Sexual Assault Surveillance Systems

To obtain a better understanding of sexual assault surveillance at the state level in the United States, we undertook a National Sexual Assault Surveillance Systems survey. People were contacted by telephone in all 50 states to determine who is monitoring sexual assault surveillance at the state level at which level of analysis. Sexual assault surveillance systems forms were requested from those states where the system is in place or development is far enough along that data sets exist in draft form. The results of the survey are presented in the following Tables 1 through 4 and the findings are discussed below each table.

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<table>
<thead>
<tr>
<th>Organization Type</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Coalition</td>
<td>18</td>
<td>36</td>
</tr>
<tr>
<td>Health Department</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Criminal Justice System</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>UCR Only</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Other Criminal Justice</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Social Services</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 1 summarizes the organization type responsible for sexual assault surveillance. Although the Uniform Crime Report (UCR) program is active to some extent in every state, Table 1 shows that 8% of the states only have the UCR program for sexual assault surveillance. Other criminal justice agencies account for 14% of state sexual assault surveillance. Social services also accounted for 14%. State health departments were found to be conducting sexual assault surveillance in 32% of the states. These generally represent administrators collecting data from programs funded through such avenues as VOCA or the Rape Prevention Education grant. State coalitions were the most likely (36% of states) to be collecting sexual assault surveillance data on a statewide basis. Arizona has UCR data and data collected through the Health Department by the Arizona
Rape and Sexual Assault Surveillance Project. A state sexual assault coalition is underdevelopment in Arizona, but is not currently collecting data.

**Table 2.** Level of analysis of state sexual assault surveillance systems in the United States.

<table>
<thead>
<tr>
<th>Level of Analysis</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Organization</td>
<td>42</td>
<td>84</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 2 summarizes the level of analysis undertaken. Data can be collected at the individual level, with data records representing individual clients, or at the organizational level, with service providers and/or police departments reporting aggregate data. Sixteen percent of states are collecting individual-level data while 84% of states are collecting organizational-level data. Individual-level data collection is more expensive than organizational-level data collection at the state level because more complex data collection and storage is involved. However, individual-level data collection allows one to answer important questions about risks and protective factors that organizational-level data does not (Koss 1993).

Confidentiality is an issue if personal identifiers are kept with the data or other data sets exist that could match characteristics of the crime with personal identifiers. Arizona is currently collecting data at the organizational level of analysis, requesting aggregate data primarily from programs funded through the Rape Prevention Education grant. Aggregate archival data collection is exempt from Human Subjects Review.

**Table 3.** Frequency of reporting of state sexual assault surveillance systems in the United States.

<table>
<thead>
<tr>
<th>Frequency of Reporting</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underdevelopment</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Annual</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Quarterly</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Monthly</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Ongoing</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 3 summarizes the frequency of reporting. Data is centrally collected at varying intervals. Quarterly and monthly reporting are the most common. Ongoing data collection is generally only available in conjunction with individual-level data collection. The utility of collecting data more often varies with the meaningfulness of the data collected. While
there may well be variations in sexual assault characteristics and service provision over
the year, the type of data currently being collected in this state does not justify more than
annual tabulation. More frequent data collection will be useful when the sexual assault
surveillance system is providing data with at an individual level of analysis.

Table 4. Data items in use or under development in state sexual assault surveillance
systems.

I. Organization Demographics

- Agency name
- Report period
- Funding
- Grant period
- Grant information
- Amount of grant
- Grant accounting
- Type of organization
- VOCA funding

II. Organizational outcomes

- Efforts to coordinate with providers and law enforcement
- Efforts to serve federal crime victims
- Case histories
- Improvements to delivery of service
- Community notification
- Types of training
- Institutional advocacy
- Procedures
- Significant strengths and accomplishments
- Problems encountered

III. Number of victims

1. Primary (As result of assault)
2. Secondary (Current state)
3. Demographics
   - Age
   - Gender
   - Disabled
   - Ethnicity
   - Income
   - Education
• Occupation
• Marital status
• First language
• Military
• Alcohol abuse
• Mental state
• Pregnancy

IV. Assault Description

• Perpetrator demographics
  o Gender
  o Ethnicity
  o Age
  o Education
  o Income
  o Criminal background
  o Victim-assailant relationship
  o Number of perpetrators
  o Multiple assaults
  o Perpetrators receiving services
  o Other

• Type of victimization
  o Child sexual abuse
  o Incest
  o Adult sexual assault
  o Adults molested as children
  o Harassment
  o Ritual/Cult abuse
  o Attempted rape

• Type of penetration
• Location
• Time
• Weapon
• Alcohol
• Coercion type
• Behavioral response

V. # Returned to perpetrator
• Case results
  o Arrests
  o Pleas
o Convictions
o Dismissals
o Acquittals
o Indictments
o To trial
o Protective order
o Other

VI. By type of contact
o Phone
o In person
o Information/referral
o Collateral
o Direct versus indirect

VII. Assisted

• Counseling (hours or # of sessions)
  o New versus continuing cases
  o Individual
  o Group
  o Significant other attended
  o Minorities
  o Family or couples

• Crisis calls
  o New versus continuing
  o Primary
  o Secondary
  o Information/referral
  o Victim demographics
  o Perpetrator demographics
  o Time

VIII. Other assistance

• Advocacy
  o Victim witness
  o Medical advocacy
  o Personal advocacy

• Acute assistance
  o Received medical attention
  o Reported to law enforcement
  o Financial assistance
IX. When reported
- Unusual circumstances

X. Referrals
- Source
- Made

XI. Education
- To whom
  - Participants
  - Sessions
  - Media used
  - Staff training

XI. Meetings attended

Table 4 below lists the data items being collected by state surveillance systems around the country. No one surveillance system collects all of these data items. Which data items appear on a particular form is influenced by the type of surveillance system in place and who is responsible for gathering the information. This list represents the universe of what is being collected rather than the ideal data set. Although this list appears long, there are some items conspicuously missing. For example, there are no items concerning sexually transmitted diseases, especially HIV and AIDS. Also, there is very little description of the medical treatment received. The items recommended for inclusion in Arizona’s sexual assault surveillance system will be a small subset of those presented here.