Supporting Statement
For OMB Information Collection Request

Part A

OMB# 0920-0822

October 14, 2014

The National Intimate Partner and Sexual Violence Survey (NISVS)

Supported by:

Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention

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CONTENTS

This National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing, nationally representative random digit dial (RDD) telephone survey that collects information about experiences of sexual violence, stalking and intimate partner violence among non-institutionalized English and Spanish speaking men and women aged 18 years or older in the United States. Data are analyzed using appropriate statistical software to account for the complexity of the survey design to compute weighted counts, percentages, confidence intervals using both national and state level data.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

CDC is requesting a Reinstatement with Change for three (3) years for the previously approved Information Collection Request OMB# 0920-0822 (Expiration date: 6/30/2014).

In 2013, NISVS received OMB clearance to conduct a pilot test of a newly revised instrument. The change in this request is to fully implement the previous pilot test instrument for full national level data collection. The same instruments from the pilot test are used for this full implementation.

Background

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. In 2011, the National Intimate Partner and Sexual Violence Survey (NISVS) estimated that 1 in 3 women and 1 in 4 men reported experiencing IPV (rape, physical violence and/or stalking) during their lifetime (Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011). This translates into approximately 42.4 million women and 32.2 million men who experienced rape, physical violence and/or stalking by an intimate partner during their lifetime in the United States. In addition, approximately 7 million women and 5.7 million men experienced these types of violence by an intimate partner within the 12 months prior to the survey.

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.) 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 In 2010, The National Intimate Partner and Sexual Violence Survey found that 16.2% of women and 5.2% of men in the United States had experienced stalking during their lifetime in which they felt very fearful or believe that they or someone close to them would be harmed or killed (Black, et al., 2011). This translates into approximately 19.3 million women and 5.8 million men in the United States.

Stalking can result in severe and even fatal outcomes for victims because it often 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).

The need for an ongoing surveillance system is evident in the fact that, prior to NISVS, 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 helps guide the most effective use of limited prevention resources. More detailed and frequent information informs intervention and prevention strategies at both the national and state levels.

Documenting and monitoring the incidence and prevalence of IPV, SV, and stalking is critical 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. NISVS

data helps inform public policies and prevention strategies and helps to guide and evaluate progress towards reducing the substantial health and social burden associated with IPV, SV, and stalking.

The CDC is the lead federal agency for public health objectives related to injury and violence. The *Healthy People 2020* report (U.S. DHHS, 2010) lists several objectives that pertain directly to IPV, SV, and stalking. Applicable objectives include objectives IVP39: "reduce the rate of physical assault by current or former intimate partners"; "reduce sexual violence by a current or former intimate partner"; "reduce psychological violence by a current or former intimate partner"; "reduce stalking by a current or former intimate partner." Also applicable are objective IPV40 "reduce the annual rate of rape or attempted rape"; "reduce sexual assault other than rape."

Authority for CDC's National Center for Injury Prevention and Control to collect these data is granted by Section 301 of the Public Health Service Act (42 U.S.C. 241) (Attachment A). This act gives Federal health agencies, such as CDC, broad authority to collect data and carry out other public health activities, including this type of study.

A.2. Purpose and Use of Information Collection

The specific aims of NISVS are to collect 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 on an annual basis. These data have previously been used by CDC, the National Institute of Justice and the Department of Defense to understand the prevalence of these types of violence in the general population as well as in the American Indian/Alaska Native population and the military population. In addition to federal use of these data, developing a public use data set to promote the use of these data by external researchers is underway.

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 were produced at the national level in 2011 from the 2010 data. Stable and precise state-level prevalence estimates were also produced in 2011 using the 2010 data and will be available in subsequent years as interviews accrue over time. Currently, for the vast majority of states, the data provided by NISVS is the only population-based information regarding the prevalence of IPV, SV, or stalking.

The need for an ongoing surveillance system is reflected in the fact that prior to NISVS 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 helps guide the most effective use of limited prevention resources. More detailed and frequent information informs intervention and prevention strategies at both the national and state levels.

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. NISVS data helps inform public policies and prevention strategies and helps to guide and evaluate progress towards reducing the substantial health and social burden associated with IPV, SV, and stalking.

The change in this request is to fully implement the previous pilot test instrument for full national level data collection. The same instruments from the pilot test are used for this full implementation.

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

All interviews have been conducted over the telephone, using computer-assisted telephone interviewing (CATI) software. The use of CATI reduces respondent burden, reduces coding errors, and increases 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 NISVS was not duplicating the efforts of others, CDC consulted with other federal agencies (e.g., National Institute of Justice, Department of Defense) 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 NISVS.

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, NISVS increases disclosure through the use of multiple behaviorally specific questions (e.g., not asking about rape, but asking about unwanted or forced sex). NISVS also gathers much more detailed information (compared to the NCVS or other

surveys) on the full range of: intimate partner violence, , 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, relationship to perpetrator(s), patterns of abuse, impact of abuse, and service use.

Prior to NISVS, the most recent national health survey on IPV, SV, and stalking (National Violence Against Women Survey, VVAWS) was completed in 1995, more than a decade ago (Tjaden and Thoennes, 1998). Prior to NVAWS, there had 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 Behavioral Risk Factor Surveillance System (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). Except for NISVS, no other consistently collected state level data using similar questions and survey methods currently 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, and 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 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 NISVS 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 has provided more accurate and frequent information at the state and national level. NISVS provides more data than are currently available at any level regarding the prevalence and incidence of IPV, SV, and stalking victimization.

In our ongoing assessment of NISVS, CDC has been in contact with Bureau of Justice Statistics to discuss further collaborations to insure that NISVS and NCVS (National Crime Victimization Survey) are complimenting the work of each system. CDC and BJS have committed to participating in regularly scheduled meetings to discuss the lessons learned and implications for continued improvement of the systems.

To continue these efforts, CDC will convene a panel of experts in survey methodology. CDC will collaborate with BJS on agenda topics and invited attendees. This panel will provide guidance in many areas including insuring that NISVS is not duplicating any other federal surveys and is collecting accurate and unique information on the topics of intimate partner violence, sexual violence and stalking.

Currently, in efforts to comply with OMB requirements, CDC is preparing to convene an expert panel of survey methodologists to and representatives from other federal agencies such as NCHS and BJS. OMB will also be invited to attend all panel meetings. This panel will provide guidance on how to improve both survey design (methods, sampling frame, recruitment, mode of administration) and content/question wording with the goal of increasing response rates, reducing non-response bias, and maximizing the opportunities across Federal surveys for covering populations of interest. This panel will begin with two initial meetings to occur in 2015, the first meeting being held in October and the second in December. Subsequent meetings will follow if warranted. CDC will collaborate with BJS on agenda topics and invited attendees.

The following outlines the plans to address the recommendations and suggestions provided by OMB during previous conversation and communications.

<u>In 2015:</u>
Early 2015--

- In the early part of 2015, CDC will work to convene a panel of experts in survey methods.
- The members of this panel will provide guidance on how to improve both survey design (methods, sampling frame, recruitment, mode of administration) and content/question wording with the goals of increasing response rates, reducing non-response bias, and maximizing the opportunities across Federal surveys for covering populations of interest.
- CDC will collaborate with BJS on agenda topics and invited attendees. Michael Planty has agreed to serve as the CDC POC at BJS and to participate in the panel.
- CDC will submit a revision request to the current package for the 2016 data collection. This will reflect changes to the survey to simplify the structure of some questions to reduce burden, removal of some questions, and the addition of others to better meet the needs of state health departments. It will also reflect a partnership with the Department of Defense to collect data from a sample drawn from active duty U.S. military population and female spouses of active duty men.

Late 2015--

- CDC plans to hold the first panel meeting in October of 2015 and the second in December 2015.
- BJS and OMB will be invited to attend both meetings.

<u>In 2016:</u>

- CDC will submit to OMB a description of progress to date as well as a complete action plan and timeline of next steps based on the expert panel's recommendations including plans for additional meetings if needed.

- CDC will submit a change request to the current package for data collection in 2017. *The included changes will include actions to pursue interim goals identified by the expert panel that can be immediately implemented.*
- CDC will request an additional PRA clearance mechanism (i.e., an umbrella ICR) to cover cognitive testing and small field tests.

In 2017:

Early / Mid 2017--

- CDC will complete a Total Survey Error Analysis using NISVS data and paradata from 2016.
- CDC will begin field work to implement recommendations of the expert panel. This fieldwork will use the new umbrella generic to conduct field tests and cognitive tests.

Late 2017--CDC will submit a PRA clearance request for 2018 data collection, including pilot testing for the proposed new design.

In 2018:

- CDC will conduct a necessary pilot testing for the new design. CDC will submit package for 2019, to support full implementation of the new design.

In 2019:

- The updated NISVS will begin its first full year of implementation

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

No small businesses will be involved in this data collection.

A.6. Consequences of Collecting the Information Less Frequently

There are several consequences of not collecting NISVS data on an annual basis. First, there would not be timely national level data on the national prevalence of IPV, SV and stalking. Second, the ability to evaluate the effectiveness of prevention programs on a national scale directed at the prevention of these types of violence would be lost. Finally, the lack of a national surveillance system that collects these types of data and track trends over time would impede our ability to understand the magnitude of the problem or determine the impact these types of violence have on other health outcomes.

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 April 18, 2014, vol. 79 No. 75, pp. 21931-21932 (Attachment B). There were no comments to the 60-day Federal Register Notice.

A.8.b) Efforts to Consult Outside the Agency
In the past, CDC participated in a monthly conference call involving federal researchers involved in the study of violence against women (documentation included in Attachment C).

In 2008, staff within the Departments of Justice and Defense served as technical reviewers for the proposals submitted in response to CDC's Funding Opportunity Announcement for NISVS. 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 C). As described in Section A.4, CDC worked closely with DoD, NIJ, and other federal agencies in the development of the survey (NISVS). Documentation providing an example of the consultations between CDC, DoD, and DOJ/NIJ regarding NISVS is also included in Attachment C. In addition, CDC staff remains engaged in ongoing discussions with Federal colleagues from NIJ and DOD related to the analysis of 2010 special population data from American Indian/Alaska Natives and military personnel.

NISVS 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 methodological study and to discuss the planned directions for NISVS. 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, 2009 and 2010 to vet the proposed NISVS 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.

In 2011, prior to the release of the first summary report, several federal agencies and partners were briefed on the initial findings of the survey. These agencies include Administration of Children and Families, Office of the Vice President, and the Office of Violence Against Women in Department of Justice.

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

Financial incentives can help gain cooperation through fewer calls, which can help make their use cost effective Armstrong (1975), Yu and Cooper (1983), Church (1993), Singer (2002), Cantor, O'Hare, and O'Connor (2007). Incentives have also been found to be effective in increasing response rates in Random Digit Dial (RDD) telephone surveys (e.g., Cantor, Wang, and Abi-Habib 2003), as well as in reducing nonresponse bias by gaining cooperation from those less interested in the topic (e.g., Groves et al. 2006; Groves, Singer, and Corning 2000). Increasing the response rate also increase the likelihood that information provided by survey participants are representative of the sample and maximize the utility of all information provided by study participants.

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. NISVS uses an incentive plan that has been previously approved for several years (2010, 2011 and 2012) of information collections requests (OMB# 0920-0822).

Since its origin, NISVS has employed a two-phase survey design with Phase 1 being the main data collection period and Phase 2 specifically targeted at increasing response rates and reducing nonresponse bias.

Upon completion of the first phase a random subsample of non-respondents who did not participate during the main data collection period is drawn (Phase 2). The subsampling rate of all non-respondents for Phase 2 is approximately 0.40. Respondents in Phase 2 are re-contacted and offered a higher incentive of $40 to encourage their participation.

In a previous NISVS data collection cycle, respondents in Phase 2 were randomly assigned to receive incentive amounts of either $25 or $40 in order to determine the impact the lower amount could have on the response rate. It was determined that decreasing the amount from $40 to $25, during Phase 2, decreased the response rate by 17% for landlines and 7% for cell phones. It is clear that a decrease in the amount offered not only negatively impacts the response rate but also potentially increases the non-response bias, particularly in the phase of data collection that is specifically designed to decrease bias.

NISVS also contains a series of sensitive questions regarding respondent's victimization experiences of sexual violence, intimate partner violence and stalking throughout their lifetime. Given the sensitive nature of these topics and the difficulty of obtaining acceptable response rates in a Random Digit Dial (RDD) telephone surveys, a substantially higher incentive is required in an attempt to reduce non-response bias and to increase the response rate.

The incentive structure proposed in this request is exactly the same as the one used in previously approved information collections requests (OMB# 0920-0822) for 2010, 2011, and 2012. Maintaining the two-phase survey design with the current incentive structure will allow for consistency across years of data collection. Such consistency will permit tracking of changes of these types of violence over time. Methodological changes, that impact the sample, could call into question our ability to make comparisons with earlier national and state level prevalence estimates.

A.10. Assurance of Confidentiality Provided to Respondents

This submission has been reviewed by CIO who determined that the Privacy Act does not apply. At no time does CDC have access to or receive potentially identifiable information. During data collection, the contractor collects names and addresses of those respondents who wish to be mailed a promised incentive. At no time is this information linked or linkable to survey information. Only limited demographic information is requested (e.g., race, zip code, year of birth). Once an interview is completed, the telephone number is eliminated from the database in an overnight batch process.

10.1 Privacy Impact Assessment Information

A.10.1 Overview of the Data Collection System.

The CDC's NCIPC, in collaboration with National Institute of Justice and Department of Defense developed the NISVS in 2009 and it was implemented in 2010. The survey has previously been conducted annually by RTI International from 2010-2013 and will be conducted annually by Abt Associates.

The data are collected 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. NISVS provides population-based prevalence estimates at the national and state level for IPV, SV, and stalking victimization.

In 2010 16,507 interviews were conducted. In 2011, 12,500 interviews were conducted, in 2012, a total of 11,500 were conducted and in 2013, a total of 9,500 interviews were conducted. Public use data sets will be archived and made accessible to state and national researchers and practitioners. Unidentifiable information contained in these files will be maintained for use in the foreseeable future.

This request is for the reinstatement with changes of data collection procedures. The same instruments from the pilot test are used for this full implementation.

A.10.2 Items of Information to Be Collected.

Information will be collected in a one-time anonymous random digit dialed telephone interview (Attachment E). Questions will be asked about all forms of IPV victimization (including physical 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. NISVS also will gather information regarding experiences that occurred across respondents' lifespan and in the 12 months preceding the survey.

An improved measure of the impact of violence will also be included. For example, questions will 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).

A.10.3 How the Information Will Be Shared**.**

These data are currently being used by CDC, the National Institute of Justice and the Department of Defense to understand the prevalence of these types of violence in the general population Developing a public use data set to promote the use of these data by researchers is underway.

These data are used by State Health Departments, State Domestic Violence and Sexual Assault Coalitions to influence and inform policy and practice in their states. Also Researchers and providers across the country are utilizing the much needed data that this surveillance system provides. In the coming years, NISVS will also provide the critical trend data that has not been previously available and is essential to design and evaluate prevention efforts.

A.10.4 Impact of Proposed Collection on Respondent's Privacy

If respondents chose to receive the financial incentive, then personal identifying information including name and address is collected. If a respondent wishes to donate the financial incentive offered, then personal identifying information is not collected.

Upon completion of the survey, respondents may choose to receive a check or to have a similar contribution sent to the United Way. In 2011, 54.29% of respondents 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 is sent to their specified mailing address using the following procedure. Once the survey is complete, the interviewer asks for the respondent's name and mailing address. The respondent is 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 then offers 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 experience 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.

Although personal identifiable information is collected, the data is stored in a separate data base and is not transmitted to CDC. As outlined in the Privacy Act Checklist (Attachment G), the incentive PII is stored in the database no more than 24 hours. All incentive PII collected during the day is deleted nightly from the database after it is entered into an Excel file for incentive processing (printing and mailing the check). There is no case ID in the incentive file. Incentives files are processed regularly (for printing and mailing). The Excel incentive files are saved for approximately 2 months after the incentive checks are mailed to allow for Abt to respond to inquiries from respondents about the status of their check. At no time does CDC have access to or receive potentially identifiable information.

A.10.5. Whether individuals are informed that providing the information is voluntary or mandatory.

During the verbal informed consent process 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 E).

A.10. 6 Opportunities to consent, if any, to sharing and submission of information.

Following recommended guidelines (Sullivan & Cain, 2004; WHO, 2001) a graduates verbal informed consent protocol is used. Specifically, to ensure respondent safety and privacy, the initial person who answers the telephone is provided general non-specific information about the survey topic. The specific topic of the survey is only revealed to the individual respondent selected. After a single adult respondent in the household is randomly selected to participate, the interviewer administers the IRB-approved verbal informed consent, which provides information on the voluntary and confidential nature of the survey, the benefits and risks of participation, the survey topic and the telephone numbers to speak with staff from the CDC or project staff from RTI (Attachment E, page 8). 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. Literature regarding the ethical and safe collection of research data on IPV offers many reasons for obtaining verbal 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.

A.10.7 How the information will be secured.

All data will be maintained in a secure manner throughout the data collection and data processing phases in accordance with NIST standards and OCISO requirements. Only Abt Associates personnel, who are conducting the study, will have study-specific access to the temporary information that could potentially be used to identify a respondent (i.e., the telephone number and address). All project staff have signed the project specific security agreement (Attachment F). While under review, data will reside on directories that only the project director can give permission to access. All computers will reside in a building with electronic security and are ID and password protected.

The mailing contact information is initially 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 privacy is maintained.

Abt Associates do have 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 are written to tape weekly. Every business day, a differential backup is 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 are kept for approximately 3 months. Tapes or CD-R drives are used for long-term data archiving.

Several additional measures have been implemented to ensure data security. The CATI system includes 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 are transferred to an Excel file, 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 does 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 are stripped and the information destroyed. The database is configured so that it is not possible to retrieve individual responses or potentially identifying information.

A.10.8 Whether a system of records is being created under the Privacy Act.

No system of records is being created under the Privacy Act. The original OMB submission was reviewed by ICRO in 2009, who determined that the Privacy Act does not apply.

IRB Approval

The CDC/NCIPC Human Subject Contact has determined that CDC is not engaged in this study - local IRB approval has been obtained through the study contractor, Abt Associates. CDC will not have contact with study participants, nor will CDC have access to PII. See Attachment D for a copy of the local IRB approval letter.

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 Survey (NISVS) (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).

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 National Intimate Partner and Sexual Violence Survey (NISVS) 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 NISVS. 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 (National Intimate Partner and Sexual Violence Survey (NISVS), 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 (National Intimate Partner and Sexual Violence Survey (NISVS), 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 E contains the NISVS survey instrument. Questions included in NISVS are closely modeled after questions that were used in the NVAWS, the National Intimate Partner and Sexual Violence Survey (NISVS) or other studies regarding IPV, SV, and stalking.

A.12. Estimates of Annualized Burden Hours and Costs

There are two types of households included in the burden table: the non-participating households that are screened and are not eligible or do not wish to participate and the households that are eligible and agree to participate. The estimated number of non-participating screen households is 85,000. It will take approximately 3 minutes to determine their eligibility and participation status. We estimate that the total burden for this group to be 4,250 hours.

The number of participating households will be 12,500. It is anticipated that most respondents will take approximately 25 minutes to complete the survey including reviewing instructions. We estimate the total burden for this group to be 5,208 hours.

The total burden for this study is estimated at 9,458 hours. This is 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 Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Non-Participating Household (Screened)	NISVS Survey Instrument. First section non-participating (Attachment E)	85,000	1	3/60	4,250
Eligible Household (Completes Survey)	NISVS Survey Instrument. Section for participating (Attachment E)	12,500	1	25/60	5,208
				Total	9,458

A.12.b) _

The annual burden cost of $120,164.70 for 9,200 completed interviews was estimated using 85,000 as the expected number of households containing an eligible respondent ages 18 and older; and 12,500 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 was obtained from the 2012 U.S. Bureau of Labor Statistics. It takes up to 3 minutes to determine whether a household is eligible to complete the verbal informed consent. For those who agree to participate, the total time required is approximately 25 minutes, on average, including screening and verbal informed consent. The average hourly earnings for those in private, non-farm positions are $ 20.67. (http://www.bls.gov/news.release/empsit.t24.htm).

Table 2. Estimated Annualized Burden Costs

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Responses	Average Hourly Wage Rate (in dollars)	Total Respondent Cost
Non-	NISVS	85,000				

Participating Individuals (Screened)	Survey Instrument (Attachment E)		1	3/60	$20.67	$87,848
Eligible Individuals (Surveyed)	NISVS Survey Instrument (Attachment E)	12,500	1	25/60	$20.67	$107,656
					Total	$195,504

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.

A.14. Annualized Cost to the Government

The contract to conduct the survey was awarded to Abt Associates through competitive bid in January of 2014. The total annualized cost is $2,585,332, including $2,464,095 in annual contractor costs and $121, 237.10 in annual costs incurred directly by the federal government (Table 3).

Costs for this study includes 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 75% of a GS-13 Behavioral Scientist, 15% of a GS-13 Behavioral Scientist, 10% of a GS-13 Public Health Advisor, and 50% for Government Statistician.

Table 3. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
Government Behavioral Scientist (75%)	Project oversight, study and survey design, sample selection, data analysis, and consultation	$71,250.00
Government Behavioral Scientist (15%)	Provide consultation and input for study and survey content, sample selection, and data analysis	$6,372.50
Government Public Health Advisor (10%)	Project management including oversight of budget and administration	$9,208.60

Government Statistician (50%)	Provide statistical input and database analysis	$34,406.00
Subtotal, Government Personnel		$121,237.10
Contracted Personnel and Services[1]	Study design, interviewer/recruiter training, data collection and analysis	$2,464,095.00
Total Annual Estimated Costs		**$2,585,332**

[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 the third option year.

A.15. Explanation for Program Changes or Adjustments

CDC requests a Reinstatement with Change for an additional 3 years to implement the previously approved pilot tested instrument of 2013 in the normal data collection cycle in order to collect national level data annually beginning in the fall of 2014. The NISVS survey instrument is 25 minutes in length and will be administered on an annual basis. The goals of the revised data collection instrument were to: (1) improve NISVSS data quality, (2) increase our response rates, (3) decrease the breakoff rates, (4) reduce the average amount of time it takes to complete the survey, 5) and ultimately reduce the burden on the respondent.

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

Table 4. Data Collection & Report Generation Time Schedule

1st year of data collection - activities	**Time Schedule**
Initiate telephone contact and data collection	Beginning immediately after OMB approval

2nd year of data collection - activities	**Time Schedule**
Initiate telephone contact and data collection	January 2016
Clean and edit 1st year data set	March 2016
Conduct analyses	May 2016
Prepare and distribute	December 2016

To determine the prevalence of IPV, SV, and stalking among women and men bivariate analyses have be conducted using SUDAAN, version 9.0.Weighted estimates of 12-month and lifetime victimization prevalence are calculated annually. Separate estimates have been produced for population subgroups (e.g., sex, race/ethnicity, sexual orientation and age groups) using previous years of data and will continue to be produced on a regular basis. Chi square tests have been performed on weighted percentages to formally test for statistically significant differences between proportions and will be produced on a regular basis. Additional multivariable logistic regression analyses have been used to adjust the data and further evaluate associations between

the outcomes and potential risk factors. These types of statistical analyses will be conducted on future years of data collected.

Data from each consecutive survey year will be combined with previous years and remain in password protected files. Various summary and special topic reports will be distributed to stakeholders. Public use data sets will also be made available to state and national researchers and practitioners.

After years 2 and 3 of the annual survey, data will be combined across years and trend analyses will be conducted using data collected through NISVS 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.

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

The display of the OMB expiration date is not inappropriate.

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

There are no exceptions to the certification.

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