Information Collection Request
Supporting Statement
for
The National Intimate Partner and Sexual Violence Surveillance System (NISVSS)

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Abstract

A critical need exists for a national surveillance system that will produce frequent, consistent, and reliable data on the magnitude and nature of intimate partner violence (IPV), sexual violence (SV), and stalking using consistent definitions and survey methods to evaluate trends over time. To address this need, the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC), in collaboration with the National Institute of Justice (NIJ), and the Department of Defense (DoD) has developed the National Intimate Partner and Sexual Violence Surveillance System (NISVSS). The collaborative effort between agencies is motivated by the need to improve the understanding of IPV, SV, and stalking in the civilian, military, and American Indian/Alaska Native populations. The survey will be conducted among English and/or Spanish speaking male and female adults (18 years and older) living in the United States. NISVSS will collect population-based surveillance data, generating stable and precise annual prevalence estimates for IPV, SV, and stalking victimization at the national level. Lifetime, 12 month and 36 month prevalence data will be collected. As data collection continues across multiple years, sample sizes will increase and stable state-level lifetime prevalence data will also be available for both women and men. During the first year data will also be collected from: 1) female members of the active duty component of the US Armed Forces; and 2) female spouses of married male service members. NISVSS data will help inform public policies and prevention strategies at both the national and state levels and will help guide and evaluate progress toward reducing the substantial health and social burden associated with IPV, SV, and stalking.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

This is a New (i) Information Collection Request.

OMB approval is being requested for three years of data collection. This data collection effort has not been affected by the Recovery Act.

A.1.a) Background

(i) Public Health Implications and Costs of Intimate Partner Violence, Sexual Violence and Stalking

Intimate partner violence (IPV), sexual violence (SV), and stalking endanger the health and well-being of women and men across the United States. As described below, more than two decades of research demonstrate that IPV, SV, and stalking are major public health problems with serious long-term health consequences and significant social and public health costs (Basile, Black, Simon, Arias, Brener & Saltzman, 2006; Black and Breiding, 2008; Breiding, Black, & Ryan, 2008; CDC, 2003; Tjaden and Thoennes, 1998). Extensive literature provides evidence indicating IPV, SV, and stalking substantially contribute to negative mental health outcomes, including depression, chronic mental illness, and post-traumatic stress disorder (e.g., Breiding, Black, & Ryan, 2008, Bonomi, Thompson, Anderson, Reid, Carrell, et al., 2006; Vos, Astbury, Piers, Magnus, Heenan, et al., 2006).

Intimate Partner Violence IPV is violence committed by a spouse, ex-spouse, current or former boyfriend or girlfriend; includes physical violence, sexual violence, and emotional abuse and has an estimated annual cost of $5.8 billion for medical care and lost productivity (National Center for Injury Prevention and Control, 2003). Both men and women are victims of IPV; it can occur among heterosexual and same-sex couples. Approximately 1 in 4 women and 1 in 7 men report experiencing IPV during their lifetime (Breiding, Black, & Ryan, 2008). The National Violence Against Women Survey (NVAWS), completed in 1995-1996, estimated that 1.5 million women and 834,700 men are physically assaulted and/or raped by an intimate partner annually in the United States (Tjaden & Thoennes, 1998).

Both women and men have increased risk for long term health problems (Black and Breiding, 2008). However, women are much more likely than men to suffer physical injuries or psychological trauma from IPV (Brush 1990; Gelles, 1997). Women are also significantly more likely than men to be killed by an intimate partner (Puzone et al. 2000).

Studies have also shown that abused women experience more physical and functional health problems and have a higher occurrence of depression, drug and alcohol abuse, and suicide

attempts than do women who are not abused (Campbell, et al., 1995; Golding, 1996; Kaslow et al., 1998; Kessler et al., 1994; Krug et al., 2002). Psychological consequences include posttraumatic stress disorder, depression, substance abuse, and suicidal behaviors and ideation (Caetano and Cunradi 2003; Campbell 2002; Coker et al. 2000; Kaslow et al. 1998, 2002; Koss et al. 2003; Mechanic et al. 2000.)

Sexual Violence SV has a profound and long-term impact on the physical and mental health of the victim. In addition to injury, SV is associated with an immediate and long term increased risk of sexual and reproductive problems (Krug et al., 2002). A national survey conducted in 2001-2003 indicates that 1 in 59 U.S. adults (2.7 million women and 978,000 men) experienced unwanted sexual activity in the 12 months preceding the survey and that 1 in 15 U.S. adults (11.7 million women and 2.1 million men) have been forced to have sex in their lifetime (Basile, Chen, Black, & Saltzman, 2007). The annual cost of rape committed by intimate partners alone exceeds $319 million (Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). According to the Bureau of Justice Statistics, rape is one of the most underreported crimes (Bachar and Koss, 2001), due in large part to the high level of social stigma and shame associated with rape. Approximately 84% of rapes and sexual assaults are not reported to police (Kilpatrick et al., 1992).

Stalking The NVAWS found that stalking is more prevalent than previously thought. In 1995, 8% of surveyed women and 2% of surveyed men said they were stalked at some time in their life in a manner that caused them to feel a high level of fear (Tjaden and Thoennes, 2000). A more recent survey conducted from 2001-2003 showed similar results (Basile, Swahn, Chen, & Saltzman, 2006); 7% of women and 2% of men reported stalking experiences that were somewhat dangerous or life threatening (Basile et al., 2006). In the U.S., this equates to nearly 8 million women and more than 2 million men having been stalked in a dangerous or life-threatening manner at some time in their life (Basile et al., 2006).

Stalking can result in severe and even fatal outcomes for victims because it often co-occurs with other kinds of partner violence; 81% of women who were stalked by a current or former intimate partner were also physically assaulted by that partner and 31% were sexually assaulted by that partner (Tjaden & Thoennes, 1998). Evidence also suggests that women who are stalked by ex-partners may be at high risk for being killed (Crowell and Burgess, 1996). The estimated economic cost of stalking of women in 1995 was $342 million (Max, et al., 2004). Adjusted for inflation, this cost was $438 million in 2005 (Sahr, 2006).

Violence Experienced By Older Women and Men Although IPV is often overlooked among aging women and men, researchers and advocates have reported that many women experience abuse well into old age (Grossman & Lundy, 2003; Rennison & Rand, 2003). IPV in elders has traditionally been included under the umbrella of “elder abuse.” The term “domestic violence” is most commonly used to describe violence perpetrated by intimate partners. Among elders, although most perpetrators of domestic violence are intimate partners (Teaster, 2002; Mouton, 1999; Lundy & Grossman, 2004), the abuse can be (and frequently is) committed by other family members, care providers, or other individuals living in the home (Lundy & Grossman, 2004).

Such abuse is a large and growing problem that will only increase as the population of older Americans grows substantially in the coming years. However, national estimates of incidence and prevalence are largely unavailable. Existing studies are primarily based on administrative records from Adult Protective Services, law enforcement, and other similar type organizations. Such information cannot fully describe the epidemiologic features of elder abuse as only a small fraction of cases are ever reported to them. Experts agree that national population-based prevalence and incidence data for elder abuse in the United States is critical to understanding the magnitude and degree of burden associated with this abuse (DHHS, 1992; National Research Council, 2003). Without this data, national efforts to raise awareness, fund prevention efforts and protect this vulnerable and growing population may be limited. To address this gap, respondents who are 55 years of age or older are also asked about physical and psychological violence during the past 12 months by other perpetrators (similar to that which is already gathered for 12 month SV and 12 month stalking for all age groups).

(ii) Circumstances Motivating this Information Collection Request

Despite the considerable amount of research and insight that has been brought to bear on these ongoing threats to public health, current national data on the magnitude, nature, and trends of IPV, SV, and stalking are limited. Surveys that collect data on IPV and SV have been (1) broadly focused and thus collect limited information and detail about IPV and SV from selected populations or a limited number of states (e.g., the Behavioral Risk Factor Surveillance System —BRFSS), (2) framed from a particular perspective (e.g., crime context) that may lead to increased underreporting (e.g., the National Crime Victimization Survey—NCVS), or (3) completed more than a decade ago. The National Violence Against Women Survey (NVAWS) was a random digit dialed telephone survey conducted from 1995 to 1996 in a collaborative effort between the National Institute of Justice and the Centers for Disease Control and Prevention (Tjaden and Thoennes, 2000). Information from the NVAWS has been used extensively by many researchers and provided invaluable information that would not otherwise be available regarding IPV, SV, and stalking experienced by women and men in the United States (Thompson, Arias, Basile, and Desai, 2002). However, current national data on IPV, SV, and stalking that are reliable and representative are fundamental to advancing the efforts of federal, state, and local policy makers and program developers who are trying to reduce the personal and public costs associated with these forms of violence.

Furthermore, the lack of regular, ongoing surveillance, using uniform definitions and survey methods has made it difficult to track IPV, SV, and stalking at the national and state level. The lack of comparable state-specific prevalence data has limited the ability of state public health officials to measure the public health burden and impact of IPV in their state. A critical need exists for a national ongoing surveillance system that will produce frequent, consistent, and reliable data on the magnitude and nature of IPV, SV, and stalking using consistent definitions and survey methods to improve prevalence estimates, to monitor trends, and to guide and evaluate intervention and prevention efforts. The NCIPC published the *Injury Research Agenda* (National Center for Injury Prevention and Control, 2009) which specifically states that there is a dearth of data available regarding these forms of violence and that there is a substantial need for

improved surveillance methods to yield more accurate information to guide program development and evaluation (Research Objective G). To address this need, the NCIPC, in collaboration with the NIJ, and DoD has developed the NISVSS.

The development of NISVSS was also informed by the National Intimate Partner and Sexual Violence Surveillance (NISVS) Pilot Study, which was conducted in 2007 (OMB # 0920-0724). The pilot study was designed to help address information gaps and inform the development of a national IPV, SV, and stalking surveillance system. The specific aims of the pilot were to: 1) evaluate the impact of question order on the reporting of violence victimization and perpetration and; 2) provide information that would inform the selection of specific language to introduce IPV, SV and stalking questions in an ongoing national survey. Two orders of questions (victimization followed by perpetration and vice versa) and three contexts (health, family conflict, and crime) were evaluated to determine the context that best facilitates the reporting of victimization and perpetration. Potential differences in participation were evaluated for two randomly assigned incentive levels ($10 and $20). The results of the pilot study helped to strengthen the design of NISVSS and are described, as applicable, elsewhere.

(iii) Specific Mandates to Monitor and Reduce IPV, SV, and Stalking

The CDC is the lead federal agency for public health objectives related to injury and violence. The *Healthy People 2010* report (U.S. DHHS, 2000) lists several objectives that pertain directly to IPV, SV, and stalking. Applicable objectives include objective 15-34, "reduce the rate of physical assault by current or former intimate partners", objective 15-35, "reduce the annual rate of rape or attempted rape", and objective 15-36, "reduce sexual assault other than rape." The legal justification/legislative authority for this survey may be found in Section 301 of the Public Health Service Act (42 USC 241) in Attachment A.

In addition, the National Institute of Justice (NIJ), in consultation with the CDC, is actively involved in developing a program of research on violence against American Indian and Alaska Native women, also known as the National Baseline Study on Violence Against Indian Women. This program of research was specifically mandated by Title IX of the Reauthorization of the Violence Against Women Act of 2005 (VAWA 2005). Program activities and studies are guided by the Section 904 Violence Against Women in Indian Country Task Force. The Task Force was commissioned under the authority of Section 904(a)(3) of the Violence Against Women Act of 2005, Pub. L. No. 109-162 (codified at 42 U.S.C. § 3796gg-10 note) and is subject to the Federal Advisory Committee Act (5 U.S.C. App. 2).

A.1.b) Privacy Impact Assessment

(i) Overview of Data Collection System

The CDC's NCIPC, in collaboration with NIJ and DOD, developed the NISVSS survey. The survey will be conducted by an experienced contractor, RTI International. The sample will be

selected using a random digit dialing (RDD) landline and cell phone survey of English and/or Spanish speaking female and male adults (18 years and older) living in the United States. Anticipated to begin in late 2009, the NISVSS will provide population-based prevalence estimates at the national and state level for IPV, SV, and stalking victimization. During the first months of data collection, all aspects of the survey will be closely monitored to insure the instrument, systems, and study sampling design are functioning as expected.

Up to 35,000 interviews will be conducted annually. The sample will include an oversampled population of American Indian/Alaskan Native (AI/AN) respondents living in urban areas in order to provide important information on this underserved and understudied population. The data from each consecutive survey year will be combined with previous years and remain in password protected files for use by CDC and NIJ. Public use data sets will be made available to state and national researchers and practitioners. Unidentifiable information contained in these files will be maintained for use in the foreseeable future.

NOTE: During the first year, data will also be collected from a one-time sample commissioned by the Department of Defense (DoD) of: 1) 1,800 female members of the active duty component of the US Armed Forces (Army, Air Force, Marine Corps and Navy); and 2) 1,800 female spouses married to male service members. The military sample will be randomly selected from lists generated by the DoD. Data from the military population will not be combined with the non-civilian data. Use will be restricted to appropriate military study staff.

As directed by DoD Directive 8910.1-M (30 Jun 98, Management and Control of Information Requirements) and DoD Instruction 1100.13 (21 Nov 96, Surveys of DoD Personnel), survey approval and a Report Control Symbol will be required from Defense Manpower Data Center. As stated in DoD Directive 8910.1-M with cross reference to Chapter 88, Section 1782 of title 10, United States Code, “Surveys of Military Families” added by Section 568(a)(1), Public Law 104-106, “National Defense Authorization Act for Fiscal Year 1996,” Office of Management and Budget approval is not necessary for the military component of this survey. Active duty, National Guard, Reserve Component, military retirees, and former Federal employees (e.g., military that have voluntarily separated from active duty), are not considered members of the public when questions pertain to their experiences in the military, “when they respond to a collection of information within the scope of their employment,” or when the purpose of the data collection is “to determine the effectiveness of existing Federal programs relating to military families and the need for new programs” (p. 38). Non-active duty military spouses are also covered under this provision. Thus, the protocols for the military sample are not detailed in this information collection request.

(ii) Items of Information to be Collected

For this Information Collection Request, no individually identifiable information is being collected. First names (used for call backs to previously selected respondents) and telephone numbers are deleted as soon as the interview is completed.

Information will be collected in a one time anonymous random digit dialed telephone interview (Attachment C). Questions will be asked about all forms of IPV victimization (including physical

aggression, psychological aggression, and sexual violence); all forms of SV victimization by any perpetrator (including unwanted sexual situations, abusive sexual contact, and forced/nonconsensual sex [completed and attempted]); and stalking victimization by any perpetrator. NISVSS will gather information regarding experiences that occurred across the lifespan and within the 12 and 36 months preceding the survey.

Great strides have been made in the understanding of IPV, SV, and stalking since the NVAWS was conducted in 1995 and 1996. The NISVSS instrument reflects these improvements. For example, an improved understanding of psychological abuse by an intimate partner is reflected in the survey instrument's measurement of instrumental psychological aggression (the use of coercive control and entrapment) and expressive psychological aggression (the use of verbal insults, name calling, public humiliation).

An improved measure of the impact of violence is also included. For example, questions are included regarding the level of fear, perceived risk of harm, the respondent's well being, injuries, and services used (police, shelter, medical care).

In addition, health related questions and demographic questions will be asked (including race/ethnicity, income, and age).

(iii) Identification of Website Content Directed at Children Under 13 Years of Age.

The NISVSS does not involve web-based data collection methods nor does it refer respondents to websites.

A.2. Purpose and Use of Information Collection

The specific aims of NISVSS are to generate consistent and reliable data on the incidence, prevalence, and nature of IPV, SV, and stalking at the state and national level among U.S. women and men. Ongoing surveillance is critical in the further development of prevention and intervention programs to reduce the prevalence and incidence of IPV, SV, and stalking. Stable and precise annual prevalence estimates will be available at the national level beginning with the first year of data collection. Stable and precise state-level prevalence estimates will be available in subsequent years as interviews accrue over time. Currently, for the vast majority of states, there is no population-based information regarding the prevalence of IPV, SV, or stalking. NISVSS will provide directly comparable state-level IPV, SV, and stalking prevalence data for all states. Such data will allow states to compare their rates with other states and with the nation as a whole.

Researchers and providers across the country are looking for the much needed data that NISVSS will provide. Similar to what was observed with the NVAWS data, it is anticipated that the data will be used extensively. NISVSS will also provide the critical trend data that have not previously been available and are essential to design and evaluate prevention efforts.

Documenting and monitoring the incidence and prevalence of IPV, SV, and stalking is a critical first step to improving the health status of individuals, making communities safer, and reducing

the social and healthcare costs currently burdening state and federal governments and programs. NISVSS data will help inform public policies and prevention strategies and will help guide and evaluate progress towards reducing the substantial health and social burden associated with IPV, SV, and stalking.

Privacy Impact Assessment Information

No IIF (information in identifiable form) is being collected.

A.3. Use of Improved Information Technology and Burden Reduction

All interviews will be conducted over the telephone, using computer-assisted telephone interviewing (CATI) software. The use of CATI will reduce respondent burden, reduce coding errors, and increase efficiency and data quality. The CATI program involves a computer-based sample management and reporting system that incorporates sample information, creates an automatic record of all dialings, tracks the outcome of each interviewing attempt, documents sources of ineligibility, records the reasons for refusals, and locates mid-questionnaire termination.

The CATI system also includes the actual interview program (including the question text, response options, interviewer instructions, and interviewer probes). The CATI's data quality and control program includes skip patterns, rotations, range checks and other on-line consistency checks and procedures during the interview, assuring that only relevant and applicable questions are asked of each respondent. Data collection and data entry occur simultaneously with the CATI data entry system. The quality of the data is also improved because the CATI system automatically detects errors and ensures that there is no variation in the order in which questions are asked. Data can be extracted and analyzed using existing statistical packages directly from the system, which significantly decreases the amount of time required to process, analyze, and report the data.

A.4. Efforts to Identify Duplication and Use of Similar Information

To ensure that the proposed survey is not duplicating the efforts of others, CDC has consulted with other federal agencies (e.g., DOJ, DoD) and other leading experts and stakeholders in the fields of IPV, SV, and stalking. NCIPC convened a workshop "Building Data Systems for Monitoring and Responding to Violence Against Women" (CDC, 2000). Recommendations provided by those in attendance are reflected in the design of NISVSS.

As discussed in the Data Systems workshop, surveys that ask behaviorally specific questions that are couched in a public health context have much higher levels of disclosure than those couched within a crime context (as in the National Crime Victimization Survey (NCVS) conducted by the Bureau of Justice Statistics). In addition, NISVSS increases disclosure through the use of multiple behaviorally specific questions (e.g., not asking about rape, but asking about unwanted or forced sex). NISVSS also gathers much more detailed information (compared to the NCVS or other surveys) on the full range of: intimate partner violence, including psychological abuse, coercive control and entrapment, physical violence, sexual violence and stalking; sexual

violence, including non touch, touch, forced sex, coercive sex, and alcohol or drug facilitated sex; and stalking behaviors, including technology assisted stalking (e.g., cell phone, Face Book). Information is also gathered with respect to frequency, time frame, patterns of abuse, impact of abuse, and service use.

As described in Section A.1., the most recent national health survey on IPV, SV, and stalking (NVAWS) was completed in 1995, more than a decade ago (Tjaden and Thoennes, 1998). Since then, there have been no similar national health surveys with a specific focus on IPV, SV, and stalking (which are also the types of outcomes that are least likely to be disclosed in crime surveys).

Although the BRFSS included optional IPV and SV modules in 2005, 2006, and 2007, fewer than half of the states administered the module during any one year. Furthermore, the information collected in the optional modules was limited to a small number of relatively simple IPV (n= 7) and SV (n=8) questions and limited to physical and sexual violence. Because of time constraints, there was no information collected on stalking or psychological abuse by an intimate partner. In addition, there was only one question that provided information on the impact of the violence that occurred - "were you injured during the most recent event?"

The BRFSS SV and IPV modules have provided useful, albeit limited, information to participating states regarding their prevalence of IPV and SV. Because consistent survey methods were used, participating states were able to make comparisons between their state and other states that administered the module (Breiding, Black, & Ryan, 2008). No other consistently collected state level data using similar questions and survey methods exist. An additional concern is that neither all states nor a statistically representative set of states collected IPV or SV data during the years that funding was available (2005, 2006, 2007). Only three states have SV data across all three years and only five states have IPV data across all three years in which the optional module was offered. Because financial support from the Division of Violence Prevention no longer exists for the optional modules, few (if any) states continue to collect data IPV or SV data. Thus, the BRFSS does not provide national estimates of IPV or SV. Furthermore, to adequately monitor and evaluate trends, data must be collected more frequently, across all states, using consistent surveillance methods.

Because NISVSS has been designed from the public health perspective and because it has multiple behaviorally specific questions on a wide range of intimate partner, sexual violence and stalking outcomes, it will provide more accurate and frequent information at the state and national level. NISVSS will provide more data than is currently available at any level regarding the prevalence and incidence of IPV, SV, and stalking victimization.

A.5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study. Strategies are being employed to eliminate business telephone numbers from the call blocks.

A.6. Consequences of Collecting the Information Less Frequently

There are no legal obstacles to reducing the burden.

Although this is an ongoing surveillance system, the survey is a one-time request for individual respondents. The likelihood is extremely small (less than one in a million) that respondents will be included in more than one randomly selected sampling pool across the years of the surveillance system.

The need for an ongoing surveillance system is reflected in the fact that the lack of regular, ongoing surveillance, using uniform definitions and consistent survey methods over time has made it nearly impossible to evaluate trends in IPV, SV, and stalking. The lack of comparable state-specific prevalence data has limited the ability of national and state public health officials to measure the impact of IPV, SV, and stalking in individual states. Improved surveillance will help guide the most effective use of limited prevention resources. The development of NISVSS meets a critical public health infrastructure need. More detailed and frequent information will inform public policies, and intervention and prevention strategies at the national and state levels.

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

The request fully complies with the regulation 5 CFR 1320.5.

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

A.8.a) Federal Register Notice

A 60-day Federal Register Notice was published in the *Federal Register* on February 19, 2009, vol. 74 No. 3, pp 7695-7696 (Attachment B). No public comments were received.

A.8.b) Efforts to Consult Outside the Agency

CDC participates in a monthly conference call involving federal researchers involved in the study of violence against women (documentation included in Attachment D). An annual interagency working meeting of these federal partners is also conducted to share information across a range of relevant agencies (as an example, planning and multi-agency attendance documentation for 2006 meeting included in Attachment D).

Staff within the Departments of Justice and Defense (Bernie Auchter and David Lloyd) served as technical reviewers for the proposals submitted in response to CDC's Funding Opportunity Announcement for NISVSS. As part of the review team, they participated in the selection of the contractor to do the work and approved the proposed statement of work. DOJ and DoD were also integrally involved in the design of the interview instrument as described below (and see interagency agreement included in Attachment E). As described in Section A.4, CDC has been working closely with DoD, NIJ, and other federal agencies in the development of surveillance system (NISVSS). Documentation providing examples of the ongoing consultations between CDC, DoD, and DOJ/NIJ regarding NISVSS is also included in Attachment D.

NISVSS Expert Panel. As mentioned in Section A.4 and A.8, NCIPC invited a panel of experts to attend a meeting in November 2007 to discuss preliminary findings from the 2007 methodologic study (referred to as the NISVS Pilot, although it was not a pilot test of the NISVSS survey itself) and to discuss the planned directions for NISVSS. The review panel consisted of federal and non-federal subject matter experts with expertise in IPV, SV, and stalking. The following individuals participated in the meeting and provided input to the redevelopment of the survey during monthly conference calls in 2008.

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The contractor, RTI, also sought input through a subcontract with one of the leading researchers in the field - Jacquelyn Campbell, Ph.D., R.N., F.A.A.N.

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Numerous presentations were made in 2008 and early 2009 to vet the proposed NISVSS among a range of interested stakeholders, including victim advocates, family advocacy programs, Title IX Task Force authorized under the 2005 VAWA, and a number of other conferences and public meetings.

A.9. Explanation of Any Payment or Gift to Respondents

A wide variety of research has shown that incentives improve response rates (Armstrong, 1975; Yu and Cooper, 1983; Church, 1993; Singer, 2002; Cantor, O'Hare, and O'Connor, 2007). Incentives can help gain cooperation through fewer calls, which can help make their use cost effective. Additionally, studies have shown that modest incentives are not coercive (Singer & Bossarte, 2006).Thus, implementing an incentive plan can be a cost effective way for surveys to improve response rates and lower refusal rates, and could, over the course of data collection, actually reduce costs and burden to respondents by reducing the need for additional calls to potential respondents.

Increasing the response rate will also increase the likelihood that information provided by survey participants will be representative of the sample and will maximize the utility of all information provided by study participants. However, it will be most cost effective for survey researchers to offer the lowest possible amount for incentive payments to respondents while still achieving the "boost" to response rates. Following a protocol similar to the IRB and OMB approved NISVS Pilot (OMB # 0920-0724), respondents will be offered a $10 incentive for completing the interview. The NISVS Pilot Study offered either a $10 or a $20 incentive (as randomly assigned). The pilot demonstrated a 2% increase in response rates using a $20 incentive. However, a $10 incentive will be offered because the boost in the pilot was slight and because of budgetary constraints. However, to further increase the response rate and to reduce the potential for nonresponse bias, a nonresponse phase has been incorporated in the NISVSS design. A subsample of the nonrespondents will be selected and offered an incentive of $40. The nonresponse phase is described in more detail in section B.3.c.

A.10. Assurance of Confidentiality Provided to Respondents

At no time will CDC have access to or receive potentially identifiable information. During data collection, the contractor will have names and addresses of those respondents who wish to be mailed a promised $10.00 incentive. At no time will this information be linked or linkable to survey information. Only limited demographic information will be requested (e.g., zipcode, year of birth). Once the interview is completed, the telephone number will be eliminated from the database in an overnight batch process.

The data will be collected anonymously. The measures used to insure confidentiality in the approved IRB protocol (Attachment F) closely follows the IRB and OMB approved NISVS Pilot Study Protocol (OMB # 0920-0724). The CDC Privacy Act Officer reviewed the NISVS Pilot OMB application and determined that the Privacy Act was not applicable.

<u>Privacy Impact Assessment Information</u>

A. The NISVSS is not subject to the Privacy Act.

This submission has been reviewed by ICRO, who determined that the Privacy Act does not apply. Thus, no certificate of confidentiality is being requested for the NISVSS. However,

respondents will be informed that the information they provide will be maintained in a secure manner and that data will be reported only in aggregate form.

B. How Information will be secured

All data will be maintained in a secure manner throughout the data collection and data processing phases. Only RTI International personnel who are conducting the study and have a study-specific need to know will have access to the temporary information that could potentially be used to identify a respondent (i.e., the telephone number and address), and all project staff will sign the RTI International confidentiality agreement (Attachment G). While under review, data will reside on directories that only the project director can give permission to access. All computers reside in a building with electronic security and are ID and password protected.

Although some sensitive questions on social behaviors and victimization are asked using a RDD telephone survey, respondents' first name or initials only are used for the interview process. The name "resident" is used to send the advanced informational letter prior to the interview and the incentive check is addressed as the respondent specifies after his/her participation. To maximize human subject protection, the letter has been carefully written to provide only general information about the survey. The lack of detailed study information in the advance letter is intentional for the protection of the prospective study participant. If the prospective study participant is in a relationship where IPV is present, we do not want the advance letter to raise suspicion or incite potential perpetrators.

Upon completion of the survey, respondents may choose to receive a $10 incentive or to have a similar contribution sent to the United Way. A number of respondents in the second Injury Control and Risk Survey (ICARIS-2 Phase 2) (OMB # 0920-0513.) chose to make a contribution to the United Way rather than receive the offered incentive (unpublished data). This finding suggests that some people are motivated to participate by financial gains and others are motivated by altruism. If the respondent does choose to receive the incentive, it will be mailed using the revised protocol for the NISVS Pilot Study, as approved by the human subjects review board. Following survey completion, the interviewer will ask for the respondent’s name and mailing address. The respondent will be informed that this information is being collected for the sole purpose of sending the incentive and that it will not be stored with their survey responses. If the respondent is not comfortable giving this information to the interviewer, the interviewer will then offer to have the respondent give the information to her supervisor. If the interviewer thinks that further reassurance is needed, she can offer that her supervisor will not know how the respondent answered any of the questions. If the respondent is still not comfortable with giving their contact information to a call center supervisor, the interviewer will offer to transfer the respondent to a voice mail box to leave their information. The toll-free project hotline number is also offered to respondents so they can call if they had problems leaving their information. In addition to these options, offering to contribute to the United Way provides an alternate option for respondents who do not wish to provide the information needed to mail the promised incentive.

The original NISVS Pilot protocol for gathering mailing information was modified after one month of data collection because of the logistic difficulties that were encountered. Originally,

upon completion of the interview, the interviewer transferred the respondent to a voice mail box where the respondent was instructed to clearly leave their name and mailing address. Each morning, project staff checked the voice mail boxes, collected the contact information, and entered it into a password protected excel file. In addition to being much more time consuming than originally anticipated, the quality of the information obtained was quite variable and often incomplete or ambiguous (e.g., respondent did not enunciate clearly, respondent gave street name but left off the word "drive" or "street"). As a result, it was often difficult to verify address, city, and zip codes and for a small number of cases it was not possible to mail the check. Because of these concerns, the revised process described in the previous paragraph was instituted to ensure that all respondents received in a timely manner the check they were promised. The revised method was well received by respondents and efficient. Contact information was accurately captured while maintaining the highest standards of respondent confidentiality protections.

Following the NISVS Pilot survey protocol, the mailing contact information will initially be recorded in the case management database, a database separate from the survey data. The phone number, address, and name information are subsequently removed from the database during an overnight batch process. By utilizing a two step process, identifying information that is potentially linkable is removed quickly and respondent confidentiality is maintained.

RTI International has procedures in place to protect against data loss and down time in the event of equipment failure. These include regularly scheduled back up of data, redundant services in case of server failure, and uninterruptible power supplies to bridge a temporary loss of power. Under normal operating conditions, a complete backup of all files on every disk will be written to tape weekly. Every business day, a differential backup will be performed of all files created or modified since the last complete backup. In the event of a hardware or software failure, files can be restored to their status as of the time of the last differential backup, usually the evening of the previous business day. Tapes from complete backups will be kept for approximately 3 months. Tapes or CD-R drives are used for long-term data archiving.

Several additional measures will be implemented to ensure data security. The address files used to send the letters of introduction will be destroyed as soon as the letters are mailed. The CATI system will include a compartmentalized data structure, in which personally identifying information are maintained separately from the actual questionnaire responses. Once an individual has completed his/her survey, all identifying information including first name, and telephone number will be stripped from the data files and destroyed in an overnight batch process. These measures safeguard the privacy of participants – once their interview has been completed, it will not have any personal identifiers.

Before any data are released (e.g. in disseminated reports), all demographic information that could potentially lead to identification of an individual will be stripped and the information will be destroyed. The database is configured so that it is not possible to retrieve individual responses or potentially identifying information.

C. Procedures for Obtaining Informed Consent

A verbal informed consent is obtained prior to the conduct of the interview (page 7, Attachment C). Potential respondents are informed 1) of the purpose for the data collection; 2) that their data will be treated in a secure manner and will not be disclosed; and 3) that all information collected will be pooled with responses from other participants. Following recommended guidelines (WHO, 1993; Sullivan & Cain, 2004; Watts, Heise, Ellsberg, & Moreno, 2001) a graduated informed consent protocol will be used. For research on topics such as IPV (and other forms of violence and abuse), a graduated consent process is often most appropriate. Literature regarding the ethical and safe collection of research data on IPV offers many reasons for obtaining informed consent in a graduated manner (WHO, 1993; Sullivan & Cain, 2004). In addition to safety and ethical considerations, a graduated consent process allows the interviewer to build rapport and increases the likelihood of gaining the participant's trust, the key to minimizing non-participation and under-reporting. Carefully conducted studies with well-trained interviewers who are able to build rapport and trust with potential participants are essential both to the collection of valid data and the well-being of respondents.

D. Informing Respondents of the Voluntary Nature of Survey Participation

During informed consent and throughout the interviews the respondents are informed that their participation is completely voluntary and reminded that they can stop the interview at any time. They are also informed and reminded that they can skip any question that they do not want to answer (for example pp. 7, 15, 36, Attachment C).

A.11. Justification for Sensitive Questions

Because very few people report IPV, SV, or stalking to officials and very few injuries are reported to health care providers, survey data provide the best source of information regarding the prevalence of IPV, SV, and stalking. Until recently, questions about IPV, SV, and stalking were considered by some to be “too sensitive” to ask in an RDD telephone survey. However, CDC evaluated respondent reactions to questions about violence in three large telephone surveys: 1) National and State Surveys on Violence Against Women and the Evaluation of Measurement Tools for IPV (OMB # 0990-0115); 2) Injury Control and Risk Survey (ICARIS-2 Phase 2) (OMB # 0920-0513); and 3) National Intimate Partner and Sexual Violence Surveillance (NISVS) Pilot Study (OMB # 0920-0724).

In all three surveys, results consistently demonstrated that the vast majority of telephone survey respondents: 1) believe that an RDD telephone survey should ask questions about interpersonal violence; 2) are willing to answer such questions during a telephone interview; and 3) are not upset or afraid as a result of being asked about their experiences with violence (Black, Kresnow, Simon, Arias and Shelley, 2006; Black, Carley-Baxter, and Twiddy, in preparation).

In all three surveys, it was consistently found that between 88.0% and 98.4% of participants felt such questions should be asked, regardless of their experience with or their history of interpersonal violence. Victims were as likely as non-victims to believe that such questions should be asked. In addition, responses were consistent, regardless of the respondent’s

victimization experience; those with different types of victimizations, those victimized within the past 12 months, and those victimized by an intimate partner all reported that the questions should be asked. Importantly, even among victims who reported that being asked these questions made them feel upset or afraid, the majority felt that such questions should be asked in a telephone survey.

These results suggest that commonly held beliefs and assumptions regarding participants' reactions to questions about interpersonal violence may be unfounded. Given that issues related to confidentiality, safety, and providing resources are adequately addressed, these findings provide important information for researchers and offer some assurance to those concerned with the ethical collection of data on victimization (Black and Black, 2007).

Still, it is critical that respondent safety remains the primary concern for any data collection asking about violence, particularly IPV, SV, and stalking. Such measures have been well described (Sullivan & Cain, 2004) and are addressed in the interviewer training.

Additional information regarding the potential benefits of participation were gathered in the most recent study – which was conducted in early 2007 (OMB # 0920-0724). The overall purpose of the 2007 study was to evaluate several methodological issues and to inform the design of NISVSS. One of the issues evaluated was the degree to which respondents reported experiencing benefits as a result of participation. More than 70% of respondents reported that they gained something positive from participating (NISVS Pilot, unpublished data). Nearly 70% reported that they felt someone cared about issues that were important to them and over 90% reported the perceived benefit of helping others (NISVS Pilot, unpublished data). When researchers focus solely on the potential for negative impact, such perceived positive responses to participation by respondents may often be overlooked.

Attachment C contains the NISVSS survey instrument. The questions that are included in the NISVSS are closely modeled after questions that were used in the NVAWS, the NISVS Pilot Study or other recent studies regarding IPV, SV, and stalking.

A.12. Estimates of Annualized Burden Hours and Costs

A.12.a) Number of respondents, frequency of response, and annual hour burden

The below data collection included in Table 1 is annualized for three years, which includes the number of respondents, frequency of response, and annual hour burden. The survey instrument requires approximately 20 – 25 minutes to complete for the majority of respondents (those with little or no history of IPV, SV, or stalking). It is anticipated that most respondents with at least some history of IPV, SV, or stalking will take approximately 25 minutes to complete the survey. The additional respondent burden associated with reviewing the advance letter will be negligible.

The estimated annual total burden in hours for respondents is 18,249. Non-participating screened households is 73,318 and it is estimated that it will take up to 3 minutes to determine whether a household is eligible and to complete the informed consent. The eligible households

that shall complete the survey is 35, 000 and it is estimated that the total time required to complete the survey is 25 minutes, on average, including screening and informed consent.

The total hourly burden for three years is 54, 747, derived from the total burden hours for non-participating households and eligible households based on an average response of 3 minutes for screened households and 25 minutes for respondents that complete the survey.

Table 1. Estimated Annual Respondent Burden for each year of NISVSS

Type of Respondents	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Non-Participating Household (Screened)	73,318	1	3/60	3,666
Eligible Household (Completes Survey)	35,000	1	25/60	14,583
			Total	18,249

(Total 3 year burden = 54,747 hours)

A.12.b) Annual cost to respondents

The annual burden of $290,529.38 for 35,000 completed interviews was estimated using 73,318 as the expected number of households containing an eligible respondent ages 18 and older; and 35,000 of these eligible households completing the survey.

The estimates of individual annualized costs are based on the number of respondents interviewed and the amount of time required from individuals who were reached by telephone and agreed to the one time interview. The average hourly wage obtained from the 2005 U.S. Bureau of Labor Statistics. It is estimated that it will take up to 3 minutes to determine whether a household is eligible and to complete informed consent. For those who agree to participate, it is estimated that the total time required will be approximately 25 minutes, on average, including screening and informed consent. The average hourly earnings for those in private, non-farm positions is $ 15.92 (http://www.dol.gov/dol/topic/statistics/index.htm). Thus, the response burden for each of the households that are eligible but choose not to participate is approximately $0.79. The burden for each individual who is eligible and chooses to participate in the survey is $6.63.

Table 2. Estimated Annualized Cost to Respondents

Type of Respondents	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Average Hourly Wage Rate (in dollars)	Cost
Non-Participating Household	73,318	1	3/60	$15.92	$58,362.72

(Screened)					
Participating Household (Completes Survey)	35,000	1	25/60	$15.92	$232,166.66
				Total	**$**290,529.38

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

This data collection activity does not include any other annual cost burden to respondents, nor to any record keepers. No capital or startup costs will be incurred.

A.14. Annualized Cost to the Government

The contract to conduct the survey was awarded to RTI International through competitive bid. The total annualized cost is $2,709,255.40, including $2,567,037.00 in annual contractor costs and $71,109.20 in annual costs incurred directly by the federal government (Table 3).

Costs for this study include personnel for designing the study, developing, programming, and testing the survey instrument; drawing the sample; training the recruiters/interviewers; collecting and analyzing the data; and reporting the study results. The government costs include personnel costs for federal staff involved in the oversight, study design, and analysis, which include approximately 30% of a GS-13 Epidemiologist, 15% of a GS-13 Behavioral Scientist, 15% of an O-4 Commissioned Corps Officer, 10% of a GS-13 Public Health Advisor, and 15% for Government Statistician.

Table 3. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
Government Epidemiologist (30%)	Project oversight, study and survey design, sample selection, data analysis, and consultation	$32,649.00
Government Behavioral Scientist (15%)	Provide consultation and input for study and survey content, sample selection, and data analysis	$6,372.50
Government Behavioral Scientist (15%) 0-4 Commissioned Corps Officer	Provide consultation and input for study and survey content, sample selection, and data analysis	$12,557.10
Government Public Health Advisor (10%)	Project management including oversight of budget and administration	$9,208.60
Government Statistician (15%)	Provide statistical input and database analysis	$10,322.00

	Subtotal, Government Personnel	$71,109.20
Contracted Personnel and Services[1]	Study design, interviewer/recruiter training, data collection and analysis	$2,567,037.00
	Total Annual Estimated Costs	**$2,709,255.20**

[1]Contracted personnel and services cost estimates are based on bids provided by contractor and was based on estimated funds available during the base year (18 months, August 20, 2008 – February 19, 2010). Since the original contract was awarded, the targeted number of completed interviews has been increased to 35,000 to provide stable annual national estimates for women by age group and by race/ethnicity. The government expects that this task order will be incrementally funded; based upon satisfactory performance and availability of funds, the contract may be renewed for three option years. Option year 1 (February 20, 2010 - February 19, 2011) will not exceed $6,000,000.00, option year 2 (February 20, 2011 - February 19, 2012) will not exceed $6,000,000.00, and option year 3 (February 20, 2012 - February 19, 2013) will not exceed $6,000,000.00.

A.15. Explanation for Program Changes or Adjustments

This is a new data collection.

A.16. Plans for Tabulation and Publication, and Project Time Schedule

Table 4. Project Time Schedule

1st year of data collection - activities	**Time Schedule**
Letters sent to respondents	Beginning 1 month after OMB approval
Initiate telephone contact	Beginning 1 month after OMB approval
Clean and edit 1st year data set	12 -13 months after OMB approval
Conduct analyses	13-14 months after OMB approval
Prepare and distribute reports	15 months after OMB approval

2nd year of data collection - activities	**Time Schedule**
Letters sent to respondents	Beginning 13 months after OMB approval
Initiate telephone contact	Beginning 13 months after OMB approval
Clean and edit 2nd year data set	24 -25 months after OMB approval
Conduct analyses	25-26 months after OMB approval
Prepare and distribute 2nd year reports	27 months after OMB approval

3rd year of data collection - activities	**Time Schedule**
Letters sent to respondents	Beginning 25 months after OMB approval
Initiate telephone contact	Beginning 25 months after OMB approval
Clean and edit 3rd year data set	36 -37 months after OMB approval
Conduct analyses	37-38 months after OMB approval
Prepare and distribute reports	39 months after OMB approval

Analysis and Sample Tables

To determine the prevalence of IPV, SV, and stalking among women and men bivariate analyses will be conducted using SUDAAN, version 9.0.Weighted estimates of 12-month, 36-month, and

lifetime victimization prevalence will be calculated. Separate estimates will be produced for population subgroups (e.g., sex, race/ethnicity and age groups). Chi square tests will be performed on weighted percentages to formally test for statistically significant differences between proportions. Additional multivariable logistic regression analyses will be used to adjust the data and further evaluate associations between the outcomes and potential risk factors.

Data from each consecutive survey year will be combined with previous years and remain in password protected files. Annual reports will be distributed to stakeholders. Public use data sets will also be made available to state and national researchers and practitioners. Sample tables are included below.

Trend analyses will be conducted using data collected through NISVSS to aid our understanding of the burden of intimate partner and sexual violence. It can be used to assess prevalence change over time, discern rate of change, and compare patterns of change across different geographic regions. The impact of prevention strategies may potentially be estimated by analyzing prevalence findings before and after the implementation of such strategies. Depending on the data to be collected, a number of mathematical modeling and analytical approaches (e.g., transformation, regression, etc.) could be used to conduct the anticipated trend analyses. Analysis software will be appropriately selected and applied.

Table 5 (Individual sample tables labeled Table 5a – 5d)

5a Lifetime Prevalence of Intimate Partner Violence						
	Women			Men		
	n	WTD %	95% CI	n	WTD %	95% CI
Any IPV						
Physical Violence						
Psychological Aggression						
Expressive (verbal)						
Instrumental (CCE)						
Sexual Violence						
Stalking						
Injury						
Note: CCE = Coercive Control and Entrapment; IPV = Intimate Partner Violence; WTD = Weighted; CI = Confidence Interval						

5b Twelve-Month Prevalence of Intimate Partner Violence						
	Women			Men		
	n	WTD %	95% CI	N	WTD %	95% CI
Any IPV						
Physical Violence						
Psychological Aggression						
Expressive (verbal)						
Instrumental (CCE)						
Sexual Violence						
Stalking						
Note: CCE = Coercive Control and Entrapment; IPV = Intimate Partner Violence; WTD = Weighted; CI = Confidence Interval						

5d Twelve-month and lifetime prevalence of sexual violence												
	Women						Men					
	12-month			Lifetime			12m			Lifetime		
	n	WTD %	95% CI	n	WTD %	95% CI	n	WTD %	95% CI	n	WTD %	95% CI
Non-touch SV												
Sexual touch												
Sexual coercion												
Rape												
Attempted rape												
Alc/drug facilitated rape												
Total												

5c Twelve-month and lifetime prevalence of stalking by sex												
	Women						Men					
	12-month			Lifetime			12m			Lifetime		
	n	WTD %	95% CI	n	WTD %	95% CI	n	WTD %	95% CI	n	WTD %	95% CI
Women												
Men												

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

CDC is not seeking approval to not display the expiration date.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.