U.S. Department of Justice

Office of Justice Programs

Bureau of Justice Statistics

Washington, D.C. 20531

February 2, 2010

MEMORANDUM TO: Lynn Bryant
Deputy Program Manager, PRA
Information Management and Security Staff
Justice Management Division

THROUGH: Michael Sinclair mbs
BJS Director

FROM: Allen Beck AB
BJS Senior Statistical Advisor

SUBJECT: Submission of changes to the Clinical Indicators of Sexual Victimization in Custody for approval by the Office of Management and Budget

Attached please find the OMB Form 83-c requesting changes to the Clinical Indicators of Sexual Victimization in Custody (CISVC) in preparation for the 2010 feasibility study. These changes reflect revisions made to the questionnaire as a result of meeting with medical providers in recruited facilities. In the revised form, we modified the overall design of the form, added instructions and item numbers, and clarified question language. The proposed changes are so minor, however, that we believe we will not need to modify the existing burden estimate of roughly 10 minutes per form. Each change is briefly described below, with additional text to further explain or justify the change when necessary. We have also included the updated form with the indicated changes highlighted.

<u>Form Changes</u>

1. We received feedback that the original form was cluttered and excluded some important instructions. As a result, we decided to allow the form to be longer than one page and applied standard questionnaire design principles (e.g., the addition of white space, question numbering, question guidance, etc.)

2. Originally, the form was not meant to be stand-alone but rather was meant to be paired with a more detailed instruction manual. We learned from medical providers that the form might pass through many hands, so made the decision to add instructions at the start of the form (including when the form should be completed, who should fill it out, etc.) as well as brief item-level instructions

(e.g., reinforcing that the form should be filled out based on observations and as part of a routine medical examination).

3. The case definition in the original protocol consisted of two components: (1) an inmate who makes an allegation of sexual violence, or (2) an inmate who presents with either rectal bleeding; rectal or anal tears or fissures; bruises, scratches, or abrasions on the buttocks; genital bruising; or nipple injuries. The case definition has been modified to include a third component. If an inmate does not make an allegation of sexual violence or present with one of the five conditions indicative of sexual violence, the form should still be completed if the clinician has a suspicion of sexual violence based on their professional expertise. This change is reflected in Item A.3 and was the result of concern raised by medical providers in recruited facilities that the former protocol did not allow their use of professional judgment.

4. A single "check if yes" box was changed to multiple "Yes/No/DK" boxes in Part A (Indicators of Sexual Violence), Part D (Behavioral Observations), and Part E (Referral). In the original form, an unchecked box could have meant "no" or that an item was skipped unintentionally. This modification was made to improve the quality of the data and reduce follow-up calls.

5. "Rectal bleeding" was changed to "unexplained rectal bleeding" at the suggestion of medical providers to rule out bleeding due to known medical causes.

6. We added "Hispanic Origin" to the title of Item B.4.

7. In Part C (General Injury Assessment), we broke the original list of injuries into two questions, one about bruises or scratches (Item C.1) and one about other injuries (Item C.2). In addition, slight modifications were made to the response options of Item C.2 for consistency and clarity.

8. In Part C (General Injury Assessment) and Part D (Behavioral Observations), questions were added to clarify the meaning of each condition. These questions were based on guidance in the original instruction manual but were included because it was felt the form would pass through many hands.

9. In Part D (Behavioral Observations), "Post traumatic stress disorder" (PTSD) was changed to "Emotionally withdrawn." This was changed due to a concern by medical providers that PTSD can only be diagnosed by a mental health provider, while the state of being emotionally withdrawn could be observed during the course of the medical examination.

10. "Referral to another clinician" was added to Part E (Referral) at the suggestion of medical providers, since this type of referral occurs frequently.

11. A comments section was added to the end of the form in the event that a clinician could provide a more detailed portrayal of the circumstances surrounding the injuries/allegations. This is especially important in cases in which the clinician suspects a sexual victimization but the patient did not present with the five medical indicators because the information could be used to improve the form for a larger pilot study.

12. Part F (Visit Information) was added because we learned from the medical providers that inmates present to a hierarchy of medical staff within facilities. We also felt that this information would assist in clarifying data collection procedures for the larger pilot study.

Timeline Change

Surveillance activities were initially scheduled to begin on January 1, 2010. However, data collection was postponed to April 1, 2010 in order to gather feedback from medical providers, gain CDC IRB and OMB approval for the form change, and train medical provider staff sufficiently.

If there are questions related to this request, please contact Paul Guerino, Statistician, at (202) 307-0349 or by email at Paul.Guerino@usdoj.gov.

Attachments: 83c Memo for CISVC.doc; 83c-fill.pdf; Original Surveillance Form (030609).doc; Final Data Collection Form (revisions highlighted).doc