The Impact of Child Maltreatment and Intimate Partner Violence Surveillance Initiatives

A. Monique Clinton-Sherrod, PhD1, Deborah Gibbs, MSPH2*, Cindi Melanson, MPH, CHES1, Kellie Loomis1, Tonya Farris1, Alexander Crosby, MD, MPH2, Rebecca T. Leeb, PhD2

1 RTI International, Research Triangle Park, NC; Centers for Disease Control and Prevention, Atlanta, GA

Abstract

Available data reveal that child maltreatment (CM) and intimate partner violence (IPV) are significant public health problems in the United States. In light of a dire need for valid CM and IPV surveillance data, the Division of Violence Prevention (DVP) and the Etiology and Surveillance Branch (ESB) of the National Center for Injury Prevention and Control (NCIPC) funded state-based CM and IPV surveillance activities in nine states. The purpose of this paper is to describe the methodology used to assess the impact of the surveillance activities and to identify problems that need to be addressed to improve surveillance activities. The information included in this paper describes (1) the process for defining impact, issue (positive and negative) of the funded surveillance activities on several different levels (i.e., issues related to violence prevention, legislation, policies, and practices); and (2) provides an example of the use of surveillance data to support improved programs, policies, and practices.

1. Background

Timely and accurate data are an essential resource for communicating the public health burden of various diseases and conditions and for guiding effective prevention efforts.

The need for data is particularly urgent in the areas of child maltreatment (CM) and intimate partner violence (IPV).

Approximately 2.6 million referrals for CM (including physical, sexual, and emotional abuse and child neglect) concerning almost 4.5 million children were made to state and local child protective services agencies in 2002.

An estimated 4.8 million rapes and physical assaults are committed against women by an intimate partner and 2.9 million intimate partner physical assaults are perpetrated against men each year.

National organizations such as the National Research Council have recommended improvements in monitoring systems for both CM and IPV.

In light of this dire need for valid CM and IPV surveillance data, the Division of Violence Prevention, specifically the Etiology and Surveillance Branch (ESB), of the National Center for Injury Prevention and Control (NCIPC) funded state-based CM and IPV surveillance activities in nine states.

2. Purpose

This study describes the methodology used to assess the impact of the funded surveillance activities and presents findings regarding prevention and outcomes from the activities.

3. Methodology

The study used three approaches to collect data:

CDC interviews: Interviews were conducted with three CDC staff members with knowledge and experience in various areas related to surveillance activities at CDC to obtain their perspectives on CDC’s focus on CM and IPV surveillance activities and feedback on the operating definition of impact developed by intervention development.

Document review: This approach included a review of program documents, such as applications for continued funding, semenual reports, and final reports.

State stakeholder interviews: A structured interview protocol was developed to gather credible evidence from state project staff’s perspectives on the impact of CM and IPV surveillance initiatives, as well as issues related to program sustainability.

4. Analysis

For the CDC interviews, notes were compiled and used for the impact of modifications of the model and supporting materials as needed. For the document review, information was abstracted from all reviewed documents and summarized across states and types of programs.

For the state stakeholder interviews, analyses were conducted using a qualitative software data analysis package (Atlas.ti™) and employing a combination of deductive and inductive analytic approaches. Analyses compared the states by analyzing frequencies of specific themes and identifying similarities and differences across programs.

5. Findings — Document Review

Some distinctions among programs were apparent from a cursory review of program descriptions. Even with a common funding source, programs vary substantially in goals, methods, and products.

CM surveillance programs are clearly described at an earlier developmental stage than IPV surveillance programs.

The CM programs are more focused on development and less on sustainability and dissemination than IPV programs.

It is also clear that program products and impacts are inconsistently reported, underlining the need for this assessment.

6. Findings — State Interviews

Respondents

Interviews were conducted with stakeholders from all nine states.

The majority of state stakeholders had served on the surveillance project for the duration of the project.

Respondents included project managers, co-investigators, epidemiologists, and project directors.

Respondent’s responsibilities on the surveillance project included activities such as formal and programmatic oversight to specific epidemiological work.

The document review and state interviews found four broad themes related to prevention and system impacts:

• Prevention and system impacts
• Factors affecting implementation and sustainability of surveillance systems
• Efforts to improve sustainability of systems
• Guidance to other states attempting to implement systems

7. Guidance for Other Surveillance Systems

Develop effective partnerships

Disseminate data to demonstrate its usefulness

Expand types of data used

Educate data providers to maximize data access and quality

8. Discussion and Conclusion

General recommendations from state feedback regarding surveillance activities:

States need guidance on criteria for successful surveillance systems

States need to secure fiscal buy-in and regularly monitor state stakeholders to continue to make surveillance activities a priority.

State agencies working with surveillance systems need to be fully aware of and in a position to build collaborations with CM and IPV stakeholders in their states and to use existing surveillance data sources.

States need venues such as national conferences or regional meetings to learn from one another.

Acknowledgements

Financial support for this research was provided by the Centers for Disease Control and Prevention, under Contract No. 200-2001-00123 TO 41.

The authors thank staff from the CDC Division of Violence Prevention for their guidance and state representatives for the invaluable information provided.

Table 1. Summary of ESB-Funded Surveillance Programs

<table>
<thead>
<tr>
<th>State</th>
<th>CM Surveillance</th>
<th>IPV Surveillance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. California</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Kentucky</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Michigan</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Minnesota</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Missouri</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Oregon</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Rhode Island</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Figure 1. Conceptual Model for Evaluation of the Impact of CM and IPV Surveillance Systems