Clinical Indicators of Sexual Violence in Custody
Feasibility Study

1211-XXXX

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TABLES

LIST OF ATTACHMENTS

Attachment Number	Document Description
1	Law or Authority Mandating the Collection
2	Title III – General Powers and Duties of Public Health Service, Section 301 (241.a)
3	Surveillance Form
4	Omnibus Crime Control and Safety Act of 1968
5	Assurance of Confidentiality Under Section 308(d) of the Public Health Act Granted for HIV/AIDS Surveillance Data
6	IRB Summary and Approval
7	Draft Implementer Training Agenda
8	Standard Operating Procedures
9	Frequently Asked Questions
10	References

B. Statistical Methods

1. Respondent Universe and Sampling Methods

The feasibility study does not have a respondent universe because data will be collected using a convenience sample. Participation by the correctional facilities is voluntary. Correctional systems will be identified by the Bureau of Justice Statistics (BJS) based on 1) willingness to participate, 2) estimated prevalence of sexual violence as determined by the BJS administrative record review and inmate surveys, and 3) average daily inmate population as a measure of the size of the facility.

CDC/BJS will initially contact correctional systems in Illinois, Pennsylvania, Florida, Texas, Louisiana, Georgia, and California to determine willingness to participate. These states represent the largest correctional systems in the United States by inmate population. In addition, these states have expressed some initial interest through discussions with the Association of State Correctional Administrators. These seven states include hundreds of individual correctional facilities that may potentially participate. We will work with these seven state correctional systems to identify eligible facilities to participate in the prospective data collection as based on the procedures outlined in section 2 below.

If necessary, CDC/BJS will contact additional states and jail jurisdictions to participate, based on criteria outlined in section 2 below. The total number of facilities that will be contacted is unknown; it will depend on the level of support from prison and jail administrators (which is perceived to be high) and willingness of "high-rate" facility administrators to permit surveillance to better understand initial results from BJS PREA surveys.

The respondents providing information for the proposed project are health-care providers working in the selected correctional facility in which the surveillance is conducted. Providers will report cases of sexual violence as defined by the surveillance form for all male inmates 18 years of age or older.

Youth have been excluded from the feasibility study due to the additional time that would be involved in gaining approval from state institutional review boards as well as the additional challenges associated with mandatory reporting of abuse and neglect. In addition, youth facilities are typically very small in size, and surveillance programs in such facilities would likely yield few (if any) reports related to sexual violence.

Similarly, females comprise 7.2% of prison inmates (Sabol and Couture 2008) and 12.9% of jail inmates (Sabol and Minton 2008). While prior surveys have shown that female inmates are more likely to be victimized than male inmates (5.1% vs. 2.9% in jails), the nature of victimization among females has been shown to largely involve unwanted touching (without physical injury). As a result, the pretest in female facilities would likely yield few (if any) reports related to sexual violence.

The feasibility study has been designed to maximize the likelihood of detecting physical injury among inmates. As a consequence, it is focused on males in correctional facilities. Depending on the outcome and experience within male facilities, BJS would anticipate conducting a feasibility study and/or pilot test in female and youth facilities before mounting a national surveillance program.

Feasibility Study Sample Size

The CISVC feasibility study will attempt to capture all cases of the conditions likely associated with sexual violence. No inmates will be interviewed directly but rather forms will be filled out by medical providers for those inmates who seek medical care and either make an allegation of sexual abuse or who exhibit one of five medical conditions The estimated number of inmates meeting these criteria is based on the inmate population for larger prisons (4,000) and jails (10,000), the estimated prevalence of sexual violence in prisons (4.5%) and jails (3.2%), and the proportion of assaults in prisons (18%) and jails (19.5%) that result in an injury. Based on these parameters, we expect up to 810 surveillance forms to be filled out by medical providers across the 25 participating prisons (roughly 33 forms per prison) and up to 624 surveillance forms to be filled out by medical providers across the 10 participating jails (roughly 63 forms per jail) over the period of a year.

2. Procedures for the Collection of Information

Main steps in data collection

The recruitment of facilities is not based on statistical sampling procedures that are used to generalize to the correctional population. The facilities that will be recruited are a convenience sample of correctional facilities. However, an effort will be made to recruit facilities that have been identified with higher than expected rates of sexual violence allegations as determined by the BJS administrative record review (the 2007 Survey on Sexual Violence) or with higher than expected rates of inmate self-reported sexual violence victimization as determined by the BJS survey of inmates (the 2007 National Inmate Survey).

The feasibility study is designed to include 25 prisons and 10 jails. These facilities will be selected from each of the 4 Census regions. Large facilities and facilities identified by BJS as “high-rate” facilities will be targeted. This strategy is based on initial reports that suggest incidents of sexual violence involving physical injuries are relatively rare (0.8% among prisoners in 2007). Consequently, the feasibility study will target facilities most likely to generate data in the surveillance system; it is not intended to provide prevalence estimates for sexual violence in facilities nationwide, rather it is intended as a precursor to a national pilot.

The feasibility study will collect information using one of two methods. For correctional facilities with electronic medical records, the data elements from the electronic medical record will be used to capture the data elements for the pilot surveillance form for all inmates who meet the case definition. Data will be transmitted to CDC electronically via a secured data network and will be imported into a CDC-designed database for analysis. For facilities that do not have electronic medical records, a paper surveillance form will be completed for all inmates who meet

the case definition. The paper records will be sent to CDC either via the U.S. Postal System or via a secure facsimile transmission which encrypts the data and creates an electronic record. For paper records received by CDC, data will be entered into the CDC-designed database. Data will be requested quarterly over the period of a year.

Quality Control

Data quality is ensured by use of a standard form, standard operating procedure manual, medical provider training and monitoring, site visits, and data editing.

A half-day training of local health-care providers will occur prior to implementation of data collection. This training will cover the background of the project, a review of all data elements on the surveillance form to ensure that health-care providers understand the purpose of each, and how to complete the surveillance form. A quality assurance component will be included in the revised standard operating procedure and the training materials for each site. A draft implementer training agenda is attached (Attachment 7).

Materials related to training are in development; however, a draft of the standard operating procedures document is attached (Attachment 8). In addition, a draft of the frequently asked questions (FAQ's) is attached (Attachment 9).

During the data collection period, CDC staff will periodically monitor progress of the data collection via telephone. CDC will contact each facility on a regular basis (at least monthly) to ensure data are being collected according to protocol and to resolve problems that occur with the data collection procedures. CDC will also conduct one site visit to each correctional system during data collection. The purpose of the site visit will be to monitor adherence to the protocol, review completed surveillance forms, and obtain feedback on surveillance procedures.

Generalizability

Because a convenience sample of correctional facilities will be chosen for the feasibility study, the results will not be generalizable to the inmate population of the United States.

Evaluation

CDC and BJS will conduct an evaluation of the surveillance form and data collection methods during implementation and at the conclusion of data collection. This evaluation will encompass survey procedures and results. Relevant findings from these evaluations will be incorporated into the design of possible future data collection, and BJS will release these findings in a project report. Specific findings related to analysis of the data collected will be made available to users of the data.

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