Group on National Data for Studying and Monitoring VAW)**
- Etiologic and co-morbidity information periodically should be collected (e.g., approximately every 5 years) as a supplement to a more routine monitoring system because these data are relatively stable and because including such information on a more frequent basis is costly. **(Work Group on National Data for Studying and Monitoring VAW)**
- Collecting data within various settings and populations enhances perspectives about VAW. Data from diverse settings and populations can provide information regarding risk factors, consequences of violence, and service needs of particular populations as well as how victims of violence fare in different health, judicial, or social service systems. Settings and sources of information concerning VAW include employment locations; faith communities; health-care settings (e.g.,

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emergency departments, migrant-health programs, community-health programs, maternal- and child-health programs, managed care programs, and military/veterans health services); community-based service agencies (e.g., welfare offices, child development and child care services, Head Start locations, and day care centers); and programs for children (e.g., schools, Boys and Girls Clubs, gang programs, and programs for runaway children). In addition, other places where women and men congregate may provide venues for collecting information, including laundromats, hair salons, Internet chat rooms, and job training programs. Data should be collected from underserved populations, including Native American, Asian, Latino, and African-American communities. **(Work Group on New Research Strategies for Studying VAW)**

- Because some victims and perpetrators of violence never seek violence-related services, monitoring systems should be implemented to estimate a) the prevalence and incidence of VAW in the general community and b) the number of persons in need of services who are not receiving them. Persons who seek such services are not likely to be representative of all victims or perpetrators of violence. **(Work Group on New Research Strategies for Studying VAW)**
- A nationally representative system for monitoring VAW should be developed. Although data from state and local agencies (e.g., social service and criminal justice agencies) help document the extent of the problem, data from these sources are likely to be skewed because few female victims of violence ever seek help from those agencies. Therefore, core monitoring efforts should be based on national samples of the total population (i.e., population-based). In addition, BJS should explore the feasibility of developing local or state estimates of VAW from representative samples in states, cities, or defined metropolitan areas. However, measuring VAW (especially intimate-partner violence, rape, and sexual assault) in smaller geographic areas is problematic because of infrequent occurrence of VAW. **(Work Group on State and Local Data for Studying and Monitoring VAW)**
- Incident-based reporting that includes information on the victim-perpetrator relationship should be employed within the criminal justice system. Use of incident-based data would allow estimation not only of how many women are affected by VAW but the frequency of its occurrence. **(Work Group on State and Local Data for Studying and Monitoring VAW)**
- Offender-based data systems should be considered for measuring and tracking VAW. Offender-based data sources (e.g., arrests and court-based statistics) can help estimate some elements of the VAW problem. However, these data sources exclude victims and offenders who do not come to the attention of the criminal justice system; hence, these data sources should not be used as a sole method for estimating VAW. **(Work Group on State and Local Data for Studying and Monitoring VAW)**
- An improved identification system for homicides is needed. Only three identified data systems — the Supplementary Homicide Reporting System (SHR) and NIBRS (both part of the Uniform Crime Reporting System) and the National Vital Statistics System (NVSS) — measure the incidence of homicide. However, NIBRS has not been implemented nationally, SHR is missing substantial amounts of data

regarding victim-offender relationships, and NVSS can not identify offenders or specifically identify victims of intimate-partner violence. **(Work Group on National Data for Studying and Monitoring VAW)**

### ***Building Partnerships***

- Each state should provide funds for a position to oversee data collection and monitoring of VAW. The interests of both the criminal justice and health fields must be represented, and technical assistance must be provided to state and local entities collecting data for studying VAW. **(Work Group on State and Local Data for Studying and Monitoring VAW)**
- Stakeholders should be involved in the development of data systems. From its inception, any data system should include input from victims and service providers. Service providers need to be better informed about data systems to understand the purposes of public health surveillance and the usefulness of the information that such systems provide. **(Work Group on State and Local Data for Studying and Monitoring VAW)**

### ***Developing Strategies Related to Subpopulations***

- Data should be gathered for groups that have been omitted from national surveys. No national studies focus on immigrant or homeless women, women with disabilities, women in the military, or women in other institutional populations. **(Work Group on National Data for Studying and Monitoring VAW)**
- The terms “cultural sensitivity” and “competency” must be clearly defined. Research strategies should then be designed to meet those definitions and should be sensitive to the situations of victims of violence. Populations at higher risk for VAW must be identified to ensure the implementation of appropriate preventive and therapeutic services. Several methodologic concerns may arise when researching VAW among persons in these high-risk groups. The research conducted must be relevant to the community being studied. In addition, to thoroughly understand the role of violence in the lives of culturally diverse populations, researchers must examine both protective factors and risk factors that may affect those populations. Developing true partnerships with service providers and recipients may improve data quality. **(Work Group on New Research Strategies for Studying VAW)**

### ***Improving Measures of Service Provision***

- Service providers should be involved in local data-collection efforts, both to enhance data collection and to encourage wider acceptance, use, and dissemination of results. **(Work Group on Defining and Measuring VAW)**
- Data concerning how VAW victims utilize health and social services should be collected periodically. Collection of such data has been limited, often because of ethical issues (e.g., privacy, confidentiality, and safety). Methods of documenting the use of health, social, and legal services that will not compromise the privacy

and safety of the respondent should be developed. **(Work Group on National Data for Studying and Monitoring VAW)**

- Rigorous evaluations of the effectiveness of various services are needed. Limited information is available regarding the effectiveness of services for victims and perpetrators, and this information is needed to guide program and policy development. Service providers and recipients may define positive outcomes in different ways. Evaluation activities should address the financial costs of various violence-related services, including primary prevention activities. **(Work Group on New Research Strategies for Studying VAW)**
- The feasibility of universal screening and documentation within local health systems (e.g., emergency departments, health departments, mental health centers, primary outpatient care centers, and school health centers) should be investigated as a possible mechanism for surveillance of VAW. In addition, the reliability and validity of screening questions should be assessed. Consensus has not been reached regarding whether universal documentation of intimate-partner violence should be used within health-care settings, because such documentation could have negative effects for victims of VAW. For example, documentation of repetitive injuries resulting from intimate-partner violence could result in denial of health insurance claims or future denial of health insurance benefits. **(Work Group on State and Local Data for Studying and Monitoring VAW)**

## Methodologic Concerns

- When feasible, measurements should include open-ended questions or variables. Data from such questions can be re-coded into existing categories or may serve to clarify the need for additional categories. In situations where data are gathered using survey methodology, these open-ended questions can serve to humanize the data-collection process and add rapport with the respondents. **(Work Group on Defining and Measuring VAW)**
- Questions and data elements should be pretested (e.g., through focus groups and in-depth interviews) to explore how respondents interpret questions. **(Work Group on Defining and Measuring VAW)**
- Information is needed regarding which data elements are common across surveys and whether data can be linked. Data rarely are coordinated between existing data sources, despite the need for comparability of estimates across data systems. With new data sources, using variables and questions similar to those used in existing surveys should be explored. **(Work Group on National Data for Studying and Monitoring VAW)**
- Several scientific methods should be used to study VAW. No “gold standard” scientific methodology exists. The study methodology should fit the study question being posed, and some study questions may be best addressed by using multiple types of study designs and assessment measures. **(Work Group on New Research Strategies for Studying VAW)**

- Both quantitative and qualitative methods may be useful in the study of VAW, particularly when used in combination. To better understand the complexity of VAW, study methodologies should account for contextual issues surrounding the violence (e.g., whether a violent episode represented a discrete event or was part of ongoing violence in the relationship or whether violence was defensive in nature). **(Work Group on New Research Strategies for Studying VAW)**
- The development and use of psychometrically sound assessment techniques should be encouraged within all areas of VAW research, including assessments based in service settings. Research on the reliability and validity of various assessment techniques for measuring VAW is limited. **(Work Group on New Research Strategies for Studying VAW)**
- Whenever data about VAAW are reported, the actual data elements or questions used to gather the information (i.e., the operational definitions of VAAW) and a description of the human subjects methods used to protect the confidentiality and safety of those from whom data are gathered should also be reported. Because data on VAAW can be affected by the wording of a survey question or the method of data collection used, making this information available allows users of the data to more accurately interpret the numbers presented.\* **(Work Group on Defining and Measuring VAW)**
- Establishing a unique identifier for victims of VAW is essential for recordkeeping and protecting confidentiality. However, each system may have its own method of coding: one victim may be assigned a unique identifier by the local police department and another by a rape crisis center. The feasibility of using common unique identifiers to enhance linkage across data systems and to ensure that victim safety is not compromised should be explored. Linking criminal-justice, health, and service-provider data for monitoring purposes could minimize the probability of duplicating counts and allow for the analysis of repeat victimization. Common unique identifiers would make such a linkage feasible. **(Work Group on State and Local Data for Studying and Monitoring VAW)**
- The context of a survey (e.g., whether it addresses health, crime, or personal safety issues) should be explicit to allow appropriate interpretation of findings. **(Work Group on National Data for Studying and Monitoring VAW)**

## Confidentiality and Safety

- The safety of victims and the confidentiality of data collected must be given a high priority. Data collected regarding VAW must be designed to ensure confidentiality

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and to avoid potentially dangerous situations that could compromise the safety of victims. **(Work Group on State and Local Data for Studying and Monitoring VAW)**

- The confidentiality and safety of VAW study participants must be protected. Although standard procedures used in conducting research with human populations should be followed, sometimes procedures must be modified to ensure the safety of VAW victims. Although several specific actions have been developed to increase safety for victims, no guidelines are available for researchers concerning the safety and confidentiality issues that can arise in VAW studies and the practices that have been used to address these issues. Therefore, guidelines concerning confidentiality should be developed and disseminated. For example, federal agencies could solicit papers on these issues and then use them to prepare a handbook to guide future research. **(Work Group on New Research Strategies for Studying VAW)**
- The safety of staff members who conduct research (e.g., interviewers) should also be considered. Study staff may suffer psychological distress after interviewing multiple violence victims or may fear attack from violent perpetrators. **(Work Group on New Research Strategies for Studying VAW)**
- Research should be conducted on the potential effects of participating in VAW studies. Limited empirical evidence exists concerning how participating in such research affects study participants. **(Work Group on New Research Strategies for Studying VAW)**

## CONCLUSIONS

Summary remarks presented by representatives from all four work groups emphasized that the work group deliberations represented only a beginning to the process of developing uniformity across the numerous sectors and disciplines concerned with VAW. Further input from researchers and practitioners concerning the feasibility of these recommendations is needed. In addition, the specific recommendations that are most essential to the process of building VAW data systems must be identified. Agency leaders from BJS, NIJ, and two centers within CDC (NCHS and NCIPC) affirmed that the Workshop itself was an initial cross-departmental step in a long-term, coordinated effort to improve the monitoring of VAW and to develop programs to respond to such violence.

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*References*

1. Federal Bureau of Investigation. Uniform crime reports: crime in the United States 1998. Washington, DC: US Department of Justice, 1999;14.
2. Tjaden P, Thoennes N. Prevalence, incidence, and consequences of violence against women: findings from the National Violence Against Women Survey — research in brief. Washington, DC: National Institute of Justice and Centers for Disease Control, 1998. NCJ 172837.
3. Rennison CM, Welchans S. Intimate partner violence. Washington, DC: Bureau of Statistics special report, May 2000. NCJ 178247.
4. Campbell JC. Promise and perils of surveillance in addressing violence against women. *Violence Against Women* 2000;6(7):705–27.
5. DeKeseredy WS. Current controversies on defining nonlethal violence against women in intimate heterosexual relationships: empirical implications. *Violence Against Women* 2000;6(7):728–46.
6. Gordon M. Definitional issues in violence against women: surveillance and research from a violence research perspective. *Violence Against Women* 2000;6(7):747–83.
7. Gelles RJ. Estimating the incidence and prevalence of violence against women: national data systems and sources. *Violence Against Women* 2000;6(7):784–804.
8. Schwartz MD. Methodological issues in the use of survey data for measuring and characterizing violence against women. *Violence Against Women* 2000;6(8):815–38.
9. Bachman R. A comparison of annual incidence rates and contextual characteristics of intimate-partner violence against women from the National Crime Victimization Survey (NCVS) and the National Violence Against Women Survey (NVAWS). *Violence Against Women* 2000;6(8):839–67.
10. Waller AE, Martin SL, Ornstein ML. Health related surveillance data on violence against women: state and local sources. *Violence Against Women* 2000;6(8):868–903.
11. Orchowsky S, Weiss J. Domestic violence and sexual assault data collection systems in the United States. *Violence Against Women* 2000;6(8):904–11.
12. Saltzman LE, Fanslow JL, McMahon PM, Shelley GA. Intimate partner violence surveillance: uniform definitions and recommended data elements. Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 1999.
13. American Medical Association. Diagnostic and treatment guidelines on domestic violence. Chicago, IL: American Medical Association, 1992.
14. Wisner CL, Gilmer TP, Saltzman LE, Zink TM. Intimate partner violence against women: do victims cost health plans more? *J Fam Pract* 1999;48:439–43.







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