

**Final Report for the  
Violence Against Children Survey (VACS) For Domestic Use:  
Expert Meeting**

**Atlanta, GA**

**July 18, 2017**

**Meeting Location**  
CDC Foundation  
600 Peachtree Street NE  
Suite 1000  
Atlanta, GA 30308

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## PROJECT INTRODUCTION

The Violence Against Children Surveys (VACS) systematically measure physical, emotional, and sexual violence against girls and boys, and identify risk and protective factors and health consequences, as well as use of services and barriers to seeking help. Children who experience violence are at greater risk for common and destructive yet preventable consequences, including HIV, chronic diseases, crime and drug abuse, as well as serious mental health problems. Findings from VACS provide data that may help countries ensure that limited resources to develop, launch, and evaluate violence prevention programs and child protection systems are used most effectively. An expert meeting was held mid-July 2017 to discuss the feasibility of adapting the VACS for the United States.

**Tuesday  
June 18, 2017**

Start Time	End Time	Session	Presenter(s)
8:30 AM	8:52 AM	Welcome/Objectives of the Project	Rachna Chandora (CDC Foundation)

Rachna Chandora (CDC Foundation) opened the meeting by welcoming everyone, reviewing the function and impact of CDC Foundation, and detailing the purpose of the meeting. This meeting was the first step in determining the feasibility of the development of the Violence Against Children Survey (VACS) for the United States.

### List of Attendees

- Dr. Desmond Runyan (Kempe Center at the University of Colorado, Boulder)
- Dr. Dorothy Espelage (University of Florida)
- Dr. Leah Gilbert (CDC National Center for Injury Prevention and Control)
- Dr. Steven Ondersma (Wayne State University)
- Dr. Anjani Chandra (CDC National Center for Health Statistics)
- Dr. Jason Hsia (CDC National Center for Chronic Disease Prevention and Health Promotion)
- Dr. Greta Massetti (CDC National Center for Injury Prevention and Control)
- Dr. Daniela Ligiero (Together for Girls)
- Dr. Linda Dahlberg (CDC National Center for Injury Prevention and Control)
- Ms. Rachna Chandora (CDC Foundation)
- Dr. Katherine Yount (Emory University)
- Dr. Deborah Gorman-Smith (Chicago Center for Youth Violence Prevention at the University of Chicago)
- Dr. Heather Turner (Crimes Against Children Research Center, University of New Hampshire)
- Dr. Lynn Langton (Bureau of Justice Statistics, Department of Justice)
- Ms. Elizabeth Belser-Vega (CDC National Center for Injury Prevention and Control)

- Dr. Kathleen Basile (CDC National Center for Injury Prevention and Control)

Start Time	End Time	Session	Presenter(s)
8:52 AM	8:54 AM	Overview of Meeting Agenda and Objectives	Daniela Ligiero (Together for Girls)

Daniela Ligiero (Together for Girls) welcomed everyone and thanked them for being a part of the meeting and development of the VACS for the US. Ligiero provided an overview of the meeting agenda and the meeting objectives. Ligiero explained the meeting's agenda was divided into topical sessions so that focused in-depth conversations could occur on each selected topic: methodology and adaptation, ethical considerations, and pilot feasibility study. Ligiero also emphasized that the purpose of the meeting was to gather opinions and recommendations but not to achieve consensus amongst all meeting attendees.

Start Time	End Time	Session	Presenter(s)
8:54 AM	8:59 AM	Introduction from CDC and Parameters for a Domestic VACS	Greta Massetti (CDC)

Greta Massetti (CDC) stated the three main areas of discussion for the day would be (a) methodology and adaptation, (b) ethical considerations, and (c) pilot feasibility study. Massetti noted the Together for Girls Partnership has been an effective partnership internationally and is achieving the broad goal of identifying/addressing cases of violence against children. Parameters for a domestic application of the VACS were also reviewed. Massetti stated a U.S. VACS would provide valuable data to fill critical gaps in policy and programming to address violence against children. The current planned focus for a domestic VACS is on sub-national data (i.e., at the state or municipality level). Additionally, there is a goal to maintain maximum comparability. This goal would be achieved, in part, by (a) focusing on 13-24-year-olds, (b) keeping the methodology in-person and household-based versus telephone, institutionalized-based, or school-based, and (c) maintaining a core questionnaire with some modifications tailored for specific locations.

Start Time	End Time	Session	Presenter(s)
9:00 AM	10:25 AM	Methodology and Adaptation: Brief Overview of VACS Methodology, Sampling	Leah Gilbert (CDC); Group Discussion Facilitated by Daniela Ligiero (Together for Girls)

Leah Gilbert (CDC) began this session with a review of the current methodology and adaptation of the Domestic VACS. The Domestic VACS is proposed to be a national household survey that takes place in a three-stage cluster sample survey design. The first stage involves randomly selecting x clusters from a national sampling frame. The goal is to utilize a sampling frame from another household survey such as the Demographic and Health Surveys (DHS). The second

stage involves randomly selecting x number of households per cluster to visit for eligibility screening. The third stage involves randomly selecting one respondent from eligible household members. Eligible participants must be 13-24 years old and may be male or female. Surveys will be carried out by in-country institutions. The current goal is to gender match interviewees and interviewers, as is done internationally with the VACS (apart from Swazi). Like the international application of the VACS, the domestic application will solicit a retrospective report of violence. It was also noted that there will be extensive efforts in place to protect child respondents.

Gilbert's presentation was followed by a discussion/question-and-answer session facilitated by Daniela Ligiero (Together for Girls). Discussion focused on the purpose and utility of adapting the VACS domestically, the extent to which special populations (e.g., military, incarcerated) should be included, how to include those living away from home (e.g., college students) who would not be included based on the current sample survey design, incentives, the best administration method (e.g., in-person, interview-interviewer, self-administered, web-based), and issues of standardization versus customization of the VACS. One overall takeaway from the discussion/question-and-answer session was that administering the VACS via an ACASI was recommended by several meeting participants.

Start Time	End Time	Session	Presenter(s)
10:35 AM	11:50 AM	Ethical Considerations: Brief Overview of VACS Strategies for Ethics and Respondent Protections	Leah Gilbert (CDC); Group Discussion Facilitated by Daniela Ligiero (Together for Girls)

Leah Gilbert (CDC) began this session with a review of ethical considerations applicable for the Domestic VACS. These considerations included CDC IRB and local review of VACS Protocol, including children as respondents, lengthy training for field staff, split sample design, community involvement, the number of respondents per household, questionnaire design, services for respondents, and the consent process. Following this review, Daniela Ligiero (Together for Girls) facilitated a discussion session of these and other ethical considerations that should be considered for the domestic application of the VACS.

The discussion largely related to issues of anonymity and confidentiality, consent procedures, disclosure of reportable violence, mandatory reporting, survey administration methods, risk assessments, and response processes. The utility of gender matching interviewers and interviewees was discussed. Several attendees noted that gender matching may not have as much utility domestically as it may internationally. Several meeting attendees shared the opinion that asking participants to report any potential reportable violence information in an ACASI would be a way to collect sensitive information and ensure data quality while maintaining respondent privacy, confidentiality, and safety. Potential applications of mandatory reporting were discussed. Some attendees expressed concern that poor data would be collected and breaches of respondent confidentiality could occur if the respondents knew any disclosures of violence would trigger mandatory reporting. Discussions focused on the ways data are collected. Since Personally Identifiable Information (PII) is not collected through VACS,

use of ACASI would mean the only way to access information reported by respondents would be to breach confidentiality and disclose information not provided to an individual.

Start Time	End Time	Session	Presenter(s)
12:28 PM	1:37 PM	Questionnaire Adaptation	Group Discussion Facilitated by Daniela Ligiero (Together for Girls)

This session focused on which sections/items need to be added and/or expanded to the VACS and which need to be eliminated. Leah Gilbert (CDC) began the session by reviewing the current items/topics included in the international version of the VACS. Questionnaire addition ideas included general demographic questions (e.g., race/ethnicity and sexual orientation), parental SES, parental substance use and mental health conditions, respondent health and mental health conditions, respondent resiliency, perceptions of police, respondent self-harm history (e.g., cutting), implicit associations that examine attitudes about violence, and assessment of whether a respondent was threatened with violence or the recipient of violence. Additionally, several meeting attendees recommended that the bullying section be expanded. It was also noted that not all of these recommendations can or should be added due to both focus and space limitations. Items recommended for omission were (a) remittances and (b) perpetration items. Several meeting attendees agreed that while perpetration is an interesting topic, the VACS cannot and should not attempt to do everything.

Start Time	End Time	Session	Presenter(s)
1:50 PM	2:36 PM	Pilot Feasibility Study: Primary Research Question to be Addressed in a Pilot Study	Group Discussion Facilitated by Daniela Ligiero (Together for Girls)

Daniela Ligiero (Together for Girls) facilitated this session focused on soliciting suggestions for what should be considered during the development of a pilot feasibility study. Ligiero began the session by identifying two discussion targets: (1) Geographic reach of the pilot (e.g., state/city; urban/rural) and (2) Primary research question to be addressed in a pilot study. During this session, there was no one recommendation that dominated the conversation. Instead, this was a listening session where any ideas were voiced and, at times, some feedback and additional comments followed. The discussion session included the following suggestion topics: sampling and power, the purpose and intended outcome(s) of the pilot study, leveraging existing measures to either pull items from for expansion or to use for validity assessment of the Domestic VACS (e.g., Behavioral Risk Factor Surveillance System (BRFSS); Juvenile Victimization Questionnaire (JVQ)), examining the application of gender matching the interviewee and interviewer, incorporating qualitative data, utilizing repeated measures, planned missingness, consent procedures, the appropriate length of the questionnaire, using cuing strategies for facilitating recall of past events, and comparing urban areas versus rural areas. As expressed in earlier sessions, several meeting attendees expressed concern that while there are many

directions the pilot study could go in, it would be best not to attempt to utilize all (or even most) of the suggestions. At the conclusion of the session, Ligiero requested each participant to identify the top one (or two) suggestions discussed in the session that should be considered for the pilot study. These suggestions (in addition to ones collected in previous sessions) were then utilized to further focus conversation and recommendations in the following session.

Start Time	End Time	Session	Presenter(s)
2:38 PM	2:58 PM	Top Idea Activity	Group Discussion Facilitated by Daniela Ligiero (Together for Girls)

After each discussion session (i.e., Methodology and Adaptation; Ethical Considerations; Questionnaire Adaptation; and Pilot Feasibility Study) each meeting attendee identified one or two key ideas s/he believed the CDC should consider implementing for the Domestic VACS. For this session, Daniela Ligiero (Together for Girls) instructed each participant to indicate her/his top three ideas amongst all the participant feedback per discussion session.

The top three suggestions for the Methodology and Adaptation session were (1) utilize ACASI, (2) use incentives, and (3) retain the ability to have comparable data across jurisdictions (and possibly over time) by establishing consistent procedures, methodology, and questionnaire, as has been done with the global VACS.

The top three suggestions for Ethical Considerations session were (1) utilize an ACASI, (2) create protocol around anonymity and retain the ability for the respondent to seek help if s/he wants, and (3) investigate whether gender matching has the same utility domestically as it does internationally.

The top three suggestions for the Questionnaire Adaptation session were (1) modify the items related to bullying, socioeconomic status, contraception, and transactional sex; (2) measure resiliency and child mental health; and (3) measure parent substance abuse and mental disorders.

The top three suggestions for the Pilot Feasibility Study session were (1) test different strategies for response rates, (2) adapt and evaluate procedure, incentives, and response rates, and (3) conduct a feasibility assessment in rural areas.

Start Time	End Time	Session	Presenter(s)
2:58 PM	3:53 PM	Summary and Revisiting Outstanding Questions	Discussion Facilitated by Daniela Ligiero (Together for Girls)

The purpose of this session was to summarize the meeting, gather overall reactions, and solicit any lingering suggestions not yet discussed. The session began with a discussion of whether to administer the entire survey via ACASI or whether it would be more advantageous to administer some questions via ACASI and some face-to-face with an interviewer. Opinions were mixed on which method would be best. The conversation then turned to whether the ACASI questions should (a) be accompanied by an audio recording and (b) if so, then whether there should be an “opt out” button for more competent readers. Also related to the ACASI, several meeting attendees suggested the inclusion of either a privacy screen or a “privacy button” built into the ACASI to protect respondent responses.

Other discussion revolved around response protocols, what information should be included in the questionnaires (e.g., parental health and risk information), and to whom risk information should be asked (i.e., the child or the parent). Many meeting attendees recommended that (a) there should be a response protocol in place for respondents to accept if they wish and (b) each respondent, regardless of responses, should receive a resource list (as is currently done with the VACS internationally). When discussing parental health and risk information, several meeting attendees noted that although only the parents may have accurate answers to these questions, asking for this information may deter parents from consenting for their children to participate. Some alternative approaches were discussed.

It was also reemphasized that two elements the pilot study needs to examine are (a) the duration of the survey and (b) incentives (e.g., How much? Children only? Children and parents?). It was noted during the conclusion of the session that a domestic advisory committee of key stakeholders will be formed to replicate what has been done with the VACS internationally.

Start Time	End Time	Session	Presenter(s)
3:53 AM	3:58 PM	Closing Remarks and Adjourn	CDC Foundation

Following a few concluding suggestions (e.g., considering education aspirations and examining respondents’ family structures), Greta Massetti (CDC) closed the meeting by thanking everyone for all of their work.

Name	Abbreviation
Centers for Disease Control and Prevention	CDC
Violence Against Children Survey	VACS