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What is This?

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What Is Violence Against Women?

Defining and Measuring the Problem

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Violence against women (VAW) is a prevalent problem with substantial physical and mental health consequences throughout the world, and sound public policy is dependent on having good measures of VAW. This article (a) describes and contrasts criminal justice and public health approaches toward defining VAW, (b) identifies major controversies concerning measurement of VAW, (c) summarizes basic principles in identifying and measuring VAW cases, and (d) recommends changes to improve measurement of VAW. In addition to reviewing recommendations from the Centers for Disease Control and Prevention Workshop on Building Data Systems for Monitoring and Responding to Violence Against Women and the World Health Organization World Report on Violence and Health, *the article concludes that changes are needed in the FBI Uniform Crime Reports and National Crime Victimization Survey to improve measurement of rape and sexual assault.*

Keywords: *violence against women; measurement; definition; public policy*

HISTORICAL BACKGROUND

The problem of violence against women (VAW) languished on the back burner of science and public policy until there was a resurgence in the early 1970s of the feminist movement in the United States and other Western nations. An important component of this movement was women discussing their life experiences and identifying the personal, legal, and societal barriers to greater opportunities and fulfillment for women. As a result of these discussions, it became apparent that violence was a prevalent part of women's lives and that it had a profoundly negative impact on women's ability to live happy, productive lives. Consequently, a major policy initiative of the feminist movement was to raise consciousness about VAW, to reform relevant laws and policies, to provide services to VAW victims, and to increase efforts to prevent VAW. The feminist movement examined the criminal justice system's treatment of major types of VAW with particular focus on rape, other

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types of sexual assault, and wife battering. In addition to highlighting the abysmal status of services for female victims of violence, this examination identified reform of criminal statutes concerning major types of VAW as a major public policy focus.

During the past 30 years, the feminist movement has been a major impetus in accomplishing substantial reform in the criminal codes defining the crimes of sexual assault, criminal domestic violence, child abuse and neglect, and other crimes against women (Chapman & Gates, 1978; Estrich, 1987; Walker, 1979). The feminist movement also was responsible for establishing a system of community-based services for victims of rape and other types of intimate partner violence. Feminist-oriented activists, practitioners, and scientists also were influential in making the case that VAW is an important public health issue as well as a criminal justice issue. Therefore, it is important to acknowledge the key role that the feminist movement played in establishing VAW as a societal problem.

Obtaining accurate measures of the prevalence, scope, nature, and consequences of VAW is important for a variety of reasons. First, from a public policy perspective, it is imperative to have good data about the magnitude and nature of a problem to formulate a proper public policy response. Public policy is about allocation of resources, and more resources are generally allocated to big problems that affect many citizens than to small problems that affect only a few (Kilpatrick & Ross, 2001). Therefore, obtaining accurate information about VAW is relevant to public policy because it provides data about the magnitude of the problem. Second, it is important to have the best information possible about VAW cases. Such information is necessary for the criminal justice system to determine how many total cases of various types of VAW exist, the proportion of cases reported to police, the disposition of cases (i.e., the outcome of criminal justice system processing of cases), and needs for victim services provided by the criminal justice system as well as by community-based organizations. Having information about important characteristics of cases (e.g., the age of victims, the perpetrators' relationship to victims) is also useful. Third, having sound information about the prevalence, nature, and consequences of VAW is the foundation of the public health approach toward violence prevention.

However it is defined and measured, VAW is a prevalent problem in the United States and throughout the world (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). It also increases risk for numerous physical and mental health problems (Kilpatrick & Acierno, 2003; Krug et al., 2002; National Center for Injury Prevention in Control, 2003; Schnurr & Green, 2004). The VAW problem has been addressed from several perspectives, including that of the criminal law and public health system. During the past three decades, consider-

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able progress has been made in highlighting the VAW problem; in understanding the scope, nature, and consequences of VAW; in changing relevant legislation concerning VAW; and in providing services to VAW victims. However, progress in addressing the VAW problem has been impeded by a lack of better information about several important aspects of VAW. Notwithstanding this progress, debates still rage about several important issues, including what types of acts should be defined as constituting VAW, how various types of VAW should be measured or counted, and the adequacy of governmental measures of the magnitude and nature of the VAW problem.

This article has four major objectives: (a) to review and contrast criminal justice versus public health definitions of VAW, (b) to describe major controversies concerning measurement of VAW, (c) to summarize basic principles in identifying and measuring VAW cases, and (d) to recommend changes to improve measurement of VAW.

DEFINING VAW

Criminal Justice Approaches

Examination of criminal code definitions in the United States is complicated by the fact that we operate under a complex set of overlapping federal, state, military, and tribal laws that often differ in how specific crimes are defined. Although states traditionally have had primary jurisdiction for most violent crimes, there has been a recent expansion of the federal criminal code to include many violent crimes. It is impossible to describe relevant types of violent crimes as defined in the criminal codes of all 50 states. However, the criminal code definitions of violent crimes in most states are similar to those in the federal criminal code, and the FBI (2001) uses federal criminal code definitions of violent crimes to compile its annual estimates of reported crimes throughout the United States. Therefore, this article will use the FBI definitions to illustrate the way relevant crimes are defined by criminal codes in the United States.

Rantala (2000) reviewed differences between the traditional FBI Uniform Crime Reporting (UCR) definitions of crime and a new National Incident-Based Reporting System (NIBRS; 2001) that is being introduced by the FBI. The most relevant types of crime are the violent crimes of murder, sexual offenses, assault, and stalking. The UCR and NIBRS both define *murder* and *nonnegligent manslaughter* as “the willful (nonnegligent) killing of one human being by another” (Rantala, 2000, p. 12). The FBI UCR defines *forcible rape* as “the carnal knowledge of a female forcibly and against her will” (Rantala,

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2000, p. 12). This definition includes attempts as well as completed forcible rapes, but only rapes of female victims are included. The NIBRS defines *forcible rape* as

> the carnal knowledge of a person, forcibly, and/or against that person's will; or not forcibly or against that person's will where that person is incapable of giving consent because of his/her temporary or permanent mental or physical incapacity (or because of his/her youth). (p. 12)

This includes male as well as female victims.

The UCR and the NIBRS define *assault* as "an unlawful attack by one person upon another" (Rantala, 2000, p. 13). Under the UCR definition, *aggravated assault* is

> an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury; this type of assault is usually accompanied by the use of a weapon or by means likely to produce death or great bodily harm. (Rantala, 2000, p. 13)

The NIBRS definition of *aggravated assault* is

> an unlawful attack by one person upon another wherein the offender uses a weapon or displays it in a threatening manner, or the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe laceration, or loss of consciousness; this also includes assault with disease (as in cases when the offender is aware that he/he is infected with a deadly disease and deliberately attempts to inflict the disease by biting, spitting, etc.). (Rantala, 2000, p. 13)

The NIBRS definition of *simple assault* is

> an unlawful physical attack by one person upon another where neither the offender displays a weapon, nor the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe laceration or loss of consciousness. (Rantala, 2000, p. 13)

The UCR also includes other assaults, which are defined as simple, not aggravated, in its assault totals, although such assaults are not included in the index of violent crimes. The NIBRS also includes intimidation as a type of assault. This is defined in the following manner: "to unlawfully place another person in reasonable fear of bodily harm through the use of threatening words and or other conduct, but without displaying a weapon or subjecting the victim to actual physical attack" (Rantala, 2000, p. 13).

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As will be described subsequently, the Bureau of Justice Statistics (2001) in the U.S. Department of Justice conducts a major victimization survey that provides estimates of the number of crimes that are experienced each year by household residents ages 12 and older. This National Crime Victimization Survey uses the following definitions of the crimes it attempts to measure.

Aggravated Assault

"Attack or attempted attack with a weapon, regardless of whether or not an injury occurred and attack without a weapon when serious injury resulted" (Bureau of Justice, 2002). *Simple assault* is defined as an "attack without a weapon resulting in either no injury, minor injury, or in an indeterminate injury, requiring less than 2 days of hospitalization; also includes attempted assault without a weapon" (Bureau of Justice, 2002). *Rape* is defined as

> forced sexual intercourse including both psychological coercion as well as physical force; forced sexual intercourse means vaginal, anal, or oral penetration by the offender; includes incidents where penetration is from a foreign object, attempted rapes, male and female victims, and both homosexual and heterosexual rape. (Bureau of Justice, 2002).

Neither the UCR or the NIBRS or the National Crime Victimization Survey defines the crime of stalking or includes it in measures of crimes. However, the National Institute of Justice has developed a model antistalking criminal code that defines *stalking* as a course of conduct directed at a specific person that involves repeated visual or physical proximity; nonconsensual communication; verbal, written, or implied threats; or a combination thereof that would cause fear in a reasonable person. A key feature of this criminal code definition is that it is not necessary for the stalker to make a credible threat of violence against the victim. All of these crimes (i.e., murder, rape, sexual assault, stalking) would be classified as VAW by the criminal justice system if the victim was a women or female child.

The Public Health Approach

From the public health perspective, VAW is defined as a subset of interpersonal violence. In its groundbreaking *World Report on Violence and Health* (Krug et al., 2002), the World Health Organization (WHO) defines *violence* as

> the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or

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> has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. (Krug et al., 2002, p. 5)

This definition of violence encompasses three major types of violence: (a) self-directed violence or suicidal behavior, (b) interpersonal violence, and (c) collective violence consisting of violence committed by larger groups of individuals or states (e.g., hate crimes committed by organized groups, terrorist acts, mob violence, war). The remainder of this discussion will focus on interpersonal violence.

The WHO report developed a useful typology of all three major types of violence, and Figure 1 contains the interpersonal violence portion of this typology. As inspection of Figure 1 reveals, this typology identifies four types of interpersonal violence: 1) physical violence, 2) sexual violence, 3) psychological violence, and 4) deprivation or neglect. Furthermore, the typology separates interpersonal violence into that which occurs in family or partner settings vs. that which occurs in community settings. Within family or partner settings, interpersonal violence is further divided into violence that is committed against children, intimate partners, and the elderly. Community violence is defined as violence that occurs outside of family or partner settings and includes youth violence, acts of violence committed by acquaintances or strangers, and violence in institutional settings such as schools, prisons, and nursing homes.

There are three other important issues in the public health definition of *violence*. First, the public health definition of violence places great emphasis on the intentional use of physical force or power. Clearly, some perpetrators intend to harm victims without successfully accomplishing their goals, and other individuals cause great harm to victims without any intent to do so. The former are viewed as perpetrators of violence under the public health definition, whereas the latter are not. Second, the public health definition includes intentional use of power as well as intentional use of physical force. As noted in the WHO report, *power* refers to acts resulting from a power relationship that include threats, intimidation, neglect, and acts of omission. Third, the public health definition of violence does not require that an intentional act actually produce injury, death, psychological harm, maldevelopment, or deprivation to be defined as violent. Instead, the key point is that the intentional act must either produce or have a high likelihood of producing these outcomes.

From the public health perspective, *sexual violence* is defined as

> any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality

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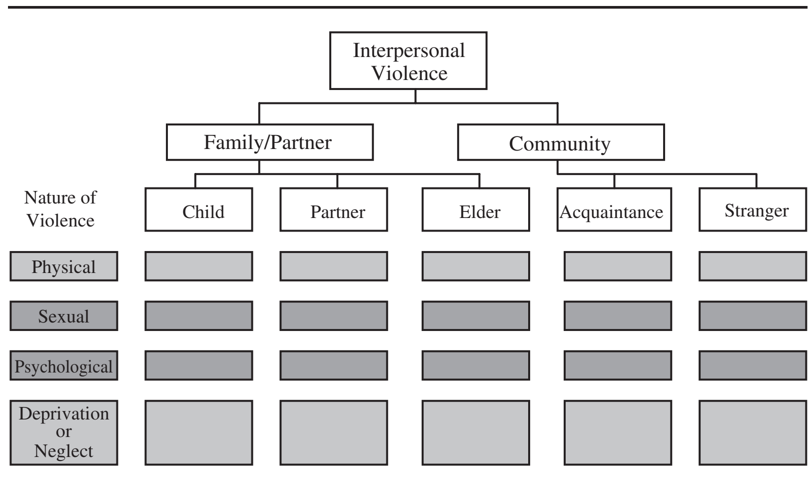

Figure 1: A Public Health Typology of Interpersonal Violence
NOTE: From *World Report on Violence and Health*, by E. G. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, and R. Lozano, 2002. Adapted with permission of the authors.

> using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. (Jewkes, Sen, & Garcia-Moreno, 2002, p. 149)

Under this definition, *coercion* is defined as including physical force, psychological intimidation, blackmail or other threats, or taking advantage of an individual who is unable to give consent because they are drunk, drugged, asleep, or mentally incapable of understanding the situation (Jewkes et al., 2002, p. 149). *Rape* is defined as physically forced or otherwise coerced penetration of the vulva or anus using a penis, other body parts, or an object. *Attempted rape* is defined as an unsuccessful attempt to accomplish acts that would constitute rape. Interestingly, coerced oral sex is not classified as rape using this definition, although forced or coerced oral sex is defined as rape in the criminal codes of most jurisdictions in the United States.

The public health definition of *sexual violence* used by Jewkes et al. (2002) includes sexual abuse of mentally or physically disabled people and sexual abuse of children, which are defined as violations of the criminal code in virtually all jurisdictions. However, this public health definition also includes a number of other acts that are either not violent or are not classified as sexual violence in the criminal codes of most jurisdictions of the United States (e.g., forced marriage or cohabitation, sexual harassment, denial of the right to use contraception or to adopt other measures protecting against sexu-

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ally transmitted diseases, obligatory inspections for virginity; Jewkes et al., 2002, pp. 149-150). Clearly, sexual violence is defined much more broadly by the public health community than by the criminal justice system.

The public health approach primarily focuses on physical assaults committed by women's intimate partners or committed against children or the elderly.

Intimate partner violence is defined as

> any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Such behaviors include acts of physical aggression, . . . psychological abuse, forced intercourse and other forms of sexual coercion, (and) various controlling behaviors such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance. (Heise & Garcia-Moreno, 2002, p. 89)

This definition excludes any type of physical violence committed against women, unless it occurs within the context of an intimate partner relationship.

Comparing the Two Approaches

A comparison of the criminal justice and public health approaches toward defining VAW reveals several important differences. First, many of the acts that are defined as VAW using the WHO report definition would also be defined as criminal acts using criminal justice definitions, but some acts of interpersonal violence using public health definitions would not be defined as crimes (e.g., psychological abuse). Second, acts involving deprivation or neglect under the public health definition are defined as a form of VAW, but they are not always defined as crimes under most criminal codes. However, when female children or vulnerable adults are severely deprived or neglected by their caretakers, protective action may be taken by child or adult protective services. Third, the public health typology makes a bigger distinction between the context in which interpersonal violence occurs (i.e., family or partner violence vs. community violence) than does the criminal justice system's definitions of crimes in the criminal code. Thus, the criminal justice system identifies murder, assault, rape, and stalking as crimes irrespective of the relationship between perpetrator and victim, whereas the public health typology tends to focus on whether the violent act occurs in a family or partner setting to a child, partner, or elder versus in a community setting involving an acquaintance or a stranger perpetrator.

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From the criminal justice perspective, VAW would be defined as the subset of violent crimes that are perpetrated against women or female children. As previously noted, psychological abuse of female children, adolescents, or adults would not generally be defined as a crime or included in statistics documenting the prevalence of crimes against women.

Saltzman (2000a, 2000b) recently edited a two-part special issue of the journal *Violence Against Women* that included a series of articles from a Department of Health and Human Services and Department of Justice Workshop on Building Data Systems for Monitoring and Responding to Violence Against Women. In her article describing the workshop (Saltzman, 2000a, 2000b) and in a series of recommendations from the workshop (Centers for Disease Control and Prevention, 2000), Saltzman, Fanslow, McMahon, and Shelley (2002) suggest a solution to the problem of including nonviolent acts in the public health definition of VAW. Specifically, they recommend that the term *VAW* should be restricted to physical violence, sexual violence, and threats of physical or sexual violence. They also recommend that the broader term *violence and abuse against women* (VAAW) should be defined as including the three types of violence in the VAW definition as well as stalking and psychological and emotional abuse. This approach has considerable merit because it distinguishes between violent acts and nonviolent acts but also permits assessment of actual violence as well as stalking and psychological abuse.

CONTROVERSIES CONCERNING MEASUREMENT OF VAW

What Types of VAW or VAAW Should We Measure?

Clearly, the answer to this question is related to the previous discussion of how VAW is defined. If you prefer a broad definition of VAW, which includes all major types of violence as well as psychological abuse, you probably advocate measuring all types of acts that fall within that broad definition. However, if you prefer a narrower definition of VAW, which focuses on violations of the criminal code, you generally advocate restricting measurement to only those offenses. Therefore, those who approach this question from a criminal justice perspective suggest that we should measure VAW by identifying cases of all types of violent crimes that are perpetrated against women and female children. In contrast, many feminists and public health professionals argue that we should measure VAAW and gather information about all types of family and partner crimes as well as other acts that are not crimes but that affect women negatively (e.g., psychological abuse). Although the

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public health model clearly identifies community violence perpetrated by acquaintances or strangers as a type of interpersonal violence, most of the focus of the public health community to date has focused on measurement of sexual violence of all types as well as intimate partner violence. In some ways, the criminal justice definition and measurement of VAW is broader than the feminist and public health approach toward definition and measurement because it includes all violent acts committed against women and female children irrespective of who the perpetrator is. In other ways, however, the feminist and public health approach is broader because it includes several types of acts that are not violent per se.

This issue of what types of acts should be covered in the definition of VAW or VAAW and be included in measures of VAW is critically important. Obviously, if we define VAAW broadly, include psychological abuse as well as violent acts, and attempt to measure all types of violence and abuse that have ever been experienced by women or female children, the prevalence will be one thing. If we define VAW more narrowly, include only violent crimes, and measure only violence occurring within intimate partner relationships, the prevalence will be much smaller.

The controversy about whether to measure VAW broadly or narrowly is old, fierce, and unlikely to be resolved in the near future. For example, the feminist scholar DeKeseredy (2000) argues that using broad definitions of VAW is essential because using narrow definitions contributes to lower estimates of incidence and prevalence. He suggests that these lower estimates resulting from use of narrow legal definitions of VAW are problematic because "policy makers tend to only listen to large numbers" (DeKeseredy, 2000, p. 734) and are unlikely to devote sufficient resources unless incidence and prevalence rates are large. He also argues that this approach establishes a hierarchy in which only the most violent acts are viewed as serious and in which some acts that are highly distressing to women but are not defined as crimes are excluded. He also argues that use of narrow definitions exacerbates the problem of underreporting and of having access to social support and social services.

In contrast, other social scientists and criminal justice professionals argue that excessively broad definitions of VAW run the risk of trivializing the definition by including acts that are not violent per se and that occur sufficiently frequently to be almost universal (Fox, 1993; Gelles & Cornell, 1985). Both sides of this argument have merit, but the key point is that decisions about whether to measure VAW and VAAW broadly, including many types of violent acts and abuse, or more narrowly, including only acts that constitute violent crimes, have profound implications for the magnitude of the problem that will be documented. Specifically, estimates will be larger if our defini-

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tion and its measurement thereof are broad than if our definition and its measurement are narrow.

Within Which Time Frames Should VAW Be Measured?

Another controversy concerns whether we are primarily interested in gathering information about recent cases, cases occurring within particular parts of the lifespan (e.g., childhood, adolescence, adulthood, old age), or cases occurring throughout the lifespan. Having information about recent cases is clearly important. If collected longitudinally, such information provides trend data with respect to changes in VAW in time as well as information about the number of new VAW victims who may require services or processing by the criminal justice system. Most of the criminal justice system measures of VAW address only cases in the past year (e.g., the FBI Uniform Crime Reports, the National Crime Victimization Survey). Likewise, most state and local data on cases reported to police or child protective services are aggregated within a calendar year period.

There is substantial evidence that many types of VAW have persistent, long-term effects on women's risk for mental and physical health problems (Kilpatrick & Acierno, 2003; Krug et al., 2002; National Center for Injury Prevention in Control, 2003; Resnick, Acierno, & Kilpatrick, 1997; Schnurr & Green, 2004; Tjaden & Thoennes, 2000). Given the persistence of these effects, it is important to measure not only recent VAW experiences but also those which occur throughout the lifespan. Considerable research has been done on factors that influence accuracy of data obtained using different recall periods for victimization, and there is no question that briefer recall periods produce more accurate data (Cantor & Lynch, 2000). However, there is also no question that ignoring VAW incidents that occurred longer than 1 year ago introduces its own set of problems. It is also obvious that the length of time within which you are measuring VAW has a dramatic impact on the incidence or prevalence measures you will obtain. Use of longer time frames produces higher incidence or prevalence estimates.

From What Sources Should We Gather VAW Information?

This controversy encompasses several issues. First, there is a question about whether we should gather information from women about victimization experiences, from men about perpetration experiences, or from both women and men about both VAW victimization and perpetration. Particu-

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larly with respect to intimate partner violence, many investigators use some modification of the Conflict Tactics Scale (CTS; Strauss, 1990a, 1990b) with both parties in intimate partner relationships to measure the extent to which they have perpetrated violence against their partners and their partners have perpetrated violence against them. Such studies generally find that overall levels of female-against-male versus male-against-female partner violence are similar, but that male-against-female intimate partner violence is more severe and causes more physical injury (Strauss & Gelles, 1990). This pattern of findings is controversial because it suggests that women as well as men are sometimes violent within intimate partner relationships. Moreover, it does not correspond to the pattern of violence observed by advocates who serve women in shelter samples, many of whom have been savagely beaten and terrorized by their partners. Another reason CTS data are hard to interpret is that the CTS does not distinguish between violent acts that occur in retaliation after one has been attacked. Whether we obtain information about VAW perpetration and victimization from one gender or from both genders will influence our estimates of incidence and prevalence, as will whether we measure offensive versus defensive violence.

A second question concerns whether information about VAW victimization and perpetration should be gathered from children and adolescents as well as adults. A few governmentally sponsored surveys already collect some information about victimization experiences from adolescents (e.g., the National Crime Victimization Survey, the CDC Youth Risk Behavior Survey). There have also been several private surveys that collected information about victimization of adolescents. For example, Elliott, Huizinga, & Menard (1989) initiated the National Youth Survey almost 30 years ago in 1975 (Ageton, 1983; Elliott et al. 1989). Boney-McCoy and Finkelhor studied youth victimization, including physical and sexual assault among a national household probability sample of 10- to 16-year-olds (Boney-McCoy & Finkelhor, 1996). The National Survey of Adolescents obtained information about physical and sexual assault from a national household probability sample of 12- to 17-year-old adolescents (Kilpatrick, Saunders, & Smith, 2003). However, virtually no information about either victimization or perpetration has been collected from representative samples of children under the age of 10. Clearly, there are numerous methodological and human participant protection challenges involved in collecting such information from children and adolescents. However, the lack of contemporaneous information about the scope and nature of victimization of female children and adolescents is problematic.

A third issue concerns potential sources of systematic data collection regarding VAW. As noted in a recent *Morbidity and Mortality Weekly Report*

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(Centers for Disease Control and Prevention, 2000), there are a number of criminal justice, health care, and other sources and potential sources of national data on violence and abuse against women. In most cases, these sources involve collection of systematic data from survey samples. However, in many cases, the ability of these surveys to provide useful data is hindered by their failure to include adequate measures of VAW. In addition to systematic surveys, other sources of data include screening for victimization experiences among women who are seeking services in emergency rooms, in health care settings, and in mental health care settings. In many but not all cases, such screening has focused on intimate partner violence exclusively and has not inquired about violence committed by acquaintances or strangers. Likewise, many criminal justice agencies, rape crisis centers, and battered women's shelters collect some information about their clients' history of exposure to violence. There are strong proponents for each of these potential sources of information about VAW, and there are clear advantages to each source. However, a much more comprehensive picture of VAW would emerge if these potential data sources would use common definitions of VAW and collect data in as similar a format as possible (Centers for Disease Control and Prevention, 2000).

How Concerned Should We Be About Multiple Victimization and Multiple Types of VAW?

The VAW field has been highly fragmented. It is fragmented with respect to the types of professionals who attempt to address the VAW problem (e.g., criminal justice professionals, public health professionals, mental health professionals, researchers, and community-based advocates). It is also fragmented with respect to the types of VAW victims or perpetrators we are attempting to research and serve. Saunders (2003) addressed this issue recently in reference to understanding children exposed to violence, and most of his observations and conclusions are also applicable to the VAW field. Specifically, Saunders noted that isolated fields of research and service delivery have developed concerning different types of violence against children (e.g., child sexual assault, child physical assault, child neglect, witnessing violence in homes with intimate partner violence, witnessing violence in the community). In most cases, researchers and service delivery professionals in each of these areas focus on one particular type of violence against children, to the exclusion of all others. Separate scientific literatures have developed within each of these separate areas, and separate service delivery systems have developed for each form of violence against children.

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Saunders (2003) also presented compelling data regarding children's exposure to multiple types of violence using two sources of data. The first data source was the National Survey of Adolescents (Kilpatrick, Ruggiero, et al., 2003; Kilpatrick, Saunders, et al., 2003). Among this national household probability sample of adolescents, exposure to four types of violence were measured: sexual assault, physical assault, physically abusive punishment, and witnessed violence. Approximately half of the sample (49.6%) had been exposed to at least one of these four types of violence. However, only 29.4% of adolescents had been exposed to only one type of violence, 13.8% had been exposed to two types, 4.9% had been exposed to three types, and 1.4 % had been exposed to all four types of violence. Saunders also reviewed data from a clinically referred sample in which the prevalence of multiple types of child victimization was even greater than in the National Survey of Adolescents. His conclusion was that most children in either research or clinical samples will have experienced either multiple types of different victimizations, multiple incidents of the same type of victimization, or both.

Monnier, Resnick, Kilpatrick, and Seals (2002) illustrated a similar point with data from a sample of recent rape victims. At their initial rape forensic exam, 36% of these rape victims had been past victims of domestic violence, and 60% had been victims of a prior rape. Within a 6-month follow-up period, 6% of these rape victims sustained another rape, and 17% sustained a new physical assault. Of the new physical assaults, 63% were perpetrated by intimate partners. These and other findings confirm the fact that girls and women often experience multiple types of VAW throughout their lives. In addition, many of these girls and women will also experience more than one victimization within a given type of VAW throughout their lives. This appears to be true both within samples of girls and women within the general population and within service-seeking samples.

As Saunders (2003) noted, service delivery professionals have tended to focus their attention on the particular type of child victims they serve, but children who present to service agencies with an index case of one type of childhood victimization (e.g., child sexual assault) often have experienced other types of childhood victimization (e.g., child physical assault, witnessed violence) that the service provider will remain unaware of unless they specifically inquire about the child's comprehensive history of violence. The Monnier et al. (2002) findings suggest that rape crisis centers and battered women's shelters may be providing services to the same women at different points in time.

In summary, the VAW field has been involved in parallel play characterized by different groups of researchers and service delivery professionals

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focusing on their particular type of VAW, often to the exclusion of other types. We focus on the recent index case of VAW, frequently ignoring previous history of exposure to other types of VAW. We argue that the specific type of VAW we are interested in is more important than other types. We study risk factors for specific types of VAW in isolation, and we examine mental and physical health consequences of specific types of VAW in isolation. We approach the longitudinal, complex problem of experiencing multiple types of VAW throughout the lifespan in a simplistic, cross-sectional way. Clearly, if we are concerned about multiple types of VAW victimization and repeat victimization, our attempts to measure VAW incidence and prevalence will be comprehensive and longitudinal in nature. However, if we focus on only one type of victimization at only one point in time, our assessment approach will be quite different.

BASIC PRINCIPLES IN IDENTIFYING AND RECORDING VAW CASES

A substantial scientific literature exists describing factors that influence our ability to detect cases of violence, including VAW (Cantor & Lynch, 2000; Centers for Disease Control and Prevention, 2000; Fisher & Cullen, 2004; Kilpatrick & Acierno, 2003; Koss, 1996; Skogan, 1981), a review of which is beyond the scope of this article. However, it may be useful to distinguish between two situations in which we wish to identify and record VAW cases. In the first situation, a woman voluntarily discloses that she has been a VAW victim. Examples of this situation are when a woman reports a rape to police, seeks services from a rape crisis center, or seeks assistance from a battered women's shelter. In such cases, the woman will tell us that she has been raped or physically assaulted without our having to ask her about it. In the second situation, we have no knowledge about a woman's victimization history and must inquire about it to obtain any information. Examples of this situation are when we conduct victimization surveys of women in the general population, when health care professionals screen for victimization histories, or when rape crisis centers or battered women's shelters inquire about victimizations that occurred prior to the index VAW case. In the first situation, identifying a VAW case is relatively easy because the victim voluntarily discloses it. In the second situation, identifying VAW cases is considerably more complex.

Figure 2 depicts the steps that are required to identify and record a VAW case in either a victimization survey or in a service setting. In service settings, these are the steps required to identify cases other than the index VAW case

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that a woman already disclosed. As the figure indicates, the process of identifying a VAW case involves many steps, and failure to identify and correctly record a VAW case can occur at any step in the process. After a VAW incident occurs, the victim must perceive the incident and label it. In some cases, victims either may not clearly perceive what happened in an incident (e.g., a woman is sexually assaulted after the perpetrator gives her rohypnol) or she may not label it as a crime or VAW (e.g., a woman who is raped or physically attacked by an intimate partner or a woman who is psychologically abused). In addition, the event must be coded into memory. If the incident is not perceived to be or labeled as VAW or is not coded into memory, it is unlikely that it will be identified and recorded. If a victim of VAW is not included in a victimization survey sample or in the caseload of a victim service agency, there is no possibility that the victimization they experienced will be identified and recorded.

The next step in the process is critically important. The interviewer, health care professional, or victim service provider must ask questions about potential VAW experiences in such a way as to accurately capture key elements of the event in question and to cue the victim's memory of the event. If the screening questions used do not accomplish both of these requirements, the VAW incident will not be identified or recorded. For example, Koss, (1985, 1988) demonstrated that a majority of women who have experienced forcible rape as determined by screening questions measuring key elements of the crime of rape say *no* when asked if they have ever been a victim of rape. Another important step in the process is the victim's willingness to disclose the incidence to the interviewer or service provider. A woman may have experienced an incident, remember it clearly after being asked appropriate screening questions, and still be unwilling to disclose it to an interviewer or service provider. In such cases, the VAW incident will remain unidentified and unrecorded. The final step in the process is whether the interviewer or service provider defines the event disclosed to him or her by the victim as constituting VAW. For example, the victim may disclose an incident of psychological abuse that a particular interviewer or service provider does not classify as true VAW. In such cases, the incident would not be identified or recorded.

In summary, there are numerous steps involved in identifying and recording a single type of VAW, and the potential for misadventure is great at each step in the process. Not surprising, case identification and recording becomes much more complicated when we attempt to measure several types of VAW. Although all of the steps are important, there are two steps of paramount importance. First, screening questions must tap all types of VAW of interest and must cue victims' memory of incidents that they have experienced. Sec-

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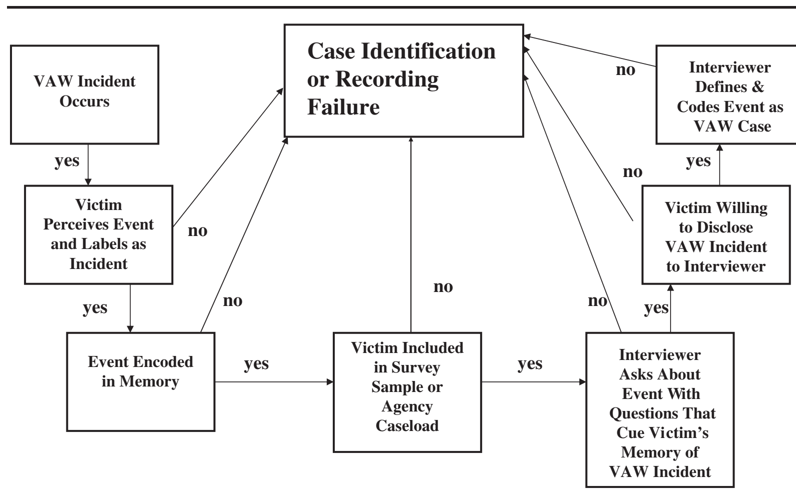

Figure 2: Steps Required to Identify and Record a Violence Against Women Case in Survey and Service Settings

NOTE: VAW = violence against women.

ond, the context in which screening questions are asked must facilitate victims' willingness to disclose VAW experiences.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

As was previously noted, VAW is a major problem irrespective of whether it is measured broadly or narrowly, whether it is defined using criminal code definitions or public health definitions. It is critically important to obtain better information about important types of VAW occurring during all stages of a woman's life. However, it is also probably important to follow Saltzman et al.'s (2002) definitional distinction between VAW, which includes physical violence, sexual violence, and threats to commit physical or sexual violence, and VAAW, which includes the three types of violence as well as stalking and psychological abuse. Using this definition of violence and abuse against women permits us to disaggregate violent acts from abusive ones but to also capture the full spectrum of acts that are harmful to women. Using this defini-

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tion also permits us to identify VAW incidents that are violations of the criminal code.

No comprehensive national information about incidence and prevalence of VAAW in the United States currently exists because no existing criminal justice, public health, or privately conducted research study has collected systematic, comprehensive information about all types of VAAW. The recent Centers for Disease Control and Prevention Workshop On Building Data Systems for Monitoring and Responding to Violence against Women (Centers for Disease Control and Prevention, 2000) identified 18 sources and potential sources of national data on violence and abuse against women. These 18 sources include ongoing U.S. Department of Justice criminal justice reports and surveys, ongoing health care surveys sponsored by the Centers for Disease Control and Prevention and Substance Abuse Mental Health Services Administration, and other surveys conducted by private researchers and governmental agencies. None of these data sources include comprehensive assessment of all five types of VAAW, and very few of them include adequate assessment of even those VAW incidents that are defined as violations of the criminal code. As was previously mentioned, some studies have measured many types of VAW (e.g., the National Survey of Adolescents, the National Violence Against Women Survey, the National Women's Study). The most comprehensive study to date was the National Violence Against Women Survey conducted by Tjaden and Thoennes (2000), which measured sexual assault, physical assault, and stalking but did not measure psychological abuse.

The two U.S. Justice Department measures of recent violent crimes committed against women are problematic, particularly with respect to measurement of sexual assaults. The FBI UCR includes data about forcible rapes and attempted forcible rapes reported to police each year. However, as described by Kilpatrick (2002) and discussed previously, the FBI UCR definition of forcible rape does not capture all cases defined as forcible rape in the criminal code of most jurisdictions in the United States. Specifically, the UCR excludes cases involving forced oral sex, anal sex, or penetration with fingers or objects. Likewise, the UCR does not include other acts of rape because of the victims' being incapable of giving consent because of temporary or permanent mental or physical incapacity. The FBI NIBRS definition does include these other types of rape, but the only national data the FBI reports are based on the UCR definition, which produces a substantial undercount of rape cases.

Similarly, the National Crime Victimization Survey conducted annually by the Bureau of Justice Statistics has several problems that limit its ability to

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detect sexual assault cases (Bachman & Saltzman, 1995; Kilpatrick, 2003; Koss, 1990). These include failure to provide a confidential, private environment for survey respondents and use of sexual assault screening questions that are much less sensitive than those used in state-of-the-art epidemiological surveys, such as the National Women's Study and the National Violence Against Women Survey. A recent study by Fisher, Cullen, and Turner (2000) compared forcible rape screening questions used in the National Crime Victimization Survey with those used in the National Women's Study and the National Violence Against Women Survey. Two large national probability samples of college students were interviewed by telephone using identical methodology and differing only in which of the two sets of screening questions were used. Results of the study indicated that the rape screening questions used in the National Crime Victimization Survey were approximately 11 times less sensitive than the other rape screening questions. These findings provide conclusive documentation as to the inadequacies of the rape screening questions used in the National Crime Victimization Survey.

Many VAAW victims seek services from rape crisis centers, battered women's shelters, criminal justice system agencies, and a variety of health care and mental health care settings. Sometimes, these victims identify themselves as such when they seek services, but many times, they do not. Even when the victim tells the service provider about her index VAAW experience, the service provider generally has no information about other VAAW experiences a woman has had unless comprehensive screening for other VAAW experiences is conducted. Most rape crisis centers, battered women's shelters, and other victim service agencies collect some data about the victims they serve, but they rarely collect systematic information about other types of VAAW experiences the victim may have experienced. Also, as noted in a recommendation from the Centers for Disease Control and Prevention Workshop (Centers for Disease Control and Prevention, 2000), agencies presently lack any way of assigning a unique identifier to each victim or case, which is necessary to obtain a nonduplicative count of VAAW victims and cases. Although there have been some worthy efforts to screen for victimization experiences among women seeking health care services, most screenings have attempted to identify cases of intimate partner violence (see recent reviews by Campbell, 2000; Walker, Newman, & Koss, 2004). Of necessity, time constraints in health care and mental health care settings do not facilitate use of comprehensive screening measures, but brief screening questions may lack sensitivity to detect comprehensive VAAW victimization histories.

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Recommendations

Both the Centers for Disease Control and Prevention Workshop (Centers for Disease Control and Prevention, 2000) and the WHO *World Report on Violence and Health* (Krug et al., 2002) contain relevant recommendations regarding improving definition and measurement of VAW and VAAW experiences. Several of these recommendations are pertinent to the topic of this article. These include the following recommendations from the CDC workshop:

1. the term *VAW* should be used to include the combination of physical violence, sexual violence, and threats of physical and sexual violence;
2. data should be collected on as many of the five major components of VAAW as possible;
3. surveillance data should report disaggregated statistics for each of the five forms of VAAW, and presentation of VAAW data should show the overlap among all these five types;
4. existing national data collection surveys should incorporate and include measures of VAAW; and
5. improved estimation of lifetime prevalence of VAW is needed.

It should be noted that the Centers for Disease Control and Prevention workshop included many other recommendations as well as a thorough discussion justifying all recommendations. The two special issues of *Violence Against Women*, edited by Saltzman, contain several articles elaborating on the issues and recommendations covered in the Centers for Disease Control and Prevention workshop (Saltzman, 2000a, 2000b).

Two chapters in the WHO *World Report on Violence and Health* (Heise & Garcia-Moreno, 2002) also contain relevant recommendations. The chapter on intimate partner violence identified several areas in which future research is needed. These include the following:

1. studies that examined the prevalence, consequences, and risk and protective factors of violence by intimate partners in different cultural settings using standardized methodologies;
2. longitudinal research on the trajectory of violent behavior by intimate partners over time, examining whether and how it differs from the development of other violent behaviors;
3. studies that explore the impact of violence during the course of a person's life, investigating the relative impact of different types of violence on health and well being, and whether the effects are cumulative.

The chapter on sexual violence (Jewkes et al., 2002) identified these as promising areas for future research:

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1. the incidence and prevalence of sexual violence in a range of settings, using a standard research tool for measuring sexual coercion;
2. the risk factors for being a victim or perpetrator of sexual violence;
3. the health and social consequences of different forms of sexual violence;
4. the factors influencing recovery of health following a sexual assault; and
5. the social contexts of different forms of sexual violence and the relationships between sexual violence and other forms of violence.

All of these recommendations are sensible, although implementing them would require working through a number of knotty conceptual and methodological problems. Moreover, it would be necessary to acquire substantial financial resources and public policy changes to implement these recommendations. However, it has been estimated that intimate partner violence alone costs approximately $5.8 billion each year in the United States (National Center for Injury and Prevention Control, 2003). To the extent that additional funding would improve our understanding of this costly problem, investing in improved surveillance of VAW would appear to be cost effective.

SPECIAL RECOMMENDATIONS FOR SEXUAL ASSAULT

Rape and other forms of sexual assault are more difficult to measure than many other types of violence because of inaccurate stereotypes about rape and women's concerns about what will happen if they disclose incidents to family members, friends, or police (Kilpatrick, 2002; Kilpatrick, Edmunds, & Seymour, 1992; Koss & Kilpatrick, 2001). Notwithstanding these difficulties, considerable progress has been made in the science of screening for histories of sexual violence among adolescent girls and adult women (see Fisher & Cullen, 2000, for a recent review). Particularly with respect to forcible rape experiences, several national studies have documented the feasibility of using state-of-the-art forcible rape screening questions with national probability samples of adult women (Kilpatrick et al., 1992; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993; Tjaden & Thoennes, 2000), female adolescents (Kilpatrick, Saunders, & Smith, 2003; Kilpatrick et al, 2003), and female college students (Fisher, Cullen, & Turner, 2000; Koss, Gidyez, & Wisniewski, 1987).

At the national level in the United States, most of the data regarding recent rape cases come from two U.S. Justice Department–funded sources: (a) the FBI Uniform Crime Reports and (b) the National Crime Victimization Survey. Unfortunately, both of these sources produce severely flawed underestimates of the number of new cases of forcible rape that occur each year. As

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previously discussed, the FBI UCR uses an antiquated definition of rape that is inconsistent with the criminal codes in most jurisdictions throughout the United States. As demonstrated by the results of the Fisher et al. (2000) study, the sexual assault screening questions used in the National Crime Victimization Survey are substantially less sensitive than those used in the National Women's Study and the National Violence Against Women Survey. Therefore, major improvements in our information about the incidence and prevalence of rape cases each year in the United States could be achieved by making the following changes.

Recommendation 1

The FBI UCR definition of forcible rape should be changed to make it consistent with criminal code definitions in most U.S. jurisdictions. Specifically, the FBI should consider using the NIBRS definition, which is

> the carnal knowledge of a person, forcibly, and/or against that person's will; or not forcibly or against that person's will where that person is incapable of giving consent because of his/her temporary or permanent mental or physical incapacity. (Rantala, 2000, p. 12)

Presumably, the definition of *carnal knowledge* includes cases of forced anal or oral sex. Because most jurisdictions have criminal codes that include these elements of rape, police are already collecting information about crimes that would permit them to use this new definition. Further justification for this recommendation was provided in a well-documented letter to FBI Director Robert S. Mueller, III, dated September 20, 2001, from Carol E. Tracey, executive director, and Terry L. Fromson, managing attorney, Women's Law Project. This letter, which was cosigned by 91 organizations, requested that Director Mueller change the UCR definition of rape to the following: "*Rape:* vaginal, oral, or anal intercourse or vaginal or anal penetration by a perpetrator using an object or body part without freely and affirmatively given consent." This 8-page letter provides detailed documentation of why the current UCR definition of rape is a problem as well as why attempting to address this problem by fully implementing NIBRS is not an adequate solution.

Either the NIBRS or the definition recommended by the 91 organizations (C. E. Tracy & T. L. Fromson, personal communication, September 20, 2001) are much more consistent with state and federal definitions of rape than the current UCR definitions. Using either of these new definitions would yield better data, and implementing a change in the current UCR change

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would not require more than modest resources. In contrast, implementing NIBRS across all U.S. jurisdictions will take decades to accomplish, and it will be extremely costly to implement.

Although there are always those who resist making changes because of reverence for tradition as well as for other reasons, this is one change that is long overdue. Other than bureaucratic inertia, it is difficult to identify a legitimate reason not to make this change in a timely fashion.

Recommendation 2

The National Crime Victimization Survey should change the way it measures rape and sexual assault. Specifically, the Bureau of Justice Statistics should undertake a formal evaluation in which its current rape and sexual assault screening questions are compared with those used in the National Women's Study, National Violence Against Women Survey, and Sexual Victimization of College Women study. Screening questions used in the latter three projects were quite similar and are clearly feasible for use with female adolescents and adults. As previously mentioned, the Fisher et al. (2000) study found these screening questions to be more sensitive than the current national crime victimization survey questions by an order of magnitude of 10 times or more. Changing the National Crime Victimization Survey is admittedly difficult, but its sexual assault screening questions were changed once before in 1992. At the time of that change, a split sample design was used in which half of the sample got the old screening questions and the other half got the new screening questions. This procedure enabled the Bureau of Justice Statistics to calibrate the new with the old screening questions, thereby facilitating calculation of trend data that would otherwise be impossible given the use of new screening questions. A similar procedure could be used should recommended changes in screening questions be made.

Making this change to the National Crime Victimization Survey will be costly and will take some time to implement. However, it is difficult to justify the National Crime Victimization Survey's current measurement of rape and sexual assault given the evidence that other screening questions are more sensitive by a large order of magnitude. The National Crime Victimization Survey is the nation's chief measure of the past year's unreported rapes and sexual assaults. There is little justification for continuing to use screening questions that are not sensitive and fail to detect many cases.

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