

Summaries of Statewide Data Sources Relevant to Sexual and Domestic Violence, and Child Sexual Abuse



The Commonwealth of Massachusetts Governor's Commission on Sexual and Domestic Violence

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A Report of the Data Analysis, Research and Evaluation Committee

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It is our hope that the information contained in this report will assist sexual and domestic violence, and child sexual abuse service delivery and advocacy providers in obtaining valuable information relative to intimate partner violence and child sexual abuse in Massachusetts.

Introduction

This report provides a summary of data sources in Massachusetts that offer significant information on the nature and scope of sexual and domestic violence and child sexual abuse. It is intended to assist program planners, policy analysts, researchers, the media, and others who need to locate data sources that provide statistical information on sexual and domestic violence and child sexual abuse.

The data sources listed provide a wealth of information that can enhance our understanding of sexual and domestic violence and child sexual abuse in important ways.

Some of the data sources listed in this report focus exclusively on sexual assault, domestic violence, or child sexual abuse. Others expressly aim to collect and report data on more than one type of violence. Given the fact that a significant number of adults who experience domestic violence have also been sexually assaulted, it is likely that efforts to collect information on domestic violence will capture data on sexual assault as well. For this reason, our report does not catalogue data sources into separate categories of sexual violence and domestic violence unless the data source gathers information exclusively in one area or the other.

For each data source, this report provides an overview of its focus, a brief assessment of its particular strengths and limitations, information on published reports that may be available, and the agency (and, where appropriate, the department within an agency) that may be contacted for reports or for more information.

While the report does include limitations specific to each data source, a few words on the limitations that pervade our systems of data collection can help readers better appreciate the challenges associated with obtaining quality data on sexual and domestic violence and child sexual abuse:

- Underreporting is widely believed to be the norm in the fields of sexual and domestic violence and child sexual abuse, thus limiting the value of data systems that rely on the reports of individuals who have experienced sexual or domestic violence.
- Data that are collected by agencies and institutions as they work to respond to individuals in crisis may well prioritize safety services over data collection, thus diminishing the completeness and/or accuracy of data collected.

- Data collected in crisis situations from individuals who may be experiencing serious trauma may be less complete than data collected in less charged situations; in some cases, however, fresh memories may most accurate.
- Where efforts to collect data on a statewide basis have participation from only some providers within that system, the value of the data collected may slightly or significantly be diminished.

Accurate, consistent, and complete information on the nature and scope of sexual and domestic violence and child sexual abuse is crucial to targeting resources, refining policies, and evaluating services. By describing the data sources that exist and also assessing their strengths and limitations, we hope this report will serve as a guide for improving both the range and accuracy of data on sexual and domestic violence and child sexual abuse. Recommendations aimed at bringing about improvements in our data collection systems follow.

If you refer to this report in a publication or any other manner, we would appreciate being informed about such a reference. Whenever possible, a copy of such document or reference should be sent to the Governor's Commission on Sexual and Domestic Violence at the address below.

Marilee Kenney Hunt
Executive Director
One Ashburton Place, Suite 611
Boston, MA 02108

If you have any questions or feedback regarding this report or the survey, please contact:

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617-248-0922

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617-727-5200

Purpose of this Report

This report provides a summary of data sources in Massachusetts that provide significant information on the nature and scope of sexual and domestic violence, and child sexual abuse.

This summary is intended to assist program planners, policy analysts, researchers, the media, and others who need to locate data sources that might be able to address their questions about sexual and domestic violence, and child abuse. The data sources listed in this report provide a wealth of information on a variety of topics relating to domestic violence. For instance, the contributing sources of sexual and domestic violence, and child sexual abuse data have informed us that:

- o In 2004, there were 26 people murdered as a result of intimate partner violence. Of those, 17 were women, 6 were men, and there were 3 children.
Source: Jane Doe Inc., Massachusetts Coalition Against Sexual Assault and Domestic Violence, Boston, MA., 2005.
- o In 2004, 29,767 Civil Restraining Orders were taken out against 27,301 individuals - 22,382 males (82%) and 4,919 females (18%).
Source: Research Department, Field Services Division, Office of the Commissioner of Probation, Boston, MA., 2004.
- o MA Dept of Public Health-funded rape crisis centers responded to over 11,000 hotline calls in 2004. Additionally, rape crisis centers provided counseling and client advocacy services to 1,944 individuals, training to 2,636 professionals and prevention education to 42,911 individuals.
Source: Sexual Assault Prevention and Survivor Services, MA Department of Public Health, Boston, MA., Winter 2004.
- o In Fiscal Year 2003, the MA Dept of Social Services-funded domestic violence programs received over 49,000 calls; provided either shelter, safe home, or transitional living programs to 4,061 adult and children; and provided community based services to approximately 25,000 adults and children.
Source: DSS Domestic Violence Statistics, Jane Doe Inc., Boston, MA 2004.
- o In 2003, approximately 22% of women ages 18-59 years reported having ever had unwanted sexual contact. Of men ages 18-59 years, 7% report having ever had unwanted sexual contact.
Source: MA Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), Boston, MA., 2004.

Recommendations

1. **A clearinghouse for sexual and domestic violence, and child abuse statistics should be created.** *There is an urgent need for better coordination and integration regarding the collection and analysis of information on the incidence, nature and scope of sexual and domestic violence, and child abuse.* Numerous state agencies and programs currently collect incidence data across the Commonwealth. There is no single office that compiles these statistical data across systems in order to develop a thorough and refined picture regarding this problem and trends over time. Without such information, it is extremely difficult to assess whether resources are currently being targeted in areas of greatest need. It is also very hard to evaluate local or statewide initiatives intended to prevent sexual and domestic violence, and child sexual abuse. The Committee recommends that the clearinghouse be charged with:
 - o Routinely compiling statistical information from other state agencies and programs, regarding the nature and scope of sexual and domestic violence, and child sexual abuse. This would include periodic tabulations of data and special reports.
 - o Where necessary, analyzing raw data from other agencies in order to extract statistical information on sexual and domestic violence, and child sexual abuse that the agency itself does not have the resources to analyze.
 - o Working with individual agencies and programs to improve the consistency and quality of the incidence data being collected.
 - o Compiling an annual report that presents detailed information on the extent of the problem of sexual and domestic violence, and child sexual abuse in the Commonwealth.
 - o Compiling a report at least every 5 years that provides a detailed analysis of the trends over time in sexual and domestic violence, and child sexual abuse statistics and their apparent quality.
 - o Compiling periodic reports on how sexual and domestic violence and child sexual abuse impacts important populations, including youth, the elderly, immigrants and refugees, and gay, lesbian, bisexual, and transgender people.
2. **All agencies and programs that currently collect statistical information related to sexual and domestic violence, and child sexual abuse should be encouraged to review the consistency and quality of their data.** Though many data sources exist across the state, much data are self-reported, and checking the accuracy of the information can be difficult. Agencies and programs should review their current forms and hold meetings with those who submit data to determine potential sources of confusion and inconsistency in data entry. They should also run analyses on their data systems intended to look for problems such as large amounts of missing information, internally inconsistent responses on forms, and large amounts of variability over location or time that have no logical explanation.
3. **Data systems that collect statistical information on sexual and domestic violence, and child sexual abuse should include information about victim-offender relationship at time of abuse.** This is particularly true for data systems that collect information on a variety of crimes, not all of which are related to sexual and domestic violence, and child sexual abuse. The absence of victim-offender relationship makes it impossible to identify domestic violence cases. It is important to take into account that victim-offender relationship may change over the course of the abuse, as well as after the abuse ends.

4. **Data systems that collect information regarding the incidence and prevalence of sexual and domestic violence, and child sexual abuse should include information that increases the ability to perform local-area analyses, such as city/town or census tract.** Local information helps programs and funding agencies to target areas with the greatest need. Such information also provides local programs with improved ability to evaluate their efforts.
5. **Data systems should strive to include and disseminate statistical information on sexual and domestic violence, and child sexual abuse involving youth, given the importance of this population in the development of primary prevention efforts.** Increased attention is being focused in both the Commonwealth and across the country on the topic of “teen dating violence,” with the hope that teaching young people the warning signs of abuse and ways to find help will reduce the number who go on to become abusive or abused adults. Information is needed in order to determine what kinds of programs are effective in this population.
6. **Data systems that collect information on the incidence and prevalence of sexual and domestic violence, and child sexual abuse should consider including self-identified information on sexual orientation and gender identification so that more information will be available on people who are gay, lesbian, bisexual, and transgender.** Programs to assist these subgroups need more information in order to refine strategies for outreach, education, prevention, intervention, and evaluation.

General Issues Regarding Data Sources on Sexual and Domestic Violence, and Child Sexual Abuse

All of the datasets described in this report have their limitations. The limitations listed under an individual data source tend to be those that are specific to the data source (i.e., faults that were common across nearly all datasets, such as unknown reliability, were not reiterated under each separate data source listing).

Some general issues to bear in mind when assessing a data source include:

- o **Representativeness.** The individuals covered by a given dataset are seldom representative of the entire population at large. Think carefully about whom the datasets do and do not include and how representative you believe the samples are for your purposes (e.g., only cases coming to court; only individuals coming for medical treatment; only people who call the police; only people able/willing to answer a survey).
- o **Quality.** Data quality may be highly variable – the consistency and accuracy of most datasets on sexual and domestic violence, and child sexual abuse remains unknown. Data quality may also be inconsistent across time, which makes analyses of trends across time problematic.
- o **Comparability.** When a dataset is generated for tracking victims, by compiling information across numerous reporting subunits (e.g., hospitals, police departments, courts), there is significant potential for inconsistent data collection procedures across these subunits. This affects the overall accuracy of the compiled data, and is likely to invalidate many of the comparisons across subunits.
- o **Utility.** Datasets that do not include the victim-offender relationship (e.g., boyfriend, ex-husband, etc.) are not able to provide information or estimates specific to sexual and domestic violence, and child sexual abuse, unless the entire dataset only includes individuals involved in intimate partner violence.
- o **Completeness.** Most large datasets suffer from substantial amounts of missing data. Just because a data source is listed as including a particular variable does not mean that information is available on this variable for all, or even most, cases in the dataset.
- o **Interpretation of Findings.** The interpretation of the numbers generated by any given database, or changes in these figures over time, is not always straightforward. For instance, if the number of restraining orders issued increases from one year to another, it is unclear whether this reflects a rise in the underlying rate of domestic violence, an increase in the proportion of abused women obtaining restraining orders, or both.

Data Sources

Batterer's Intervention Programs Massachusetts Department of Public Health

Overview

The Massachusetts Department of Public Health began implementing a data collection system for clients seen by certified Batterer's Intervention Programs in 1999. This system collects data from the 22 (MDPH) Certified Batterer Intervention Programs in the state. Program staff collects information on all batterers at intake. The data are compiled into an electronic database at the Massachusetts Department of Public Health. The content of the data set includes detailed demographic information on batterers'; drug and alcohol abuse; referral source; prior criminal records; type of violence; restraining order history; use of weapons and custody of children.

Strengths

- o Detailed information on batterers is provided
- o Includes the disposition of each criminal case and restraining order information
- o Provides information on number and characteristics of court-referred batterers

Limitations

- o Batterers may be prone to under reporting the severity of the violence they have perpetrated
- o There is no comparison made to a group of non-batterers

Published Reports

- o No reports are published at this time

Availability

- o Annual Statistics are available through the Department of Public Health's website
<http://www.ma.gov/dph>

Contact

**Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108
617-624-6000**

Emergency Department, Outpatient Observation Stay and Hospital Discharge Databases Massachusetts Department of Public Health

Overview

The Massachusetts Department of Public Health's Injury Surveillance Program analyzes the statewide acute-care Emergency Department, Outpatient Observation Stay and Hospital Discharge Databases (from the MA Division of Health Care Finance and Policy) to characterize the magnitude and risk factors for injuries treated at acute care hospitals across Massachusetts. Each emergency department, observation stay, and hospitalization receive a set of discharge diagnosis codes, based upon the treating clinician's discharge diagnoses. The intent and cause/mechanism of injury-related visits is also coded (these are known as external cause of injury codes, or "E-codes") and submitted to the Division of Health Care Finance and Policy.

Strengths

- o Specific information can be gathered concerning mode of injury (e.g., how many women were intentionally injured by guns, burns and strangulation)

Limitations

- o Hospitals may not routinely screen for intimate partner violence.
- o Strength and quality of the data are dependent on provider documentation and medical records coding. Most cases of domestic violence do not receive an E-Code and thus are not identifiable in this data set.
- o The data set does not include women who come into the Emergency Room with non-trauma presentation (such as abdominal pain), which may also be related to intimate partner violence.

Published Reports

- o "*Injuries to Massachusetts Residents – 1995-1999*", published in April 2003; supplements to the report are also available.

Availability

- o Aggregate data and customized reports are available to the public. Reports and aggregate data can be requested via a community request form (available from the Project Director).

Contact

**Center for Health Information Statistics, Research and Evaluation
Injury Surveillance Program
Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108-4619
617-624-5648**

Family Violence Homicide Record Massachusetts Office of Victim Assistance

Overview

Since 1995, the Massachusetts Office for Victim Assistance (MOVA) has been tracking domestic violence homicides, occurring in Massachusetts, through the Family Violence Homicide Record. Information is collected on any family violence-related homicide reported in the media. The data collected, upon availability, includes information on the date of the homicide; the town and county in which the incident occurred; the victim's name and age; the alleged perpetrator's name and age; the victim-offender relationship; weapon; suspect suicide; protective order status; children; abuse history; and disposition of the case. Information is obtained through newspapers, online town newspapers, and other internet sources.

Strengths

- o Includes homicides related to intimate partner violence where someone other than the partner is killed (e.g. children, other family members, bystanders)

Limitations

- o It may be difficult to determine from media reports whether it is appropriate to include an incident as a family violence homicide
- o Data are limited to information that law enforcement reports to the media
- o Depending on geographic location of the crime, it can be difficult to identify the information if it isn't reported in a major news venue

Published Reports

- o The Boston Globe requests a copy of this record to write an annual editorial concerning domestic violence deaths in Massachusetts

Availability

- o An annual summary table is available to the public, as well as brief summaries of all homicides
- o The information is available at not cost through MOVA. Any member of the general public or private agencies may call the SAFEPLAN Program Manager to request the information. Requests must indicate the purpose for which the information will be used.

Contact

**Massachusetts Office For Victim Assistance
SAFEPLAN
1 Ashburton Place, Room 1101
Boston, MA 02108
617-727-5200**

Jane Doe Inc.
The Massachusetts Coalition Against Sexual Assault and Domestic Violence
Intimate Partner Homicide

Overview

Since 1992, Jane Doe Inc. (JDI), the Massachusetts Coalition Against Sexual Assault and Domestic Violence, has been tracking intimate partner homicides in Massachusetts. The domestic violence homicides are monitored using reports in the media (newspapers), Internet, or from local domestic violence programs. The data are entered into a database. The type of information that is collected is: victim's name, age, town, victim-offender relationship, abuse history, weapon used, children (either involved, witnessed, or not around), active restraining order, and case disposition.

In 2003, JDI expanded its definition to include those who are bystanders or intervened in attempted homicide in the context of intimate partner violence and were themselves killed.

Strengths

- o The list is up-to-date and as much public information about each case is tracked

Limitations

- o Does not include homicides occurring in the previous year for which charges were filed this period
- o Difficulty in only relying on media reports (information may not be complete)

Published Reports

- o Jane Doe Inc. supplies its list to the Boston Globe each year for its annual In Memoriam that is published at the end of December
- o JDI publishes twice yearly (October and December) reports of its victim list. Those can be found at www.janedoe.org/know.htm or by calling JDI

Availability

- o JDI publishes two lists, one in October and one in December. Both can be attained by visiting www.janedoe.org or by calling JDI.

Contact

Jane Doe Inc.
14 Beacon St., Ste. 507
Boston, MA 02108
617-248-0922

Judicial Response System Massachusetts Trial Court

Overview

The Judicial Response System (JRS) provides judicial intervention in emergency matters when the courts are closed. The JRS operates 365 days a year, inclusive of holidays, weekends and weekday evenings from 4:30 p.m. to 8:30 a.m. the following morning. The JRS addresses 4 major case types: domestic violence restraining orders, medical emergencies, mental health/psychiatric hospitalizations, and search warrants.

On-call judges serving on the JRS issue emergency restraining orders after-hours. On-call judges complete log sheets indicating the date and time of the call, requestor, case type, judicial action taken, relationship of defendant to plaintiff in 209A case, basis for issuing the 209A, and 209A relief granted. Information from these log sheets are entered into an electronic database by the Administrative Office of the Trial Court, Legal and Support Services Department. Quarterly and Annual Reports are published.

Plaintiffs often request permanent abuse prevention orders during standard court hours; thereby some overlap exists between the Judicial Response System and the Registry of Civil Restraining Orders.

Strengths

- o Captures emergency restraining orders issued after standard court hours
- o Requests from police departments are identified geographically by city/town
- o Details on individual restraining orders are entered into an electronic database
- o Relationships of defendant to plaintiff in 209A cases are recorded

Limitations

- o Final data set is paper-based

Published Reports

- o Judicial Response System Quarterly Reports, July 1985 to present
- o Judicial Response System Annual Reports, January 1986 to present

Availability

- o Quarterly and Annual Reports are available at no cost through the Administrative Office of the Trial Court.

Contact

**Administrative Office of the Trial Court
Legal and Support Services Department
Two Center Plaza
Boston, MA 02108
617-742-8575**

**Massachusetts Abuse Incident Report
Executive Office of Public Safety Programs Division/
Criminal History Systems Board**

Overview

The Massachusetts Abuse Incident Report provides detailed information on domestic violence incidents across the Commonwealth. This reporting system is intended to identify locations and populations in need of services, disseminate information to policymakers, and improve prosecution of cases. Data are collected by police and entered into each department's Criminal Justice Information System (CJIS) terminal for inclusion into a centralized database at the Criminal History Systems Board. Piloting of this reporting system began in February 1998 in several police departments across the Commonwealth.

Strengths

- o Contains detailed information on domestic violence incidents including suspect and victim information.

- o Provides statistics on the level of reported violence by city and town.

Limitations

- o Data are only available from police agencies participating in the pilot program.

Published Reports

- o No published reports

Availability

- o Contact local police departments for additional information on a community's participation and the availability of data.

Contact Person

**Programs Division
Executive Office of Public Safety
One Ashburton Place, Room 2110
Boston, MA 02108
(617) 727-6300**

Massachusetts Behavioral Risk Factor Surveillance System (BRFSS) Massachusetts Department of Public Health

Overview

The BRFSS is an annual, statewide telephone survey of randomly selected Massachusetts adults 18 years of age and older. Through cooperative agreements with the U.S. Centers for Disease Control and Prevention (CDC) and state Departments of Public Health, similar surveys are conducted in all states. In addition to demographics, the BRFSS collects information about a wide variety of health issues, ranging from health-related behavior and access to medical care, to opinions on health-related policy issues. Interviewers from a private survey search firm, contracted by the Massachusetts Department of Public Health, collect the data. These data are used to estimate statewide population-based rates of intimate partner violence (IPV); the portion of IPV survivors included in certain service provider data sets; and some of the effects of intimate partner violence on the survivor. A sexual violence module has been included in the BRFSS since 1997. New national IPV and sexual violence modules that may permit interstate analysis were developed by the CDC in 2005 and are currently being implemented in the Massachusetts BRFSS with the support of the VAWA Rape Prevention Education Grant and the CDC.

Strengths

- o Annual survey consists of a representative sample of adults ages 18+ living in Massachusetts
- o A follow-up survey was conducted in 2001 to obtain more in-depth information regarding incidents of sexual assault among a subset of BRFSS respondents
- o Collects information on victim/offender relationship, medical treatment, suspicion of drug use, disabilities, and in 2005, completed v. attempted rape

Limitations

- o The survey is conducted by phone only.

Published Reports

- o Annual BRFSS reports since 1994 as well as “[Sexual Assault in Massachusetts 1988-1997: Findings from Publicly-Funded Rape Crisis Centers and the Behavioral Risk Factor Surveillance System](http://www.mass.gov/dph/bhsre/cdsp/brfss/brfss.htm#report)” can be downloaded from <http://www.mass.gov/dph/bhsre/cdsp/brfss/brfss.htm#report>
- o “[Female Sexual Assault in Massachusetts: How do Population-Based \(BRFSS\) and Provider-Based \(Rape Crisis Surveillance System\) Data Compare?](http://www.mass.gov/dph/fch/sapss/data.htm)” downloadable from <http://www.mass.gov/dph/fch/sapss/data.htm>

Contact

**Health Survey Programs Director
Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108
617-624-6000 or 617-624-5623**

**Massachusetts Child Sexual Abuse Prevention Partnership Poll
Massachusetts Child Sexual Abuse Prevention Partnership (MCSAPP)**

Overview

Randomly selected Massachusetts adults (over 18) were surveyed by phone. Residents of the three Partnership pilot communities were also surveyed by phone.

Strengths

- o Measures knowledge and attitudes of MA residents about child sexual abuse; includes a child sexual abuse victimization prevalence question.

Limitations

- o Limited number of questions
- o Not designed specifically to measure prevalence

Published Reports

- o One-time survey, 2003

Contact

**MCSAPP
14 Beacon St. Suite 7
Boston, MA 02108
617-742-8555**

Massachusetts Child Sexual Abuse Statistics Massachusetts Department of Social Services

Overview

The Massachusetts Department of Social Services sends annual data extracts to the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau. From these extracts, the federal government produces an annual report for the general public, and sets up a data repository that can be accessed by researchers.

Strengths

- o Aggregate Counts by: State; DSS Regions (6); DSS Areas (28)
- o Children: age, gender, race, Hispanic origin
- o Reporter: report source (anonymous, mandated, non-mandated), mandated reporter code (medical personnel, school personnel, law enforcement agency, etc.), non-mandated reporter code (self, victim, mother, father, other relative categories; also, not related)
- o Perpetrator: age, gender, race, Hispanic origin

Limitations

- o Duplicate counts: Number of children reported, children screened-in, children investigated, children supported. A child is counted each time he/she is reported/ investigated during the year.
- o Unduplicated counts: Number of children reported, children screened-in, children investigated, children supported. A child is counted only once, regardless of how many times he/she is reported/ investigated during the year (unique child counts).

Published Reports

- o Copies of the Child Maltreatment Annual Report and electronic versions of the data tables can be obtained by contacting the National Clearinghouse on Child Abuse and Neglect Information by phone at 1-800-FYI (394)-3366 or on the Internet at <http://nccanch.acf.hhs.gov/index.cfm>. If interested in using data from the National Child Abuse and Neglect Data System (NCANDS), contact the National Data Archive on Child Abuse and Neglect, Family Life Development Center, Cornell University, Ithaca, NY 14853-4401, 607-255-7799, ndacan@cornell.edu or www.ndacan.cornell.edu.

Contact

**Data Management/Quality Assurance Unit
Information Technology
Massachusetts Department of Social Services
24 Farnsworth Street
Boston, MA 02210**

Massachusetts Domestic Violence Data Collection System
Massachusetts Department of Social Services

Overview

All programs funded by the Department of Social Services to provide domestic violence services submit monthly, unduplicated data on utilization. This includes information on both new and ongoing individuals receiving services. Service providers collect data from individuals who use shelters, safe homes, transitional living programs, supervised visitation centers, child witness to violence programs, and non-residential support services; as well as those who seek assistance through the statewide hotline.

Strengths

- o Provides unduplicated counts of individuals accessing domestic violence services statewide.
- o Provides information on both adults and children using services.

Limitations

- o Only programs receiving DSS funds are included
- o The data collection system is being revised, therefore making it difficult to compare data from year-to-year
- o No demographic data exist (i.e. age, race/ethnicity, etc.)

Published Reports

- o No reports published at this time.

Availability

- o Individuals can contact the Department of Social Services for data-related information.

Contact

Department of Social Services
Domestic Violence Unit
24 Farnsworth Street
Boston, MA 02210
617-748-2000

Massachusetts Outpatient Emergency Department Database Massachusetts Division of Health Care Finance and Policy

Overview

All Massachusetts acute care hospitals submit quarterly data on emergency department (ED) visits as of October 1, 2001, plus selected historical ED data back to January 1, 2000. ED data elements are similar to those in the inpatient (E-codes required) and observation stay (no E-codes) databases.

Strengths

- o Comprehensive database of all Massachusetts outpatient emergency department visits, recorded via standard form.
- o E-codes provide mode of injury, which includes dimension of intent. E-codes are mandated for injuries and poisonings (principal diagnostic codes 800-904.9 and 910-999.9), with additional E-codes requested to describe the mechanism of injury of the most severe injury, report the mechanism of additional injuries, or provide the place of occurrence.
- o The data collection system collects victim demographics.
- o Data elements also include clinical characteristics, services provided, charges, disposition, and hospitals and practitioner information, as well as mode of transport and temporal data.

Limitations

- o Only captures those who seek medical care
- o Limited information on nature of incident or how injury was sustained
- o Variability in assigning E-codes
- o Information is supplied from hospital self-report

Published Reports

- o First set of emergency department data was released Summer 2004
- o Reports available at:
http://mass.gov/portal/index.jsp?pageID=eohhs2terminal&L=7&L0=Home&L1=Researcher&L2=Physical+Health+and+Treatment&L3=Health+Care+Delivery+System&L4=Hospital&L5=Emergency+Department+Data&L6=ED+Data+Reports&sid=Eeohhs2&b=terminalcontent&f=dhcfp_researcher_data_hosp_ed_analysis&csid=Eeohhs2

Contact

**Massachusetts Division of Health Care Finance and Policy
China Trade Center
Two Boylston St.
Boston, MA 02116-4704
617-988-3100 (Voice)
617-988-3175 (TTY)**

Massachusetts Youth Health Survey Massachusetts Department of Public Health

Overview

The MYHS is a survey of health risk and help seeking behaviors of middle and high school students in Massachusetts. The Massachusetts Department of Education (DOE) is the lead agency for the YRBS; the DPH is the lead agency for the YHS, which are currently conducted on alternate years. The surveys are complementary and an interagency effort, with DPH and DOE involved in both. The 2002 YHS surveyed 3,000 students, grades 6 to 12, from 50 high schools and 50 middle schools. The 2004 survey increased the sample size to almost 7,000 students. The University of Massachusetts Center for Survey Research assists DPH in developing a sampling plan to allow selected sub-state estimates and will also implement the survey.

Strengths

- o Phrasing of questions may capture both victims and offenders
- o Instrument has comparability to YRBS
- o Captures information in grades 6-12

Limitations

- o Participation of schools

Published Reports

- o 2002 presentation to alcohol, tobacco, and drug use found in survey – no explicit information on sexual assault
- o 2004 reports under development

Availability

- o Accessible to the public with data agreement or 24A application.

Contact

**MA Department of Public Health
Center for Community Health
250 Washington St.
Boston, MA 02108
617-624-6060**

Massachusetts Youth Risk Behavior Survey (YRBS) **Massachusetts Department of Education**

Overview

The Massachusetts Youth Risk Behavior Survey (YRBS) is administered every two years by the Massachusetts Department of Education to students from randomly selected high schools across the state. The YRBS is funded by the U.S. Centers for Disease Control and Prevention (CDC), which create a set of core questions that are asked in all states. The purpose of the self-report survey is to monitor the prevalence of adolescent risk behaviors over time such as substance abuse, sexual behaviors, and behaviors related to intentional and unintentional injuries. In the 1997, 1999, 2001, and 2003 versions of the survey, Massachusetts had one or two question on unwanted sexual contact and one question pertaining to adolescent dating violence.

Strengths

- o Based on a representative sample of Massachusetts public high schools students
- o Allows analysis relevant to immigrant and refugee populations by including language spoken at home and years in the United States.
- o Provides wide range of information on health risks allowing for analysis of correlations between experiences of violence and other health risks.
- o Identifies prevalence rate among responding HS students of sexual contact against one's will
- o Identifies prevalence rape among respondents in a dating relationship who have been sexually hurt, physically hurt, or both.

Limitations

- o There is only one question pertaining to adolescent dating violence. Accuracy of this question as a measure of dating violence has not been determined. There are only two questions pertaining to sexual assault. Does not capture private school students and dropouts.
- o Perpetrators may also report victimization
- o Sample sizes limits ability for detailed analysis
- o Collect data every other year

Published Reports

- o Biannual YRBS results reports since 1995 downloadable from :
<http://www.doe.mass.edu/hssss/program/youthrisk.html>
- o Jay Silverman, Ph.D.; Anita Raj Ph.D.; Lorelli Mucci, MPH; Jeanne Hathaway, MD, MPH. (2001). *Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behaviors, Pregnancy and Suicidality* – JAMA, Vol. 286, No. 5, pp. 572-579.

- [“Teen Dating Violence: Findings from the 1997 Massachusetts Risk Behavior Survey \(PDF, 29 KB\) Adolescent Suicidal Behaviors” and “Sexual Assault: Findings from the 1997 Massachusetts Risk Behavior Survey \(PDF, 18 KB\)”](http://www.mass.gov/dph/fch/sapss/data.htm) downloadable from:
<http://www.mass.gov/dph/fch/sapss/data.htm>

Contact

Massachusetts Department of Education
350 Main Street
Malden, MA 02148
781-338-3000

The National Death Reporting System Massachusetts Department of Public Health

Overview

The Massachusetts Department of Public Health's Injury Surveillance Program, in cooperation with the Centers for Disease Control and Prevention, is developing a new database – the National Violent Death Reporting System – Massachusetts (NVDRS-MA). This database collects and links data from death certificates, the medical examiner's records, police, and crime laboratories. All homicides, suicides, deaths of undetermined intent, and unintentional firearm deaths occurring within Massachusetts, on or after January 1, 2003, are being entered into the database. The circumstances of these deaths, including the victim-suspect relationship, and the weapon, are being collected and this information is standardized using a national coding scheme across the 17 participating states.

Strengths

- o This is a statewide database

Limitations

- o The data entered are limited to that data which is available for abstraction.

Published Reports

- o None as yet

Availability

- o Aggregate data will be available through the MDPH. De-identified case level data will be available only through the CDC's and MDPH's external release processes.

Contact

**Massachusetts Department of Public Health
Injury Surveillance Program
250 Washington Street, 6th Floor
Boston, MA 02108
617-624-5663**

National Incident-Based Reporting System Massachusetts State Police

Overview

The National Incident-Based Reporting System (NIBRS) is a reporting system through which data are collected for each single crime occurrence. Massachusetts was one of the first states certified to submit NIBRS data to the FBI. Implemented in 1993, the State Police Crime Reporting Unit currently collects and maintains NIBRS data submitted by 196 police agencies, representing a residential population of approximately 3 million. Data are gathered by local police departments and sent via computer files to the State Police where they are entered into an electronic database. NIBRS includes an extensive list of codes for identifying the relationship between the victim and the offender in all reported incidents, including those involving domestic violence.

Strengths

- o Has the ability to identify several different types of intimate partner relationships.
- o Provides demographic information on both victims and offenders.
- o Has the ability to track multiple victim and multiple offenders per incident.
- o Allows for tracking of multiple offenses per victim in each incident.
- o Large amounts of information allow for breakdown geographically by city or town.
- o “Offender Based Tracking Number” (OBTN) is collected on all arrestees, so that it will be possible to determine the judicial response to criminal acts.

Limitations

- o The system is currently voluntary and is not yet implemented statewide.

Published Reports

- o Campbell, Anne, Steven Muncer, and Daniel Bibel. “Female-Female Criminal Assault: An Evolutionary Perspective,” *Journal of Research in Crime and Delinquency*, 35:4, November 1998.
- o Thompson, Martie P., Linda E. Saltzman, and Daniel B. Bibel. “Applying NIBRS Data to the Study of Intimate Partner Violence: Massachusetts as a Case Study.” *Journal of Quantitative Criminology*, 15:2, 1999.

Availability

- o Main database is in a format that may be difficult to analyze.
- o Data set is available for research purposes with case identifiers stripped off.

Contact

**Massachusetts State Police
470 Worcester Road
Framingham, MA 01702
(508) 820-2111**

Provider Sexual Crime Report Massachusetts State Police

Overview

Massachusetts General Law (c. 112, sec. 12a1/2) requires every physician, hospital, sanatorium, or other institution to complete the Provider Sexual Crime Report for every victim attended to, treated, or examined for the crimes of rape or sexual assault. Currently, hospitals and medical centers complete the report and mail or fax it to the VICAP (Violent Criminal Apprehension Program) Section of the State Police, where personnel record the information into a database. The Report was initially implemented in 1989, and a redesign of the Report was distributed to hospital emergency departments in March 2000. The redesigned Report is a near replica of the S.A.N.E. Report, but excludes variables relative to health history and actions taken by the patient since the time of the assault. The data set contains information on mode of assault, threats, location of the incident, weapons used, demographic information on the assailant and victim, and victim-offender relationship. In addition to providing an account of the problem of sexual assault in the Commonwealth, this dataset can be compared to law enforcement summary statistics, allowing for an estimation of underreporting to law enforcement for sexual assault cases.

Strengths

- o The data source contains extensive information on the specific incident at issue.
- o Under Massachusetts General law, reporting is mandated.

Limitations

- o In practice, the study only includes sexual assault victims who seek help in an emergency department.

Published Reports

- o No published reports are available at this time.

Availability

- o Data can not be accessed by to the public.

Contact

**Programs Division
Executive Office of Public Safety
One Ashburton Place, 21st Floor
Boston, MA 02108**

**Registry of Civil Restraining Orders
Office of the Commissioner of Probation
Massachusetts Trial Court**

Overview

The Massachusetts Registry of Civil Restraining Orders, implemented in 1992, was the first statewide centrally computerized restraining order database in the country. Maintained by the Office of the Commissioner of Probation of the Massachusetts Trial Court, its primary purpose is to provide police and the courts with accurate and reliable information for the tracking and enforcement of restraining orders. Over 94% of these are Abuse Prevention Orders (209A).

Probation personnel enter the data into the computerized registry on the same day that the order is issued in any one of the 69 District Courts, Boston Municipal Court, 14 Superior Courts, and 14 Probate and Family Courts in the state. The Registry database contains information on the specific conditions of each restraining order, and the age and gender of the offender. Linkage between this database and all other automated databases within the Massachusetts criminal justice system provides information on the extent of the offender's criminal record and court dispositions. There is some overlap between permanent orders entered into the Registry and emergency orders issued by the Judicial Response System (JRS) after standard court hours.

Strengths

- o The database is central and computerized.
- o Provides data on 100% catchments of temporary and permanent 209As.
- o Large amount of data collected allows for meaningful assessment at the local level.
- o Includes information on the age and gender of the abuser.
- o Data can be sorted geographically by court district.
- o Data can also be linked with defendant's criminal record.

Limitations

- o Victim/offender relationship is not recorded.

Published Reports

- o Registry of Civil Restraining Orders Summary, 1993-2004
- o Restraining Order Violators, Corrective Programming and Recidivism, 2004
- o Serial Batterers (1999). Probation Research Bulletin
- o From Chaos to Clarity in Understanding Domestic Violence (1998). Domestic Violence Report
- o The Tragedies of Domestic Violence (1995)
- o Project History of the Massachusetts Statewide Automated Restraining Order Registry (1994)

- o Young Adolescent Batterers: A Profile of Restraining Order Defendants in Massachusetts (1994)
- o Men Who Batter (1994). Archives of Family Medicine
- o Domestic Violence: The Invisible Problem (1994). National Association of Probation Executives

Availability

- o Data are accessible only to court and law enforcement officials.
- o All reports are available from the Office of the Commissioner of Probation, at no cost.

Contact

**Office of the Commissioner of Probation
One Ashburton Place, Room 405
Boston, MA 02108
(617) 727-5300, ext. 254**

SAFEPLAN Data
Massachusetts Office of Victim Assistance

Overview

SAFEPLAN is a state-funded, domestic violence civil court advocacy project, administered by the Massachusetts Office for Victim Assistance (MOVA). SAFEPLAN advocates are present at 42 District and Probate and family courts to assist victims of domestic violence. Data collection is not statewide since SAFEPLAN is not in every county. Intake information is collected at the time of client contact by the court advocate and then transferred to an electronic database by MOVA personnel. Information is collected on the client's age; sex; primary language; race/ethnicity; relationship with abuser; use of previous services for battered women; and services provided by MOVA such as safety planning, filing 209A's, and information & referral. Services provided during follow-up contacts are also documented. Funding does not currently allow for SAFEPLAN to be expanded in all district and Probate courts.

Strengths

- o Identifies gaps in services by tracking prior use of battered women's services
- o Includes information on primary language, number of children, and service referrals

Limitations

- o Not yet funded for statewide implementation

Published Reports

- o Reports have been released to the Massachusetts Legislature for FY96 through FY04 and are available to the public

Availability

- o Any member of the general public or private agencies may call the SAFEPLAN Manager to inquire about this information. Requests must indicate the purpose for which the information will be used.

Contact

Massachusetts Office For Victim Assistance
SAFEPLAN
1 Ashburton Place, Room 1101
Boston, MA 02108
617-727-5200

Sexual Assault Nurse Examiner (SANE) Program Massachusetts Department of Public Health

Overview

The Sexual Assault Nurse Examiner Program (S.A.N.E.), when fully implemented, will provide a statewide network of trained and certified registered nurses, available 24 hours a day, to respond to sexual assault victims in hospital emergency departments. Administered by the Massachusetts Department of Public Health, S.A.N.E. was first implemented in 1997 and, by 2001 included SANE nurses-health care professionals in 13 hospital emergency departments and one urgent care facility. Additional hospitals will be designed as S.A.N.E. sites pending funding appropriations. The victim provides information regarding the sexual assault to the nurse examiner at the time of the emergency department visit. A copy of the record is then sent to the S.A.N.E. Program at the Massachusetts Department of Public Health for data entry. The data set contains information on mode of assault, threats, location of the incident, weapons used, demographic information on the assailant and victim, victim-offender relationship, and results of the nurses physical examination.

Strengths

- o Contains extensive information on specific incidents.
- o Provides the Sexual Assault Nurse Examiner's findings from the physical examination.
- o Database includes Crime Lab Evidence Evaluation Dataset and Service Utilization Database, which tracks the number and outcomes of pages to SANE.

Limitations

- o Only includes sexual assault victims who seek help in an emergency department within five days of their assault.

Published Reports

- o No published reports to date, expecting a report in FY 2004 with the Crime Lab Evidence Evaluation Dataset.

Contact

**Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108
(617) 624-6000**

Sexual Assault Surveillance System

Massachusetts Department of Public Health

Overview

The Sexual Assault Surveillance System was implemented by the Massachusetts Department of Public Health in 1985. Information is collected from the 17 state-funded rape crisis centers (RCCs), which are located across the state so that every resident may have access to services. The statewide Spanish language sexual assault hotline, *Llamanos*, began providing data in 1999. In addition to reporting service delivery data to MDPH, RCCs and *Llamanos* collect data on every sexual assault reported to them. Sexual assault survivors, their friends, family members, or professionals may make reports. Data are collected regarding demographic information of the survivor, including age, primary language, ethnicity, sexual orientation, gender identification, and presence of a disability; details concerning the incident and any assistance sought by the survivor; some demographic information on the assailant(s); and victim-assailants relationship(s). Funding for this project is dependent on federal Preventive Health and Health Services Block Grant dollars.

Strengths

- o Data collected since 1985
- o Provides information on sexual assaults including intimate partner sexual assaults that may not be reported to the police or to hospital emergency departments.
- o Data can be used to compare intimate partner sexual assaults to sexual assaults by other assailants in terms of whether the police or hospitals were notified, how quickly the survivor sought care, and demographic information concerning the survivor and offender(s).

Limitations

- o Data are only collected on sexual assault survivors who reported to the Rape Crisis Centers.
- o In practice, demographics are not always collected due to priority of providing supportive response for survivors in crisis.

Published Reports

- o FY02 and FY04 fact sheets on sexual assault incidents reported to SAPSS-funded programs downloadable from: <http://www.mass.gov/dph/fch/sapss/index.htm>
- o “Sexual Assaults in Massachusetts 1988-1997: Findings from Publicly Funded Rape Crisis Centers”, November 1999
- o Presentations: [“Female Sexual Assault in Massachusetts: How do Population-Based \(BRFSS\) and Provider-Based \(Rape Crisis Surveillance System\) Data Compare?”](#); “Sexual Assault Data Collection at MDPH: Challenges and Practical Strategies”, “A Delicate Balance: Meeting the Needs of Sexual Assault Clients and Quality Data Reporting”; “Rape Crisis Centers: Focus on Adolescents, 1990-1994”

Availability

- o Free copies of statewide and limited local data are available upon request by sending or faxing the specific request to the address below along with your contact information (phone, fax, email, mailing address). Please allow sufficient time for processing data requests.
- o Site-specific reports for each funded rape crisis center's data are provided annually to each center.
- o Copies of some reports can be viewed at the Massachusetts Department of Public Health web site at <http://www.mass.gov/dph/fch/sapss>

Contact

**Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108
617-624-6000 or 617-624-5457**

Supplemental Homicide Reports Massachusetts State Police

Overview

Supplemental Homicide Reports (SHR) provides information from police agencies regarding homicides. When appropriate, approximately 140 police agencies can provide SHR data to the Massachusetts State Police for entry into an electronic database. Data for Massachusetts homicides are available from the Crime Reporting Unit from 1986 to present. The data set includes: incident date, case number (for tracking purposes), general location, weapon type, circumstance, the victim and the offender's age, race and sex, and the nature of the victim/offender relationship.

Strengths

- o Accessible to the public
- o Data are routinely collected

Limitations

- o No data are submitted by State Police Detective Units and some local police departments
- o Difficult to identify non-partners killed in incidents related to intimate partner violence

Published Reports

- o Annual Reports are available in printed form and on-line at the Massachusetts State Police web page (<http://www.state.ma.us/msp/>)

Availability

- o Computerized data set is available for research purposes.

Contact

**Massachusetts State Police
470 Worcester Road
Framingham, MA 01702
(508) 820-2111**

Weapon-Related Injury Surveillance System (WRISS) **Massachusetts Department of Public Health**

Overview

Since 1990, the Massachusetts Department of Public Health has tracked reports of gunshot and assault-related stabbing injuries presenting to hospital emergency departments through the Weapon-Related Injury Surveillance System (WRISS). The system has operated statewide since 1994, with all acute-care hospitals reporting annually. Health care centers and the state's two Veterans Administration hospitals also report cases on occasion. In addition to demographic information on the victim, data are collected concerning the circumstance and location of the incident; weapon type; location of injury on the body; intent of injury; victim-offender relationship; mode of arrival; and disposition of the case.

Strengths

- o All Massachusetts hospital emergency departments participate
- o Contains circumstance data that are often not available in other emergency departments data sets.
- o The system is very flexible. Data elements can be added quickly to capture new weapons or emerging trends.
- o Past compliance checks revealed that approximately 75% of weapon-related injuries are reported to the WRISS.
- o Data from the system are generally available sooner than other data sources.

Limitations

- o Pre-hospital deaths, and deaths or injuries caused weapons are not captured.
- o Only gun-related and violence-related sharp instrument wounds are captured.
- o Assaults by other means are not compared (e.g., fists, shoving, etc.).

Published Reports

- o Annual data tables, including numbers for large cities and towns
- o Special bulletins - *Gunshot Wounds Decline for Massachusetts Residents, Weapon-Injuries in Massachusetts Schools, Weapon Injury Update - 1990, 2000, 2001, 2003, OPIOIDS – Trends and Current Status In Massachusetts – February 2004, Traumatic Brain Injuries In Massachusetts 1995-2000, Suicide & Self-Inflicted Injuries in Massachusetts 1999-2000, Injuries to Massachusetts Residents 1995-1999*
- o Journal Articles *When Bullets Don't Kill, Massachusetts Weapon-Related Injury Surveillance System*

Availability

- o The data set is protected by Chapter 111, § 24A of the Massachusetts General Laws. Case level data are not available to the public. Customized summaries and data reports may be provided as needed.

Contact

**Center for Health Information Statistics, Research and Evaluation
Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108-4619
617-988-3100**