

OMB Information Collection Request

Part A

Testing of Sexual Violence Definitions and Recommended Data Elements in Three Different Racial/Ethnic Minority Communities

2/4/2021

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control (NCIPC)
Division of Violence Prevention (DVP)

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A. Justification

1. Circumstances Making the Collection of Information Necessary

The justification for this survey of sexual violence among women in minority populations is based on two factors: (a) the lack of data regarding the prevalence and characteristics of sexual violence experiences among women in minority populations; and (b) the need to evaluate a comprehensive sexual violence tool designed to assess sexual violence victimization prevalence, characteristics, circumstances, and help seeking behaviors among English and/or Spanish speaking adults. The legal justification for this survey may be found in Section 301 of the Public Health Service Act (42 USC 241) provided as Appendix 1.

Sexual violence remains a serious problem in the United States. Results from the National Violence against Women Survey (NVAWS) (OMB No. 1121-0188; expiration 5/1998) indicate that 876,064 women and 111,298 men were raped in the 12-month period prior to the survey (Tjaden & Thoennes, 2000). The NVAWS reports that 17.7 million women and 2.8 men in the United States were forcibly raped at some time in their lifetime (Tjaden & Thoennes, 2006). That said, studies have consistently found that available data underestimate the true magnitude of the problem (Center for Disease Control, 2007). In fact, rape is one of the most underreported crimes, with reporting rates for rape varying across studies. Despite the prevalence, the NVAWS reports that only 1 in 5 adult women (19 percent) reported their rapes to police (Tjaden & Thoennes 2006). The other major sexual assault numbers come from the National Crime Victimization Study (NCVS) conducted by the Department of Justice (DOJ). The NCVS shows that estimates of rapes reported to the police vary widely from year to year, from 39 percent in 2002 to 54 percent in 2003 (DOJ 2002, 2003). These differences in reporting rates between the NCVS and NVAWS most likely results from different survey methods used in these two studies, suggesting that the differing results should not be compared directly.

The NVAW reports that if racial categories are defined as “white” or “non-white,” there is very little difference between the racial categories for females or males in the rates of rape, physical assault, or stalking. Importantly for the current study, however, when the racial categories are separated, American Indians and Alaska Natives show a greater risk of violent victimization than do other racial categories (Tjaden & Thoennes, 2000). For example, American Indian and Alaska Native women are significantly more likely than white or African-American women to report being raped and stalked, although Hispanic women report significantly less rape victimization than do non-Hispanic women. The study shows that mixed race women are significantly more likely than white women to report being raped.

In keeping with its goals, the NVAWS provides important improvements over many of the earlier studies in terms of understanding violence against women by focusing on such questions as (1) the relationship between different types of violence against women (childhood and subsequent adult victimization); (2) minority women's experiences with violent victimization; and (3) information about the consequences of violence against women, including injury rates and use of medical services (Tjaden & Thoennes, 2000). However, in its experience examining information on minority women's experiences with violence (Tjaden & Thoennes, 2000), the NVAWS identifies shortfalls in the data and points to the need for further research. For example, the NVAWS reports that "American Indian/Alaska Native women were significantly more likely than women for all other backgrounds to have been raped at some time in their lifetime" (Tjaden & Thoennes, 2006: 13), the data do not permit these two categories of women to be separated and there may well be important differences between American Indian and Native Alaska women's experiences. Similarly, too few Asian/Pacific Islander women are part of the NVAWS, making it impossible to determine reliable estimates, leaving important shortfalls in our ability to understand sexual assault among minority women.

For several years, the Bureau of Justice Statistics (BJS) has used the National Crime Victimization Survey (OMB No. 1121-0111; expiration 10/2003) to examine trends and characteristics of criminal victimization (see, for example, Catalano, 2005; Rennison, 2002; Bastian, 1995), consistently showing that African-Americans and Hispanics are at greater risk of victimization than are Anglos. Although violence victimization statistics have shown a downward trend in the past 20 years, the isolation of sexual violence victimization in particular shows a very small, statistically insignificant, downward trend in victimization rates (Rennison, 2002). These BJS studies, however, do not explore violent crime victimization among minorities other than African-Americans and Hispanics, because other racial categories, such as Native Americans, Alaska Natives, Asians, and those who consider themselves mixed race are combined in available data (Tjaden & Thoennes, 2000).¹ Nor do these studies explore the characteristics, circumstances, or help-seeking behaviors on the part of these minorities.

Therefore, important gaps remain in our understanding of victimization of minority women despite the vast literature on sexual violence, violence against women, and intimate partner violence that has developed in the past 25 years. These gaps result, primarily, from the way in which racial and ethnic categories are defined and from the very low representation of

Beginning in 2003, BJS began reporting racial categories more broadly as defined by the Office of Management and Budget, which allows for reporting of mixed races. However, they continue to retain the practice of combining a number of racial and ethnic minorities in a single other category (i.e., American Indians, Alaska Natives, Asians, Native Hawaiians, or other Pacific Islanders)

minority groups within most studies. That is, studies based on national probability samples of women results in too few minority women respondents; victimization of minority women needs to be the focus of studies to provide sufficient information.

In addition to concerns about the lack of information on victimization of minority women, the sexual violence literature suffers from a lack of consistent definitions of sexual violence and from a lack of context for the violent acts. In general, sexual violence is not an easy social problem to address for a number of reasons. It is difficult to define sexual violence, to determine a study population, to identify victims, and to convince victims to report or disclose the violence. The Center for Disease Control's (CDC) National Center for Injury Prevention and Control identifies sexual violence as "a profound social and public health problem in the United States," points to the need "to track this problem over time and to guide prevention and intervention" (Basile & Saltzman, 2002: 1-2). The Center also points to the lack of a standardized means "for routine identification, recording, and monitoring of sexual violence" (Basile & Saltzman, 2002: 2). According to the World Health Organization, "the true extent of sexual violence is unknown" (Jewkes, Sen, & Garcia-Moreno, 2002), due in large part to the significant variations in research definitions and methods. Therefore, an effort needs to be made to standardize the language and provide consistent definitions across studies.

The present study proposes to build on findings from the joint CDC and National Institute of Justice (NIJ) research effort - the NVAWS - by limiting the analysis to minority women only. In this way, the study will produce sufficient numbers in each racial/ethnic category to allow for more reliable numbers about the occurrence and characteristics of sexual violence within those communities. Also, by designing questions culturally appropriate, this study intends to eliminate confusion about question meaning and intent.

In addition to limiting racial categories, the present study also proposes to use more specific and detailed definitions of acts of sexual violence and of the situations under which it occurs. The NVAWS examined broad categories of sexual violence (i.e., rape, physical assault, and stalking) and broad circumstances of sexual violence (e.g., victimization as a minor). However, it did not attempt to systemize definitions or adopt more granular categories of sexual violence. The present study will specifically define and elicit data on unwanted touching, vaginal, anal, and oral sex, completed and attempted. Additionally, the NVAWS did not examine the specific circumstances of sexual violence. The present study plans to collect detailed data regarding the nature of the relationship between perpetrator and victim, as well as factors surrounding the incidents of sexual violence, including the use of drugs and various means of force. The more clearly defined and specific data that will result from the proposed study will fill gaps and provide a richer, more

complete understanding of sexual violence, particularly providing important context within which earlier studies can better account for findings of differences among minority women. In summary, the information collected as part of this project should prove extremely valuable in the subsequent development, evaluation, and implementation of sexual violence prevention programs that are effective for a variety of racial / ethnic populations.

2. Purpose and Use of Information Collection

The findings from this study will provide important information about the incidence, type, frequency, characteristics, and context of sexual violence in American Indian, Hispanic, and African American communities. Currently, we know very little about sexual violence in these communities, but what we do know suggests that sexual violence is different and may be higher in these communities. The ultimate goal for CDC is to develop an understanding of sexual violence in these communities with the intent of providing assistance and prevention tools for the communities, but just as importantly, to provide a base upon which assistance and future research can be aimed at other communities in the United States with similar racial/ethnic backgrounds.

CDC has been studying patterns of violence for 25 years, and in 1992 established a national program to reduce the death and disability associated with injuries outside the workplace. The Division of Violence Prevention (DVP) is one of three divisions within that program – the National Center for Injury Prevention and Control. The mission of DVP is to “prevent injuries and deaths caused by violence,” which reflects the overall CDC goal for “healthy people in a healthy world.” The physical and emotional scars that remain following a violent victimization, particularly sexually violence, threaten the health of people in this country. In this way, the CDC study of sexual violence in three minority communities plays an important role in understanding and preventing sexual violence; a serious problem in this country that generally prevents victims from enjoying a healthy life.

TKC Integration Services (TKCIS), an experienced, wholly owned Alaska Native management company, and the National Opinion Research Center (NORC), a nationally recognized research firm at the University of Chicago, have entered into a partnership to study sexual violence within three minority communities for the CDC. TKCIS serves as the prime contractor and has engaged NORC, with its well-known and respected survey data collection experience, to complete this research effort in three minority communities, with NORC serving as a subcontractor to TKCIS. TKCIS will provide the team with its management expertise in working with the Centers for Disease Control and Prevention (CDC) and its relationships with Native Alaska communities. NORC will provide its extensive history of research efforts in a variety of social science areas, including violence and victimization and work with CDC, as well as its experience conducting large-scale surveys with a variety of audiences, including those underserved communities targeted by

the present research. TKCIS shall provide technical direction on the Service agreement performance. Technical direction includes the following: (1) direction to Subcontractor that assists Subcontractor in accomplishing the work within the scope of this Agreement and subsequent Orders; and (2) comments on and approval of reports or other deliverables. Prime Contractor will discuss all issues, recommendations, and decisions relating to project performance, status, system architecture, or any major issue affecting the services with regard to the project with the Subcontractor's Authorized Representative or his designee prior to joint Subcontractor and Prime Contractor discussion with the Government.

The purpose of the proposed research is to use a comprehensive sexual violence survey instrument designed by Hamburger et al., which is based on Basile and Saltzman (2002), to improve our understanding about sexual violence victimization prevalence, characteristics, circumstances, and help-seeking behavior among English- and/or Spanish-speaking adults from three different racial/ethnic minority populations. The specific goals of the proposed research include:

- Test the sexual violence survey instrument in the African-American, Latina, and American Indian communities;
- Develop an estimate of the degree and amount of sexual violence within these three communities;
- Describe the characteristics of sexual violence within each community; and
- Develop a strategy for reaching these communities that could be replicated in communities across the country.

Data collection will occur in two phases: (1) cognitive testing within minority communities to test the adequacy of the questionnaire; and (2) face-to-face interviews with women in specific American Indian, Hispanic, and African American communities.

Phase 1 – Cognitive Testing: Purpose and Use of Data Collected

Data collected in Phase 1 will provide for a cognitive testing of the questionnaire as well as a pilot test within the minority communities. In this way, important testing can occur prior to major implementation during the face-to-face interview process in Phase 2. Use of the data will be limited to CDC and NORC (National Opinion Research Center) for the sole purpose of identifying shortcomings in the questionnaire and making appropriate modifications based on testing results. Cognitive testing provides a structured methodology for ascertaining whether the respondent has understood the questions in the way the researchers intend them to be understood, and to assess the ability of the respondents to provide meaningful, accurate, and honest information. Another purpose is to make

sure that issues pertinent to the research goals are covered adequately: That is, when we look at the data collected holistically, have we captured all information of critical interest or are we missing questions? Conversely, are any questions in the instrument not providing data necessary for analyses, suggesting the need for deletion?

Phase 1 will consist of 36 in-person cognitive interviews conducted with women of African American, Hispanic, and American Indian descent. To assess the effectiveness and appropriateness of questions in the sexual violence survey instrument, we will conduct a series of 12 cognitive interviews with adult women from each of the minority groups identified above (for a total of 36 interviews).

Phase 2 – Face-to-Face Interviews: Purpose and Use of Data Collected

Phase 2 represents the primary data collection for this study, and will entail 200 face-to-face interviews with women in each minority group (approximately 600 interviews total). This phase aims to develop an estimate of sexual violence prevalence within these three communities and describe the characteristics of sexual violence within each community. Very few empirical studies have collected detailed information regarding the sexual violence experiences of women, in general, and women from minority populations, in particular. Thus, this study represents an initial step in better understanding the many complex issues surrounding sexual violence experiences.

Unlike other federal agencies, CDC's primary activities pertain to applied research and prevention. In particular, the Division of Violence Prevention, which will fund and oversee this study, is uniquely positioned to conduct the current study because the Division is already conducting applied research, evaluation, and dissemination of sexual violence prevention efforts. Therefore, while the information generated by the current study will be used by CDC and possibly by other federal agencies, the description below describes the particular use by CDC and NORC.

Results from the current study will provide, for the first time, detailed information on sexual violence among women specific to individual minority communities. Use of the data, initially, will be limited to CDC and NORC, with archival access to be provided after the current study ends. NORC will use the data to provide CDC with descriptive statistics for all variables within and across minority groups. CDC will use the data to conduct multivariate analyses of the data that shed light on prevalence, characteristics, and context of sexual violence within American Indian, Hispanic, and African American communities. Results from the current study then can be used by the three branches within the Division of Violence Prevention (i.e., the Etiology and Surveillance Branch, the Prevention Development and Evaluation Branch, and the Program Implementation and Dissemination

Branch) to guide and inform future prevention efforts. The negative consequences of not conducting this study include a continued lack of knowledge regarding the prevalence, characteristics, circumstances, and help-seeking behavior among women from minority populations. A brief analysis plan is provided as Appendix 12.

3. Use of Improved Information Technology and Burden Reduction

The data will be collected using paper questionnaires in both phases. The use of automated, electronic, mechanical, or other technological collection techniques was seriously considered for both phases of the data collection. However, due to the sensitive nature of the survey topic and the paramount importance of good rapport between the interviewer and respondent, there was concern that a technological device subject to failure (such as a laptop or interactive voice recording system) could serve to de-personalize the environment in a way that would not be present with a hardcopy instrument. Additionally, because both phases of the data collection contain a relatively small number of completed interviews, a decision was made to maximize the number of cases to be included in each phase. The resources required to develop a computer-assisted personal interview (CAPI) instrument were determined to be of better use for the sampling, interviewer hours, and respondent incentives for these cases.

While no technological approaches have been proposed for use, the survey instruments have been designed to ensure minimal burden on respondents. Specifically, the instruments include three sections of “gateway” or screening questions – responses to these questions indicate which remaining sections of the instrument must be administered to obtain a completed interview. These screening sections make up approximately half of the survey instrument and are likely to result in a minimized burden for respondents who report few or no incidents of unwanted sexual situations, sexual contact, or unwanted sex.

4. Efforts to Identify Duplication and Use of Similar Information

The information being collected in the first phase is intended to test the sexual violence survey instrument in the African-American, Latina, and American Indian communities. The second phase of data collection will provide an excellent understanding of the degree and amount of sexual violence within these communities as well as allow for a richer description of the characteristics of sexual violence in each community. Although there has been some research conducted to quantify sexual violence in the general population, the information that we seek to collect is unique in that it explores the topic of sexual violence at a granular level (distinguishing between types such as completed and non-completed attempts of sexual violence as well as oral, anal, and vaginal sex) with these three minority groups. Other studies such as the NCVS, NVAWS, National Women’s Survey (Lynch, 1996), and National College Women Sexual Victimization Study

(Fischer & Cullen, 1998), provide information about the general population and some minorities (such as Hispanics and African Americans), but do not support analyses of American Indians.

To determine whether other data collection efforts of the kind proposed here have been conducted elsewhere, we have examined the extant literature, attended conferences and looked at conference agenda (e.g., American Society of Criminology,), and discussed the collection with representatives from other federal agencies (e.g., NIJ and BJS). While there have been studies that looked at sexual violence in the African American community, there is inconsistency in the detail and standardization available. In general, data examining prevalence look at national probability samples that include some respondents from the minority communities but do not offer the specific minority community focus. If, as results from the NVAWS suggest, minority women are at higher risk of becoming victims of sexual violence, we will need specific information from these communities to provide educational and prevention materials relevant to the specific populations.

Also, CDC as the lead federal agency for injury and violence related health objectives has staff within the Division of Violence Prevention that regularly participate in several interagency workgroups, coordinate CDC workgroups on various violence prevention topics (e.g., violence against women), and work with federal partners that address issues germane to this project (e.g., the Rape Prevention Education programs). The staff who participate in the interagency workgroups, who chair our internal workgroups, and who oversee these large violence prevention projects has been consulted about the proposed study protocol and measures to ensure that the current study does not duplicate work conducted by other federal agencies or academic researchers. Additionally, CDC staff has also consulted directly with several national experts in sexual violence to ensure that the study would be an important contribution to the field and that it does not duplicate other research activities.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study.

6. Consequences of Collecting the Information Less Frequently

In each phase of the study, the design requires that data be collected from each respondent only one time. (No respondents will be included in both phases.) Without collecting the first phase data, CDC will have to assume that questions will be asked appropriately and in a culturally sensitive manner to gain the required information in the second phase data, and will lack the confirmatory and/or problematic aspects of the comprehensive sexual violence survey tool for use in minority communities. The second phase data represent the crux of the research questions. Without this phase, CDC will not be able to assess the prevalence and type of sexual violence

present in these communities, and the country will continue to judge sexual violence in terms of studies with predominantly Anglo women respondents.

There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

Because this research involves case studies of three purposive communities, the design does not allow study results to be generalized to the general population. They are generalizable, however, to the population represented by the sampling frames, i.e., the target population in the respective city or sub-county area.

This request fully complies with the regulations 5 CFR 1320.5 (d)(2).

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

8A. A 60-day Notice to solicit public comments was published in the Federal Register (volume 72, number 100, pages 29168-29169) on May 24, 2007. Appendix 2 contains a copy of the notice. Appendix 14 contains a copy of the public comment received in response to the Federal Register Notice (FRN).

The following comment was sent to the addressee:

From: OMB-Comments (CDC)

Sent: Wednesday, May 30, 2007 4:55 PM

To: Bk1492@aol.com

Cc: OMB-Comments (CDC)

Subject: RE: public comment on federal register of 3/24/07 vol 72 #100 pg 29168 (0920-07BB)

Importance: High

Hello-

Thank you for forwarding the comments concerning the CDC 60-day Federal Register Notice for CDC 0920-07BB Testing of Sexual Violence Definitions and Recommended Data Elements in Three Different Racial/Ethnic Minority Communities. We have given the concerns described careful consideration. For further information regarding the unique mission of CDC and program activities, please refer to our website at www.cdc.gov.

Thank you for your continued interest in CDC.

Sincerely,

CDC OMB

8B. Consultations with experts in the field of sexual violence research on the instrumentation and statistical aspects of the survey have occurred during 2006. The purposes of such consultations were to ensure the technical soundness and user relevance of survey results; to verify the importance, relevance, and accessibility of the information sought in the survey; to assess the clarity of instructions; and to minimize respondent burden. More specifically, we consulted with Antonia Abbey, PhD, Bonnie Fisher, PhD, Mary Koss, PhD, Michael Miner, MD, Kathleen Parks, PhD, and Jacqueline White, PhD.

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9. Explanation of Any Payment or Gift to Respondents

Each Phase 1 cognitive interview respondent will receive \$75 for completing the interview, which is expected to last no more than two hours. This amount was derived based on previous research indicating that the sensitive and difficult nature of the survey topic, the length of the interview, and the nature of the cognitive probes required higher incentive amounts to attract respondents. The incentive amount is also related to the potential difficulty required in recruiting the subjects. In addition, the interviews have the potential of bringing back some unpleasant memories for the respondent, increasing the level of burden. Another consideration is that participants are required to invest time traveling to the interview site, and may have to also pay for parking.

In mid-2007, NORC focus group respondents were paid \$75 for about 1.5 hours of their time. During the focus group, they were asked about incentive levels, and the members of the group stated that \$75 was the minimum they would expect to receive if they had to travel in order to participate.

For the Study of Woman and Personal Protective Equipment for the National Institute for Occupational Safety and Health (NIOSH) et al, respondents received \$40 for participating in a 45 minute telephone administered cognitive interview or a one hour focus group. For the National Social Life, Health & Aging Project, a study of sexual behavior funded by the National Institutes of Health, cognitive interview respondents received \$75 for completing an interview and collection of bio-markers in their home, totaling

about 2 ½ hours. For the National Immunization Study for the Centers for Disease Control and Prevention, respondents received \$60 for a cognitive interview 30 minutes to one hour in length.

During Phase 2, each respondent will receive \$20 for completing the interview. The interview is expected to be no more than 45 minutes and will not include cognitive probes.

10. Assurance of Confidentiality Provided to Respondents

This submission has been reviewed by ICRO, who determined that the Privacy Act does not apply. Personally identifying data will be required only to contact the respondents in the study as described below. Identifiers will be delinked from responses before being transmitted to CDC. This data will be destroyed at the end of the study.

The following personal identifiers may be collected by the data collection contractor in both phases of the study: respondent name, respondent telephone number, respondent address. These data will be required only to contact the respondents to request their participation in the study and validate the interviews and will be destroyed at the completion of data collection. Respondents may also choose to provide a minimal amount of identifying information, such as only their initials. No identifying data will be included in the data files delivered to CDC. The following procedures will be used by the contractor to maintain the privacy of the data:

- 1) All identifying data will be kept in secured areas at the data collector's site;
- 2) Data files will be encrypted or pass-word protected; and
- 3) Data collections staff will be training in protecting confidentiality of respondents and must receive certification of this training prior to collecting data or working with identifying respondent data.

All potentially identifying information will be destroyed at the study's conclusion. Copies of the consent forms for the study are included in Appendixes 5 (Phase 1) and 10 (Phase 2).

NORC's IRB has reviewed and provided conditional approval for study (see Appendix 15). Final approval will be sought upon receipt of OMB clearance.

Given the sensitive nature of the questions, key safeguards have been put into place. These include:

- Obtaining informed consent. Respondents verified to be eligible for enrollment will undergo the process of informed consent with a trained interviewer. The consent will be read slowly to the respondents by the interviewer. In the consent script, the interviewer will describe the purpose, content, and length of the interview; alert the respondent

that the survey contains sensitive questions but that the participant may choose not to respond to any or all questions; assure the respondent that the information she provides will remain private, and that participation is voluntary (see consent scripts in Appendices 5 and 10). Respondents will be given a toll free phone number to contact the NORC project director in the event they have questions regarding the study.

- Maintaining privacy: Cognitive interviews will be conducted in the facilities of the recruitment source by experienced cognitive interviewers. The interviewers will receive 2-day training on the interview questionnaire and the purpose of the study and each question. If the agencies' facilities do not offer sufficient privacy, the agency requests that interviews take place at another location, or the respondent requests a different location, we will conduct the interviews in either the data collection contractor's office in Chicago or Washington, DC. Each office offers secure office space with sufficient privacy for this work (office space with doors and sound-proof walls). For the interviews that take place in local data collection areas (i.e., South Texas, Atlanta, and Seattle) as opposed to areas in which the contractor has offices, the contractor will secure use of private office/conference room space in hotel or meeting facilities. If the respondent prefers, we will conduct the interview in her home (though we will not request this location due to concerns about privacy and safety). We will consider conducting some interviews by phone only if we cannot identify a sufficient number of respondents willing to conduct the interview in person. In all facets of our scheduling and administration of the interviews, the contractor will be keenly aware of the imperative to protect the confidentiality and safety of the respondents.

11. Justification for Sensitive Questions

Respondents will be asked about their experience(s) of unwanted sexual activity and the various forms this violence took (i.e., sexual situations that do not involve contact; completed and attempted unwanted sexual touching, vaginal, anal, and oral sex) as well as general demographic information, including race and ethnicity. (A copy of the questionnaire is provided as Appendix 6.) While the questions are sensitive in nature, they are considered necessary as these topics are central to the research objectives of the study and they ensure that respondents understand various violent sexual activities as intended. A number of studies have shown that people feel that questions about interpersonal violence should be asked, and are willing to answer them. Two large Random Digit Dial (RDD) telephone surveys found that between 88.0% and 98.4% of respondents felt that questions about interpersonal violence should be asked. Moreover, victims

and non-victims of intimate partner violence were equally likely to report that the questions should be asked (Black et al, 2006). Informed consent language, as delivered to respondents, will address the sensitivity issue and explain to respondents why sensitive questions need to be asked.

Respondents or other interested parties will be given explanations if they further inquire about the reason(s) for seeking this sensitive information. Respondents will be assured that their inclusion in the study results from a random selection process not targeting individuals. All respondents will be administered an informed consent document (see Appendix 5 for Phase 1 data collection and Appendix 10 for Phase 2 collection) prior to beginning the interview. This document will be used in both phases of data collection (minor revisions will be applied to remove the references to cognitive interviewing in the second phase).

We will work with the recruitment agencies listed in Section B.1 to refine procedures for respondents who experience distress in either Phase 1 or Phase 2. As stated on the consent form, we will provide respondents with a referral after the interview should they wish to talk to a professional. For Phase 2, we will also inform local officials such as Police Departments and local government about the study, respond to their questions, and provide them with contact information for the study staff. See Appendix 7 for the Study Information Sheet for Communities.

12. Estimates of Annualized Burden Hours and Costs

12A. Table 1 provides estimates of the collection burden on participants for this effort. Study participants will participate in data collection one time only.

A total of 66 participants will be screened in Phase 1. Thirty of these participants are expected to be ineligible for the cognitive interviewing, and will therefore complete only the cognitive screening form. Thirty-six of the screened participants will be deemed eligible, and go on to complete the cognitive interview. These participants are shown in the Phase 1 row for Form Name “Cognitive Interview.”

A total of 1,315 participants will be screened in Phase 2. Seven hundred and one of these participants are expected to be ineligible for the main survey, and will therefore complete only the main survey screening form. Six hundred and fourteen of the screened participants will be deemed eligible, and go on to complete the main survey. These participants are show in the Phase 2 row for Form Name “Main Survey”.

Table 1. Respondent Burden for Phase 1 and Phase 2 Data Collection

Respondent Type	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden Per Response	Total Burden Hours
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Phase 1	Screening for Cognitive Interview	66	1	3/60	3.3
Phase 1	Cognitive Interview	36	1	2	72.0
Phase 2	Screening for Main Survey	1,315	1	5/60	110.0
Phase 2	Main Survey	614	1	45/60	461
Total					646.3

The hour-burden estimates were determined by the data collection contractor based on prior studies with similar data collection instruments.

- Phase 1 - Cognitive Testing: for Phase 1, the screening will require three minutes (to determine if the respondent is at least 18 years old and meets the race/ethnicity requirements). The cognitive interview will last approximately two hours.
- Phase 2 - In-Person Interviews: for Phase 2, the screening will require five minutes to determine whether there are any women over the age of 18 years living in the household who meet the race/ethnicity requirements. The main survey will last 45 minutes.

12B. There are no direct costs to the respondents themselves. Indirect costs to respondents, however, may be calculated in terms of the costs of their time spent in responding to the survey. We have calculated these costs assuming the mean hourly wages for respondents as specified in Table 2 below. This results in \$11,707.00 as the total cost for the respondents' time.

Table 2. Respondent Indirect Costs by Mean Hourly Wage

Phase 1 Data Collection - Cognitive Interviews			
Type of Respondents by Location	Total Burden Minutes	Mean Hourly Wage Rate	Total Respondent Costs
Houston, TX	768	\$17.50	\$224.00
Atlanta, GA	771	\$17.86	\$229.50
Seattle	771	\$20.63	\$265.10
Chicago	1104	\$19.67	\$361.93
District of Columbia	1104	\$29.57	\$544.09

Phase 2 Data Collection - In-Person Interviews

Type of Respondents by Location	Total Burden Minutes	Mean Hourly Wage Rate	Total Respondent Costs
Houston, TX	10315	\$17.50	\$3,008.54
Atlanta, GA	10315	\$17.86	\$3,070.43
Seattle	10315	\$20.63	\$3,546.64
Total	35463		\$11,250.23

Table 3 provides U.S. Department of Labor wage rates for respondents for the areas in which Phase 1 (Houston, Atlanta, Seattle, Chicago, and Washington, DC) and Phase 2 (Houston, Atlanta, and Seattle) interviews will be conducted.

Table 3. U.S. Labor Department Average Wage Rate for Selected Sites

Location	Median Hourly Wage	Mean Hourly Wage	Mean Annual Wage	Mean Relative Standard Error
Houston-Sugar Land-Baytown, TX	\$13.26	\$17.50	\$36,410	0.4%
Atlanta-Sandy Springs-Marietta, GA	\$13.78	\$17.86	\$37,150	0.6%
Seattle	\$16.81	\$20.63	\$42,910	1.4%
Chicago-Naperville-Joliet, IL Metropolitan Division	\$15.21	\$19.67	\$40,910	0.7%
Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan Division	\$23.95	\$29.57	\$61,500	7.0%

Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupation Employment Statistics, May 2005, Employment and Wage Estimates for all Occupations, <http://www.bls.gov/bls/blswage.htm>.

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

Respondents will incur no capital or maintenance costs.

14. Annualized Cost to the Government

The survey is funded under Contract No. 200-2006-15969. The total contract award to TKC Integrated Services, LLC is \$551,382 over a 3-year period. Thus, the annualized contract cost is \$183,794. These costs cover the following activities:

- Assistance in designing and planning the survey
- Developing sampling frame
- Cognitive testing of the questionnaire
- Recruiting and training field staff
- Recruiting respondents
- Collecting, processing, and cleaning the data
- Developing a data file with documentation
- Assisting in reporting of results.

Table 4 provides additional detail on contractor costs, including administrative costs.

Additional costs will be incurred by the government in personnel costs of staff involved in oversight, study design, and analyses of data. A GS-13 scientist and a GS-13 project manager will be involved, each for

approximately 10 percent of their time. Direct costs in CDC staff time will approximate \$17,845 annually. Table 5 summarizes indirect government costs.

Table 4. Contractor Project Costs

Labor and Other Direct Costs	Cost
Initial meeting and general administration	\$17,791
Communicate regularly with CDC, including reports and conference calls	\$9,733
Develop sampling plan	\$13,726
Develop cognitive interview methodology plan	\$23,893
Translation questionnaire to Spanish	\$19,849
Assist in preparation of OMB package	\$14,737
Conduct cognitive interviews	\$50,046
Analyze cognitive data and draft report	\$16,795
Questionnaire development and formatting	\$33,851
Conduct data collection	\$147,440
Data collection oversight and reports to CDC	\$36,621
Recruiting and training interviewers	\$58,420
Working with UIHI to develop appropriate American Indian sample, interviewers, and cultural training	TBD
Data processing	\$5,641
Draft data collection methodology report	\$6,847
Prepare final electronic data file for CDC	\$9,566
Weight data and prepare descriptive statistics report	\$40,010
Prepare and submit report and data programs for CDC	\$3,695
Project closeout activities, including submitting all materials to CDC	\$2,855
NORC TOTAL	\$511,516
TKC Integrated Services, LLC costs	\$39,866
CONTRACTOR TOTAL	\$551,382

Table 5. Government Project Costs

Personnel	Tasks	Average Cost Per Year
Epidemiologist (10%)	Oversight, study and survey design, sample selection, data analysis, and consultation	\$9,052
Public Health Advisor (10%)	Project management including oversight of budget and administration	\$8,793
Sub-Total 1 Project Year		\$17,845
Total 3-Year Project Period		\$53,535

The annualized cost to the government will be \$201,639. The total project cost for the three year period will be \$604,917 (\$551,382 + \$53,535).

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Table 6. Tabulation and Publication Schedule

Time Schedule for Phase 1	
Task	Time Period
Sample Selection for Cognitive Testing (CT)	1 month after OMB approval
Develop Training Materials for CT	2 months after OMB approval
Conduct Training for CT	2 months after OMB approval
Identify Respondents for CT	3-5 months after OMB approval
Complete Interviews for CT	3-5 months after OMB approval
Data Editing and Cleaning	6-7 months after OMB approval
Data Analyses	8-24 months after OMB approval
Report Writing	9-36 months after OMB approval
Publication	12-36 months after OMB approval
Time Schedule for Phase 2	
Task	Time Period
Sample Selection for In-Person Interviews	5 months after OMB approval
Develop Training Materials for Interviews	6-8 months after OMB approval

Time Schedule for Phase 2 (cont)	
Conduct Training for Interviews	9 months after OMB approval
Complete In-Person Interviews	9-12 months after OMB approval
Data Editing and Cleaning	12-15 months after OMB approval
Data Analyses	16-30 months after OMB approval
Report Writing	18-36 months after OMB approval
Publication	24-36 months after OMB approval

Publication and Analysis

After the data have been collected, a final report and summary of findings will be prepared. The findings will consist of analyses describing the prevalence of sexual violence across the three minority communities assessed in the study. In addition, demographic characteristics (of the victim and perpetrator), circumstances surrounding the incidents, and subsequent help seeking behaviors also will be described. A more specific analysis plan, including examples of table shells, is described in Appendix 12. Preparation of the initial publication will begin as soon as the data are cleaned and sent to the CDC.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

This request will display the expiration date for OMB approval.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.