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**DOMESTIC VIOLENCE,
SEXUAL ASSAULT,
DATING VIOLENCE, AND
STALKING**

**National Data Collection
Efforts Underway to
Address Some Information
Gaps**

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Chairman Leahy, Ranking Member Grassley, and Members of the Committee:

I am pleased to be here today to discuss issues related to the reauthorization of the Violence Against Women Act (VAWA). In hearings conducted from 1990 through 1994, Congress noted that violence against women was a problem of national scope and that the majority of crimes associated with domestic violence, sexual assault, and stalking were perpetrated against women. These hearings culminated in the enactment of VAWA in 1994 to address these issues on a national level.¹ VAWA established grant programs within the Departments of Justice (DOJ) and Health and Human Services (HHS) for state, local, and Indian tribal governments and communities. These grants have various purposes, such as providing funding for direct services including emergency shelter, counseling, and legal services for victims of domestic violence, sexual assaults and stalking across all segments of the population. Recipients of funds from these grant programs include, among others, state agencies, tribes, shelters, rape crisis centers, organizations that provide legal services, and hotlines. In 2000, during the reauthorization of VAWA, language was added to the law to provide greater emphasis on dating violence.² The 2006 reauthorization of VAWA expanded existing grant programs and added new programs addressing, among other things, young victims.³ In fiscal year 2011, Congress appropriated approximately \$418 million for violence against women programs administered by DOJ and made an additional \$133 million available for programs administered by HHS.

The 2006 reauthorization of VAWA required us to study and report on data indicating the prevalence of domestic violence, dating violence, sexual assault, and stalking among men, women, youth, and children, as well as services available to the victims.⁴ Such data could be used to inform decisions regarding investments in grant programs. In response,

¹ Pub. L. No. 103-322, tit. IV, 108 Stat. 1796, 1902-55 (1994).

² Violence Against Women Act of 2000, Pub. L. No. 106-386, div. B, 114 Stat. 1464, 1491-1539.

³ Violence Against Women and Department of Justice Reauthorization Act of 2005, Pub. L. No. 109-162, 119 Stat. 2960 (2006).

⁴ Pub. L. No. 109-162, § 119, 119 Stat. at 2989-90.

we issued two reports in November 2006 and July 2007 on these issues, respectively.⁵ My statement today is based on these reports and selected updates we conducted in July 2011 related to actions DOJ and HHS have taken since our prior reviews to improve the quality of recipient data.⁶ My statement, as requested, highlights findings from those reports and discusses the extent to which (1) national data collection efforts report on the prevalence of men, women, youth, and children who are victims of domestic violence, sexual assault, dating violence, and stalking, and (2) the federal government has collected data to track the types of services provided to these categories of victims and any challenges federal departments report that they and their grant recipients face in collecting and reporting demographic characteristics of victims receiving such services by type of service.

For the reports, we conducted a literature search focusing on reporting systems and surveys from which results were issued or reported since 2001 to help identify national data collection efforts related to domestic violence, sexual assault, dating violence, and stalking.⁷ We also obtained information from and interviewed officials at DOJ and HHS. Information obtained included reports the agencies' grant recipients are required to complete on the use of their grant funds, among other things. In addition, we met with 20 grant recipients that provided services, such as emergency shelter, legal advocacy, and rape crisis counseling, to victims within their communities as well as 3 grant recipients that provided services to victims throughout the United States. More detailed information on the scope and methodology from our previous work including our selection methodology for the 23 grant recipients, can be found within each specific report. For the updates, we met with DOJ and HHS officials and reviewed documents such as updated forms for grant recipients to report information on activities conducted. We conducted this

⁵ GAO, *Services Provided to Victims of Domestic Violence, Sexual Assault, Dating Violence, and Stalking*, [GAO-07-846R](#) (Washington, D.C.: July 19, 2007) and GAO, *Prevalence of Domestic Violence, Sexual Assault, Dating Violence, and Stalking*, [GAO-07-148R](#) (Washington, D.C.: Nov. 13, 2006).

⁶ [GAO-07-846R](#) and [GAO-07-148R](#).

⁷ We selected 2001 as the first year of our review of reporting systems and surveys to enable us to review national data collection efforts conducted over a 5-year period, through 2005.

work in accordance with generally accepted government auditing standards.

In summary, as we reported in November 2006, the amount of national research that has been conducted on the prevalence of domestic violence and sexual assault among men, women, youth, and children was limited, and less research had been conducted on the prevalence of dating violence and stalking. However, efforts underway by HHS and DOJ help address some of these information gaps. Data collected for the 11 grant programs we reviewed did not contain information on the extent to which men, women, youth, and children receive services by type of service for all services. Moreover, challenges exist for collecting such data, such as concerns about victims' confidentiality and safety, resource constraints, burdening recipients, and technological issues.

National Data Collection Efforts on the Prevalence of Domestic Violence and Sexual Assault Provided Limited Data, but Efforts Underway Help Address Some Information Gaps

In November 2006, we reported that since 2001, the amount of national research that has been conducted on the prevalence of domestic violence and sexual assault had been limited, and less research had been conducted on dating violence and stalking.⁸ At that time, no single, comprehensive effort existed that provided nationwide statistics on the prevalence of these four categories of crime among men, women, youth, and children. Rather, various national efforts addressed certain subsets of these crime categories among some segments of the population and were not intended to provide comprehensive estimates. For example, HHS's Centers for Disease Control and Prevention's (CDC) National Violent Death Reporting System, which collects incident-based data from multiple sources, such as coroner/medical examiner reports, gathered information on violent deaths resulting from domestic violence and sexual assaults, among other crimes.⁹ However, it did not gather information on deaths resulting from dating violence or stalking incidents.

In our November 2006 report, we noted that designing a single, comprehensive data collection effort to address these four categories of crime among all segments of the population independent of existing efforts would be costly, given the resources required to collect such data.

⁸ [GAO-07-148R](#).

⁹ Incidence based data is data based on the number of separate times a crime is committed against individuals during a specific time period.

Furthermore, it would be inefficient to duplicate some existing efforts that already collect data for certain aspects of these categories of crime. Specifically, in our November 2006 report, we identified 11 national efforts that had reported data on certain aspects of domestic violence, sexual assault, dating violence, and stalking. However, limited national data were available to estimate prevalence from these 11 efforts because they (1) largely focused on incidence rather than prevalence, (2) used varying definitions for the types of crimes and categories of victims covered, and (3) had varying scopes in terms of incidents and categories they addressed.

Focus on incidence. Four of the 11 national data collection efforts focused solely on incidence—the number of separate times a crime is committed against individuals during a specific time period—rather than prevalence—the unique number of individuals who were victimized during a specific time period. As a result, information gaps related to the prevalence of domestic violence, sexual assault, dating violence, and stalking, particularly in the areas of dating violence among victims age 12 and older and stalking among victims under age 18 existed at the time of our November 2006 report. Obtaining both incidence and prevalence data is important for determining which services to provide to the four differing categories of crime victims. HHS also noted that both types of data are important for determining the impact of violence and strategies to prevent it from occurring.

Although perfect data may never exist because of the sensitivity of these crimes and the likelihood that not all occurrences will be disclosed, agencies have taken initiatives since our report was issued to help address some of these gaps or have efforts underway. These initiatives are consistent with our recommendation that the Attorney General and Secretary of Health and Human Services determine the extent to which initiatives being planned or underway can be designed or modified to address existing information gaps. For example, DOJ's Office of Juvenile Justice and Delinquency Prevention (OJJDP), in collaboration with CDC, sponsored a nationwide survey of the incidence and prevalence of children's (ages 17 and younger) exposure to violence across several major crime categories, including witnessing domestic violence and peer victimization (which includes teen dating violence). OJJDP released incidence and prevalence measures related to children's exposure to violence, including teen dating violence, in 2009. Thus, Congress, agency decision makers, practitioners, and researchers have more comprehensive information to assist them in making decisions on grants and other issues to help address teen dating violence. To address

information gaps related to teen dating violence and stalking victims under the age of 18, in 2010, CDC began efforts on a teen dating violence prevention initiative known as “Dating Matters.” One activity of this initiative is to identify community-level indicators that can be used to measure both teen dating violence and stalking in high-risk urban areas. CDC officials reported that they plan to begin implementing the first phase of “Dating Matters” in as many as four high-risk urban areas in September 2011 and expect that the results from this phase will be completed by 2016. Thus, it is too early to tell the extent to which this effort will fully address the information gap related to prevalence of stalking victims under the age of 18.

Varying definitions. The national data collection efforts we reviewed could not provide a basis for combining the results to compute valid and reliable nationwide prevalence estimates because the efforts used varying definitions related to the four categories of crime. For example, CDC’s Youth Risk Behavior Surveillance System’s definition of dating violence included the intentional physical harm inflicted upon a survey respondent by a boyfriend or girlfriend.¹⁰ In contrast, the Victimization of Children and Youth Survey’s definition did not address whether the physical harm was intentional.¹¹ To address the issue of varying definitions, we recommended that the Attorney General and the Secretary of Health and Human Services, to the extent possible, require the use of common definitions when conducting or providing grants for federal research. This would provide for leveraging individual collection efforts so that the results of such efforts could be readily combined to achieve nationwide prevalence estimates. HHS agreed with this recommendation. In commenting on our November 2006 draft report, DOJ expressed concern regarding the potential costs associated with implementing this and other recommendations we made and suggested that a cost-benefit analysis be conducted. We agreed that performing a cost-benefit analysis is a critical step, as acknowledged by our recommendation that DOJ and HHS incorporate alternatives for addressing information gaps deemed

¹⁰ CDC’s Youth Risk Behavior Surveillance System collects data through a nationally representative school based survey of students in grades 9-12 that monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States.

¹¹ The Victimization of Children and Youth survey examined a large spectrum of violence, crime, and victimization experiences in a nationally representative sample of about 2,000 children and youth ages 2 to 17 years in the contiguous United States.

cost-effective in future budget requests. HHS agreed with this recommendation and both HHS and DOJ have taken actions to address it by requesting or providing additional funding for initiatives to address information gaps, such as those on teen dating violence.

In response to our recommendation on common definitions, in August 2007, HHS reported that it continued to encourage, but not require, the use of uniform definitions of certain forms of domestic violence and sexual assault it established in 1999 and 2002, respectively. At the same time, DOJ reported that it consistently used uniform definitions of intimate partner violence in project solicitations, statements of work, and published reports. Since then, officials from CDC reported that in October 2010, the center convened a panel of 10 experts to revise and update its definitions of certain forms of domestic violence and sexual assault given advancements in this field of study. CDC is currently reviewing the results from the panel and plans to hold a second panel in 2012, consisting of practitioners, to review the first panel's results and to obtain consensus on the revised definitions. Moreover, HHS reported that it is also encouraging the use of uniform definitions by implementing the National Intimate Partner and Sexual Violence Survey. This initiative is using consistent definitions and methods to collect information on women and men's experiences with a range of intimate partner violence, sexual violence, and stalking victimization. Thus, by using consistent methods over time, HHS reported that it will have comparable data at the state and national level to inform intervention and prevention efforts and aid in the evaluation of these efforts. In addition, according to a program specialist from OJJDP, in 2007, OJJDP created common definitions for use in the National Survey of Children's Exposure to Violence to help collect data and measure incidence and prevalence rates for child victimization, including teen dating violence. While it is too early to tell the extent to which HHS's efforts will result in the wider use of common definitions to assist in the combination of data collection efforts, OJJDP efforts in developing common definitions have supported efforts to generate national incidence and prevalence rates for child victimization. A program specialist from OJJDP noted that OJJDP plans to focus on continuously improving the definitions.

Varying scope. The national data collection efforts we reviewed as part of our November 2006 report also could not provide a basis for combining the results to compute valid and reliable nationwide prevalence estimates because the efforts had varying scopes in terms of the incidents and categories of victims that were included. For example, in November 2006, we reported that CDC's Youth Risk Behavior Surveillance System

excludes youth who are not in grades 9 through 12 and those who do not attend school; whereas the Victimization of Children and Youth Survey was addressed to youth ages 12 and older, or those who were at least in the sixth grade. National data collection efforts underway since our report was issued may help to overcome this challenge. For instance, in September 2010, HHS reported that CDC was working in collaboration with the National Institute of Justice to develop the National Intimate Partner and Sexual Violence Survey. Specifically, HHS reported that, through this system, it is collecting information on women's and men's experiences with a range of intimate partner violence, sexual violence, and stalking victimization. HHS reported that it is gathering experiences that occurred across a victim's lifespan (including experiences that occurred before the age of 18) and plans to generate incidence and prevalence estimates for intimate partner violence, sexual violence, dating violence, and stalking victimization at both the national and state levels.¹² The results are expected to be available in October 2011.

These agency initiatives may not fill all information gaps on the extent to which women, men, youth, and children are victims of the four predominant crimes VAWA addresses. However, the efforts provide Congress with additional information it can consider on the prevalence of these crimes as it makes future investment decisions when reauthorizing and funding VAWA moving forward.

¹² This survey is gathering information on a victim's experiences retrospectively, but is not being administered to individuals under age 18. Therefore, if this effort is completed as planned, it will not fully address prevalence rates related to teen dating violence and stalking. However, OJJDP's survey on children's exposure to violence provides prevalence rates on a national level related to teen dating violence and CDC's initiative on "Dating Matters" is to address prevalence rates related to stalking for individuals under age 18.

Data Collected by Grant Programs Did Not Contain Information on the Extent to Which Victims Receive Services and Challenges Exist for Collecting Such Data

We reported in July 2007 that recipients of 11 grant programs we reviewed collected and reported data to the respective agencies on the types of services they provide, such as counseling; the total number of victims served; and in some cases, demographic information, such as the age of victims; however, data were not available on the extent to which men, women, youth, and children receive each type of service for all services.¹³ This situation occurred primarily because the statutes governing the 11 grant programs do not require the collection of demographic data by type of service, although they do require reports on program effectiveness, including number of persons served and number of persons seeking services who could not be served.¹⁴ Nevertheless, VAWA authorizes that a range of services can be provided to victims, and we determined that services were generally provided to men, women, youth, and children. The agencies administering these 11 grant programs—HHS and DOJ—collect some demographic data for certain services, such as emergency shelter under the Family Violence Prevention and Services Act and supervised visitation and exchange under VAWA. The quantity of information collected and reported varied greatly for the 11 programs and was extensive for some, such as those administered by DOJ’s Office on Violence Against Women (OVW) under VAWA. The federal agencies use this information to help inform Congress about the known results and effectiveness of the grant programs. However, even if demographic data were available by type of service for all services, such data might not be uniform and reliable because, among other factors, (1) the authorizing statutes for these programs have different purposes and (2) recipients of grants administered by HHS and DOJ use varying data collection practices.

Authorizing statutes have different purposes. The authorizing statutes for the 11 grant programs we reviewed have different purposes; therefore the reporting requirements for the 11 grant programs must vary to be consistent with these statutes. However, if a grant program addresses a specific service, the demographic data collected are more likely to

¹³ [GAO-07-846R](#).

¹⁴ As part of our work in 2007, we focused on 11 federal grant programs that were specifically designed to provide direct services to victims of domestic violence, sexual assault, dating violence, and stalking. There were three statutes authorizing these grant programs including the Violence Against Women Act, the Family Violence Prevention and Services Act, and the Victims of Crime Act of 1984, as amended. See Enclosure II of [GAO-07-846R](#) for additional details on these grant programs.

address the extent to which men, women, youth, and children receive that specific service. For example, in commenting on our July 2007 report, officials from OVW stated that they could provide such demographic data for 3 of its 8 grant programs we reviewed—the Transitional Housing Assistance Grants Program, the Safe Havens: Supervised Visitation and Safe Exchange Grant Program, and the Legal Assistance for Victims Grant Program.

Recipients of grants administered by HHS and DOJ use varying data collection practices. For example, some recipients request that victims self-report data on the victim's race, whereas other recipients rely on visual observation of the victim to obtain these data. Since we issued our July 2007 report, officials from HHS's Administration for Children and Families (ACF) and OVW told us that they modified their grant recipient forms to improve the quality of the recipient data collected and to reflect statutory changes to the programs and reporting requirements. Moreover, ACF officials stated that they adjusted the demographic categories on their forms to mirror OVW's efforts so data would be collected consistently across the government for these grant programs. In addition, OVW officials stated that they have continued to provide technical assistance and training to grant recipients on completing their forms through a cooperative agreement with a university. As a result of these efforts, and others, officials from both agencies reported that the quality of the recipient data has improved resulting in fewer errors and more complete data.

As we reported in our July 2007 report, HHS and DOJ officials stated that they would face significant challenges in collecting and reporting data on the demographic characteristics of victims receiving services by type of service funded by the 11 grant programs included in our review. These challenges included concerns about victims' confidentiality and safety, resource constraints, overburdening recipients, and technological issues. For example, according to officials from ACF and OVW, requiring grant recipients to collect this level of detail may inadvertently disclose a victim's identity, thus jeopardizing the victim's safety. ACF officials also said that some of their grant recipients do not have the resources to devote to these data collection efforts, since their primary focus is on service delivery. In addition, ACF officials said that being too prescriptive in requiring demographic data could overburden some grant recipients that may report data to multiple funding entities, such as federal, state, and local entities and private foundations. Furthermore, HHS and DOJ reported that some grant recipients do not have sophisticated data collection systems in place to allow them to collect additional information.

In our July 2007 report, we did not recommend that federal departments require their grant recipients to collect and report additional data on the demographic characteristics of victims receiving services by type of service because of the potential costs and difficulties associated with addressing the challenges HHS and DOJ officials identified, relative to the benefits that would be derived.¹⁵

In conclusion, there are important issues to consider in moving forward on the reauthorization of VAWA. Having better and more complete data on the prevalence of domestic violence, sexual assault, dating violence, and stalking as well as related services provided to victims of these crimes can without doubt better inform and shape the federal programs intended to meet the needs of these victims. One key challenge in doing this is weighing the relative benefits of obtaining these data with their relative costs because of the sensitive nature of the crimes, those directly affected, and the need for services and support.

Chairman Leahy, Ranking Member Grassley, and Members of the Committee, this completes my prepared statement. I would be happy to respond to any questions you or other Members of the Committee may have at this time.

Contacts and Acknowledgements

For questions about this statement, please contact Eileen R. Larence at (202) 512-8777 or larencee@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Individuals making key contributions to this statement include Debra B. Sebastian, Assistant Director; Aditi Archer, Frances Cook, and Lara Miklozek. Key contributors for the previous work that this testimony is based on are listed in each individual report.

¹⁵ [GAO-07-846R](#).

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