ASSESSING THE QUALITY AND COMPLETENESS OF INFONET SYSTEM VICTIM SERVICE DATA

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY
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INTRODUCTION

InfoNet is a statewide administrative data system used by victim service providers in Illinois. Operated by the Illinois Criminal Justice Information Authority (ICJIA), InfoNet is one of the few statewide systems of its kind in the United States. The system contains more than 25 years of Illinois domestic violence (DV) and sexual assault (SA) victim service data, including approximately 900,000 DV and 180,000 SA client records and more than 25 million service records.

Consistent, accurate, and complete victim service data are essential for making effective policy and program decisions. However, the crisis-oriented and sensitive nature of victim service work can make it difficult for providers to balance immediate client needs with standardized data collection, leading to variations in data collection and reporting. This article presents an assessment of the quality and completeness of InfoNet data, combining quantitative analysis of data fields with qualitative input from system users. It also examines the ongoing challenges of maintaining consistent, accurate, and complete victim service data across Illinois DV and SA victim service agencies using the InfoNet system. The insights from this study can be used to improve the InfoNet system and help ensure responsible use of system data. The study's recommendations are also applicable to other similar local, state, and national data collection efforts.

InfoNet

InfoNet is currently used by all 64 DV and 31 SA publicly funded agencies in Illinois and five victim service funding agencies, including ICJIA. InfoNet records contain no personally identifying client information. Victim service agencies use the system to document client and service data, identify client and community needs, and assess program performance. Additionally, victim service funders use InfoNet to receive comprehensive client demographic and service information. Researchers can also submit data requests for aggregated victim service data.

History of InfoNet

InfoNet was first conceptualized in 1996, when an increase in public funds for victim services necessitated the collection of additional data to ensure the responsible administration of funds. This increase in funds provided resources to develop a data system to aid in strategic planning. Because fewer than half of violent crimes in the United States—and an even smaller share of

sexual assaults—are reported to law enforcement,[1] InfoNet was designed to help users better understand the nature and extent of gender-based violence in Illinois. The system also aimed to offer providers a standardized and more convenient way to document service data (e.g., information concerning hotline calls and services provided); to report required metrics to funders; and to interpret data for service and strategic planning purposes.

In the mid-1990s, Illinois DV and SA agencies did not use standardized data definitions or data collection methods. Instead, definitions and data elements were determined by various funders' reporting requirements, and data were not standardized for statewide analysis. While the use of victim service data can help identify approaches for effectively serving victims, there must be a shared understanding of the data elements gathered for conclusions to be valid and meaningful. To address this problem, the Illinois Coalition Against Domestic Violence (ICADV), the Illinois Coalition Against Sexual Assault (ICASA), and ICJIA partnered to create InfoNet. As part of this process, partners collaboratively determined both the data elements to be entered into InfoNet and the policies governing data ownership and security. InfoNet's DV interface was formally launched in October 1997, followed by its SA interface in March 1998. This early collaboration between ICADV, ICASA, and ICJIA to define standardized data elements remains a notable example of successful coordination in the creation of data infrastructure in the victim services field.

Since its inception, InfoNet has undergone multiple upgrades and revisions. Initially, InfoNet was a Microsoft Access file transferred between ICJIA and InfoNet users. In 2001, InfoNet was migrated to a centralized platform with a secure web interface. This web platform ensured that data could only be accessed by authorized users from authorized machines and that all data were encrypted in transit. In April 2018, the system was rebuilt according to modern web standards. As a result, the system today offers increased compatibility, quicker data entry capabilities, a more intuitive design, improved data validation functionality, and a greater flexibility for providers to build customized data reports. ICJIA staff regularly modify the system in collaboration with partners to meet users' needs.

Use of InfoNet Data in Research

Administrative data, such as those available through InfoNet, are regularly used to inform research, funding decisions, and policy discussions. As one of the few comprehensive statewide

databases focused on victim services, InfoNet data have been used by researchers and policymakers to examine patterns in victimization, service receipt, and disparities across Illinois.

In one 2020 study, ICJIA researchers examined the racial demographics of DV clients compared to the racial demographics of other residents of the same communities. The findings showed that Black and Latino victims were overrepresented among DV clients relative to the Illinois population, while Asian and White victims were underrepresented. Notably, client demographics aligned more closely with Illinois households earning under $50,000 than with the general population.[2] Another study used InfoNet data to examine patterns in SA hotline calls, finding that increases in call volume were associated with media coverage of high-profile cases.[3] A third study combined InfoNet administrative data with client survey responses to develop a more complete picture of victim service needs.[4]

Together, these studies illustrate the value of InfoNet data and underscore the importance of systemically assessing data quality and completeness. Without such an assessment, it is difficult to responsibly interpret the data and determine the extent to which observed patterns reflect service needs or, conversely, are the result of inconsistent data collection and reporting practices or system design limitations.

Defining Data Quality and Completeness

While data quality and completeness are closely related, they represent distinct constructs as defined in this study. Data quality relates to whether data are accurate and useful for analysis. In this study, data quality is assessed indirectly using measures of internal consistency across related fields, rather than through verification of client-reported information. Data completeness refers to whether data has been entered into data fields in the InfoNet system (e.g., whether fields recording a client's race, gender, or age contain data).

Impact of Lower-Quality and Incomplete Data

Lower-quality and incomplete data can negatively impact organizations by necessitating additional employee efforts to confirm the data's accuracy. The need for additional efforts can result in the inefficient use of finite resources by organizations.[5] Furthermore, when data quality is poor, invested parties may conclude that the data cannot be used to inform organizational decisions.[6]

Barriers to the Collection of High-Quality and Complete Data

Multiple factors can hinder the collection of high-quality and complete data. These include individual-level concerns—involving fear of stigmatization or a desire for privacy, for example—that may make clients hesitant to disclose information. Practical and organizational challenges may also play a role, including gaps in data field options and the need to enter data into multiple systems.

Social Desirability and Stigma

InfoNet data are self-reported by clients. Consequently, the quality of these data depends in part on clients feeling comfortable providing candid responses to intake questions. Social desirability impacts client responses when certain responses are perceived as more socially acceptable than other stigmatized options.[7] For this reason, data may be biased in the direction of more socially desirable answers.[8] Similarly, individuals who are concerned about the stigma that may result from their responses may skip certain questions, resulting in more "not reported" responses. Staff may also skip questions if the questions seem too intrusive.

Privacy

Privacy is a particular concern for InfoNet users because the system contains DV and SA client records. Providers who used InfoNet discussed privacy concerns in the 2020 InfoNet User Study, an internal study of InfoNet users conducted by ICJIA researchers.[9] Findings from this study revealed that providers' efforts to safeguard their clients' privacy may negatively impact the completeness of InfoNet data. For example, providers may avoid entering data related to race or ethnicity when they fear that data fields could be combined to identify a client residing in a small community. Omitting data limits data quality and completeness, leading to inaccurate accounts of service need and receipt.

Data Field Options

Data field options may not always reflect funder requirements or clients' lived experiences. For example, prior to July 2008, InfoNet's racial and ethnic categories were inconsistent with those used by the U.S. Department of Housing and Urban Development (HUD). Thus, until these categories were updated, InfoNet users receiving HUD funding were unable to use InfoNet to

accurately report client race and ethnicity information to HUD. Likewise, in July 2019, new options were added to the system field labeled "Offender's Relationship to Victim"[10] in InfoNet's SA interface. The additional options include "acquaintance: dating app" and "rideshare." Prior to this change, agencies entering data in the "Offender's Relationship to Victim" field could have selected a different, less accurate option or decided not to report this information because the available options did not reflect the client's experience.

However, even after the system has been updated with new options, improvements in data quality and completeness may not be immediate. Continuing inconsistencies may be due to training gaps, limited familiarity with new options among staff, and differences in reporting requirements across funders and systems. As a result, analyses of InfoNet data may continue to underrepresent certain types of victimization (e.g., rideshare-related SA) during transition periods, as agencies adjust to system updates.

Double Entry

Results from the 2020 InfoNet User Survey showed that 59% of InfoNet users entered data into another system, necessitating double data entry.[11] In these cases, the users' agencies either chose to purchase or develop their own internal case management systems. These other systems may address reporting needs unique to an agency or store confidential information (e.g., client names, addresses, case notes) not permitted in InfoNet. When staff prioritize the entry of data into their own agency's internal case management system over InfoNet, fields in InfoNet may be more likely to be skipped or data copied inconsistently, particularly under time constraints.

Current Study

While InfoNet data have been used to inform research and guide funding decisions, an assessment of InfoNet data quality and completeness has not been previously conducted. We used internal consistency of data across related system fields as a primary indicator of data quality and presence of data in data fields as the determinant of completeness. In particular, our project aimed to a) identify data fields with incomplete or inconsistent entries; b) gather provider perspectives on the causes of these problems; and c) propose changes to system design and practices to improve data quality and completeness.

METHOD

To assess data quality and completeness, we analyzed administrative data from InfoNet and facilitated structured discussions with DV and SA providers who use the InfoNet system.

Procedure

For this study, we analyzed InfoNet data from two periods:

- April 2018 to June 2020 (a period that followed the system's transition to a new platform).
- July 2020 to June 2021 (a period that followed further system upgrades, including the addition of new data categories).

As part of preliminary analyses, we also examined data from an earlier period. These data were entered into the InfoNet system between July 2001 and March 2018, prior to the transition of the system to a new platform. Results of the analysis of data from this earlier period are not the focus of this study. Our intent was to maximize the relevance of findings for current and future system use based on the most current system configuration and data collection practices.

We presented results from our assessment of data quality and completeness in webinars to SA providers on December 10, 2021, and DV providers on January 21, 2022. To recruit webinar participants, ICJIA posted an invitation on the InfoNet homepage.

Data Sources

InfoNet Data

This study focused on 34 data fields (Table 1). These fields were selected because in preliminary analyses we found either that they had higher rates of missing or inconsistent data or that providers had flagged them as problematic during earlier system feedback sessions.

Table 1

Select Data Fields Where Data Quality and Completeness Issues Were Found

Section	Data fields
Client intake	• Age • Sexual orientation • Marital status • Significant other's relationship to victim • Primary offense date • Other presenting issues • Household feature
Medical information	• Medical visit • Medical facility visited • Whether treated for injuries • Injury severity
Criminal justice system information	• Offender's gender • Offender's relationship to victim • Order of protection length • Order of protection type • Order of protection activity

Section	Data fields
Services received	• Service date • Date (of hotline call) • Number (of hotline contacts) • Type (of hotline call) • Referral from (of hotline caller) • Referral to (of hotline caller) • Time of day (of hotline call) • Total time (of hotline call) • County (of hotline caller) • Town (of hotline caller) • Township (of hotline caller) • ZIP code (of hotline caller) • Age (of hotline caller) • Gender identity (of hotline caller) • Race (of hotline caller) • Client type (of hotline caller) • Case closed

Data Analysis

We queried the InfoNet database to determine the number of entries for each examined data field. Data were recorded in an Excel file and used to calculate descriptive measures of internal consistency across related system fields as an indicator of data quality as well as field completeness. Our method of examining data quality does not allow for direct validation of data accuracy and should be interpreted as a means for revealing potential inconsistencies only.

Quantitative Assessment of Completeness and Quality

To assess the completeness of InfoNet data fields, we compared the number of incomplete entries for data fields to the total number of possible entries.[12] Fields were flagged as potentially

problematic if more than 10% of entries were missing, marked as unknown, or marked as not reported. This threshold was chosen as a practical guideline for identifying fields where levels of absent data could meaningfully hinder analysis.

To assess InfoNet data quality, we compared certain data fields. These comparisons were limited to fields with logically related entries, such as "Marital Status" and "Offender's Relationship to Victim." Instances of apparent contradiction (e.g., clients marked as 'single' yet who reported a spouse as the person who committed harm) were treated as potential indicators of data entry error or data inconsistency.[13] Inconsistencies may also reflect differences in field interpretation, partial data entry, or system design limitations. As with data completeness, the threshold for identifying fields with relatively high levels of inconsistency was stipulated as 10%.

Analysis of Field Adoption and Provider Feedback

We assessed agency-level adoption of new field categories by calculating the percentage of agencies that had never selected the new field category since its introduction and through the end of the period analyzed. We did not apply a formal threshold for interpreting adoption rates of new field categories, given variation in agency client populations and service focus. Instead, we presented the percentages to providers during webinars and invited them to share context, such as whether their client population included a specific demographic (e.g., South Asian clients) or victimization characteristic (e.g., human trafficking).

Webinar Sessions

To contextualize quantitative findings and gather recommendations for improving data quality and completeness, we facilitated two provider webinars focused on data collection practices and system use. The DV webinar included over 30 participants representing approximately 20 providers; the SA webinar included around 20 participants from roughly 15 providers. Each session was held via Webex, lasted two hours, and was recorded with participants' consent. While not all agencies participated, the webinars resulted in substantive input from a diverse set of system users. We estimate that over half of participants across both webinars actively contributed to the discussions through questions or comments. We drafted detailed notes summarizing providers' perspectives.

Following the webinars, we reviewed the recordings and session notes and then conducted a thematic analysis to identify patterns in provider responses. The analysis focused on identifying perceived barriers to data quality and completeness as well as strategies for addressing those barriers through system improvements or training.

Limitations

Data Quality Assessment

We were not able to directly assess the quality of InfoNet data because we could not verify the accuracy of client-reported data. The study instead used internal inconsistencies across related fields (e.g., "Marital Status" and "Offender's Relationship to Victim") to identify potential instances of lower-quality data. Alternate methods would be required to verify which field—if any—accurately reflects the underlying information.

Provider Input and Representativeness

While we were able to assess which InfoNet data fields were most incomplete, we had insufficient information to determine the reasons for which these data fields were incomplete. Although providers offered meaningful feedback during the webinars, participation was voluntary and may not have reflected the full range of agency perspectives. Those who did not participate may have faced different challenges than those included in the sessions. These limitations do not diminish the value of the study's findings but should inform how broadly these findings are interpreted.

Historical Context of Qualitative Feedback

Provider feedback was collected during a period when disruptions related to COVID-19 were affecting service delivery and administrative workflows. Therefore, some reported challenges may in part reflect COVID-19-specific constraints rather than typical operating conditions, particularly constraints related to timely data entry, staff capacity, or administrative burden. While qualitative findings should be interpreted with reference to the historical context, the data quality and completion patterns observed are unlikely to be due to COVID-era disruptions alone, as a relatively small portion of the time periods analyzed overlapped with the pandemic.

FINDINGS

The data quality and completeness assessment found that most InfoNet data fields had low levels of missing data and that data fields were internally consistent. Fields most closely tied to service delivery and funder reporting requirements (e.g., services provided to clients and communities)[14] exhibited greater consistency and were more frequently complete. Overall internal consistency across related system fields—an indicator of data quality—and completeness improved following the 2018 system rebuild, reflecting the impact of updated system design and validation features.

At the same time, the assessment identified several recurring challenges that affect how InfoNet data should be used. Some of these challenges have broad implications for interpreting statewide patterns and trends, while others primarily affect specific data fields used by select agencies in limited contexts. Five key challenges emerged from the study:

1. Delivery of services to victims is prioritized over timely input of data.
2. System logic and design do not always align with provider operations.
3. Statewide standardization is difficult to balance with provider-level flexibility.
4. Providers and clients may avoid entering or disclosing information if it involves sensitive topics or unfamiliar terminology.
5. Field design limitations contribute to incomplete or inaccurate entries.

Prioritization of Service Delivery

A critical factor affecting the completeness of InfoNet data is the prioritization of direct service delivery over immediate data entry. While this is a natural and appropriate aspect of trauma-informed care, it may contribute to gaps or delays in entering complete data into the InfoNet system.

Philosophy about Data Collection

Providers' trauma-informed service delivery approach shaped how and when they collected data, often leading them to prioritize the immediate needs of clients over data entry. During the webinars, providers acknowledged that InfoNet data are valuable for internal planning and external reporting. At the same time, they emphasized that client well-being is their primary focus—especially during intake or crisis situations—rather than data collection or data entry,

which may result in incomplete data. One SA provider described a practice of letting clients "drive the bus" during intake, which meant collecting only the information clients feel comfortable sharing. This approach aligns with best practices for trauma-informed care but may lead to gaps in data fields.

Timing and Scope of Data Collection

Providers shared that collecting detailed client information during a crisis is often inappropriate and impractical. Instead, many DV and SA providers wait until clients' immediate needs have been addressed and trust has been established before collecting additional data. One DV provider explained that they revisit incomplete data fields after developing rapport with clients—often after approximately 30 days of continued service. In agencies with dedicated data entry staff, it is common for those staff members to follow up with frontline colleagues to fill in missing information. However, providers noted that the COVID-19 pandemic made these follow-up efforts more difficult due to staff availability constraints, communication delays, and remote work conditions. This suggests follow-up processes may be challenging during times of limited staff capacity or when communication barriers between staff responsible for entering data and those providing direct service to clients are more common (e.g., during a public health emergency or natural disaster).

Providers also noted that the amount of data collected often varies by service type or intensity. For instance, an SA provider explained that more comprehensive information is gathered from clients who engage in ongoing services, while "single-touch" interactions—like hotline calls—typically yield more limited data.

Hotline Call Data

Hotline calls present distinct challenges for data collection. These interactions are often brief and take place during moments of crisis, making the collection of detailed demographic or service-related information neither feasible nor appropriate. For these reasons, most hotline fields are not system-required. Not unexpectedly, we found that various hotline data fields were more than 10% incomplete for both DV and SA providers (Table 2), reflecting the flexibility afforded to providers collecting these data.

Table 2

Percentage of Incomplete Fields for Domestic Violence and Sexual Assault Hotline Calls (April 2018–June 2020)

Data field	Domestic violence	Sexual assault
Township	95.1%	93.9%
ZIP code	87.9%	77.6%
Town	79.7%	64.4%
Referral to	75.8%	69.1%
Referral from	70.9%	53.0%
Time of day	49.4%	Not collected
County	47.9%	44.1%
Total time	21.4%	0.4%
Date	0.2%	0.2%
Number of contacts	0%	0%
Call type	0%	0%
Caller's age	Not collected	64.9%
Caller's gender identity	Not collected	18.6%
Caller's race	Not collected	32.7%
Caller's client type	Not collected	10.7%

During webinar discussions, providers explained that many hotline callers prefer to remain anonymous or may not be seeking services. Some call on behalf of others or simply seek information only. In these cases, providers focus on delivering immediate support rather than collecting full client data. As a result, demographic fields are often left blank, reflecting the nature of hotline services rather than a data collection gap. Geographic location and referral source fields have far less complete data than other fields (e.g., date, total time). A DV provider noted that many of their agency's hotline calls are from out-of-state callers, but InfoNet does not contain a data field to document a caller as being from out of state. Providers suggested adding an "out-of-state" option to the "County" field, with an accompanying text box for entering more specific geographic data. Drawing conclusions from incomplete geographic location and referral source fields may mischaracterize where hotline calls originate or how callers were referred. If these data are used to inform outreach, efforts may mistakenly target locations or agencies where hotline use is occurring, but a lack of data suggest it is not. Therefore, hotline data require careful analysis, including an assessment of each field's completeness.

Some people who call do not have a legitimate need for services and contact the hotline as a prank. Providers described a subset of hotline calls that were non-service-seeking or inappropriate in nature, including calls made under false pretense or for reasons unrelated to victim services. These interactions often resulted in incomplete records. Providers suggested adding a system flag to identify such calls for exclusion from grant reports and datasets.

System Logic and Program Operations

Webinar participants identified instances in which the InfoNet system's current logic did not align with clients' service-seeking behaviors or reflect court practices, potentially affecting data consistency and completeness.

Medical Section Validation Gaps

InfoNet's medical information section includes validation rules for certain fields to restrict data entry based on responses to prior fields. For example, in both the DV and SA interfaces, the "Treated for Injuries" and "Seriousness of Injuries" fields are only enabled when users indicate the client visited a medical facility (for their victimization). However, this validation depends on proper browser configuration (e.g., JavaScript must be enabled). In rare instances in which a

user's device and/or browser are not updated or configured, these validations may not function as designed, potentially resulting in records that appear internally inconsistent (e.g., injury severity data may be entered without corresponding medical visit data). Advances in browser standardization have made such occurrences increasingly uncommon, but older records may reflect such inconsistencies.

At the same time, system validation features in the medical section may be too restrictive in some cases. For example, one DV provider observed that clients may self-treat their injuries and therefore may choose not to visit a medical facility. This may have been particularly common during the COVID-19 pandemic, when fear of exposure discouraged such visits. As noted above, users must indicate that a client visited a medical facility before injury treatment data can be recorded. Providers noted that InfoNet training materials and manuals do not clearly explain when and how to complete the medical information section and expressed a need for changes to system logic to align with clients' experiences more closely.

Order of Protection Length

Our analysis of DV order of protection (OP) data revealed discrepancies between the OP lengths recorded in InfoNet and the durations defined by the Illinois Domestic Violence Act (750 ILCS 60/220).[15] According to the law, emergency OPs can be issued for 14 to 21 days, interim OPs and OP extensions for up to 30 days, and plenary OPs for no longer than two years.[16] However, 11% of emergency OPs fell outside the 14-to-21 day range. Twenty-seven percent of initial interim OPs and 24% of interim OP extensions exceeded 30 days.[17] Fewer than 10% of plenary OPs exceeded the two-year limit. Importantly, InfoNet does not enforce statutory order-of-protection length, and the inconsistencies observed reflect court practices.

These discrepancies may raise concerns about data quality because they suggest the OP type or length may have been entered incorrectly, resulting in the data inconsistency observed. However, a DV provider explained that judicial discretion can play a significant role in how OP length is determined in practice. The provider noted that "what is legislation is not necessarily how judges interpret or manage cases." In some instances, judges may align the emergency OP length with the length of related legal proceedings, resulting in durations that exceed statutory limits. Whether due to possible data entry errors or judicial discretion, data inconsistencies can affect the interpretability and comparability of OP data across agencies and legal jurisdictions.

Balancing Statewide Data Standardization with Provider Needs

Analyses indicated that data practices vary by provider, and the webinars enabled us to better understand these differing practices.

"Check All that Apply" Fields

We found that uses of the "Client Needs" and "Other Presenting Issues"[18] fields varied by agency. Both fields permit users to "check all that apply," allowing multiple selections for the same field. Some DV agencies entered, on average, fewer than one need at intake, whereas other agencies reported their clients having up to six needs on average. Similarly, the average number of selections made by DV agencies for the "Other Presenting Issues" field ranged from zero to seven. For SA agencies, the difference was notably smaller, ranging from zero to 1.4 per agency. Providers suggested that differences in how agencies conduct assessments may help explain why the average number of client needs and other presenting issues varies. Some DV providers noted that they direct clients to provide only the information they are comfortable disclosing and do not ask them to clarify information provided on intake forms or to complete blank sections. This strategy is used because providers are concerned that a client's record could be subpoenaed by the court, such as for a custody hearing. As a result, variation in these fields may reflect differences in assessment practices as much as differences in client need.

Differences in using "check all that apply" fields could be partially addressed through trainings that provide recommended standards and practices for completing such fields. The collection of more comprehensive data about client needs and other presenting issues could increase the appropriateness of using these data for analysis and help improve service coordination. However, trainings would likely only reduce the level of variation observed rather than eliminate variation outright.

Closing Client Cases

The InfoNet manual recommends that a case be closed if a client has not received services in the past 12 months but also permits providers to establish their own policies. Analyses confirmed that case closure practices varied across providers. We examined the percentage of cases marked

"open" for one and five years after a client's last service date. For clients who had not received services in the past year, only 6% of DV and 3% of SA clients had cases marked "open." In contrast, for clients who had not received services in the past five years, 12% of DV and 6% of SA clients had cases marked "open." During webinar sessions, one DV provider reported closing cases one year after a client last received services, another after two years, and two SA providers shared that they never close cases because a client could return for services.

Because closure decisions are decentralized and subject to local agency practices, the "Case Closed" field may not be a reliable indicator of an active client caseload. A more reliable approach for identifying active clients is to use the client's last service date and then to define active clients as those having service activity within the past 12 months.

Navigating Sensitive Topics and Terminology

Providers encountered several challenges when collecting data on sensitive topics, such as sexual orientation, human trafficking, elder abuse, and marital status. In many cases, discomfort—of either clients or staff—led to inconsistencies in how data were entered or to incomplete data. Providers also noted that limited guidance or outdated terminology contributed to incomplete data. These difficulties highlight the importance placed by providers on using trauma-informed approaches to data collection and the need for periodic updates to system labels and resources to reflect evolving language and practice. Overall, such challenges primarily affect the interpretation of InfoNet fields documenting sensitive information rather than the overall quality and completeness of InfoNet data.

Client Sexual Orientation

The sexual orientation field had the highest proportion of missing data among client demographic fields. No sexual orientation data were entered for 34% of DV clients and 43% of SA clients. Both DV and SA providers described staff's discomfort in asking about sexual orientation and clients' discomfort in responding. As a result, data recorded for this field likely underrepresent the numbers and percentages of clients with minoritized sexual orientations among Illinois DV and SA service-seeking clients and should not inform prevalence estimates.

Human Trafficking

The InfoNet interface requires providers to select a single primary presenting issue—the main reason a client is seeking services—from a drop-down list. Providers also have the option to indicate "Other Presenting Issues" from a list of more than 20 categories. These options are periodically updated to better capture different forms of abuse. In July 2019, sex trafficking was added as a primary presenting issue to the SA interface. At that same time, labor trafficking and sex trafficking were added to the "Other Presenting Issues" field in both the DV and SA interfaces. During the first year in which these categories were introduced, substantial portions of providers did not document trafficking as a presenting issue. Specifically, 53% of DV agencies did not report sex trafficking under "Other Presenting Issues" for any clients. Among SA agencies, 16% did not report sex trafficking as either a primary presenting issue or under "Other Presenting Issues." Even fewer agencies reported labor trafficking: 62% of DV providers and 84% of SA providers did not report labor trafficking under "Other Presenting Issues."

In webinar sessions, providers explained that reporting often relies on client self-identification and that clients do not always recognize or label their experiences as human trafficking. In part, this lack of recognition or understanding may be due to common misperceptions shaped by media portrayals, such as the notion that human trafficking always involves strangers or cross-border movement.[19] When a client's experiences do not align with these narratives, they may be less likely to identify as a trafficking survivor, resulting in fewer cases being documented. Thus, data from InfoNet trafficking fields reflect only client self-identification rather than the actual incidence of trafficking and should not be interpreted as providing evidence that trafficking is absent in providers' service areas.

Elder Abuse

Analyses indicated that data related to elder abuse were frequently incomplete and inconsistent. In InfoNet, elder abuse is captured as an option within the "Other Presenting Issues" field. Although Illinois defines elder abuse as abuse involving a victim aged 60 or older,[20] we found that 30% of DV clients and 9% of SA clients identified as having experienced elder abuse were younger than 60. This pattern reflects discrepancies between statutory definitions and the manner in which providers document client data on potentially sensitive topics in practice.

During webinar sessions, we discussed potential system modifications to address these inconsistencies. One option was the introduction of a "hard" validation rule that would prevent elder abuse from being selected for clients under age 60. Providers instead expressed a preference for a "soft" validation approach, which would alert users to potential inconsistencies while still allowing records to be saved. Under a soft validation approach, data-entry staff could follow up with service providers to verify information without interrupting data-entry workflows.

Marital Status

InfoNet "Marital Status" options include single, married, and divorced. We found that some clients report a marital status that is inconsistent with their relationship to the person who caused harm according to data entered into the system. For example, 7% of DV clients and 4% of SA clients abused by a spouse self-identified as single, and 19% of DV clients and 13% of SA clients abused by an ex-spouse[21] self-identified as single instead of divorced.

Webinar participants suggested that divorced clients may self-identify as single and that some married clients self-identify as single to communicate that the relationship is over. Some providers stated that it can be cathartic for a client to self-identify as single rather than divorced after leaving an abusive marriage. DV providers noted that, in some communities, being divorced is socially undesirable, making marital status sensitive enough for them not to question how clients self-identified. To improve data consistency, we suggested changing "single" to "single, never married." This change would align InfoNet's options for "Marital Status" with those used in the General Social Survey[22] and other social science surveys. This recommendation was well-received by providers during webinar sessions.

Date of Primary Offense

As noted above, InfoNet requires client records to include a "Primary Presenting Issue." In selecting a primary presenting issue, providers can enter the date of that offense. Though optional, they are encouraged to enter a date or an estimate if the exact date is unknown. Due to the potential impacts of trauma on memory, it can be difficult for clients to recall details of their victimization,[23] making the offense date a sensitive topic for providers to ask clients about. We found that a primary offense date was not entered for 26% of DV clients and 52% of SA clients. This finding was echoed by an SA provider who stated that they do not ask for a date at all. In

addition, 8% of DV and 30% of SA client records containing a primary offense date listed the primary offense date as the first of the month in which the offense occurred. Analyses revealed that when the first of the month was recorded as the primary offense date, the median length of time between the SA offense date and the client's first service contact date was 2.5 years. For entries listing the second of the month or later, the median length of time was one day. In webinar discussions, many providers reported that when a client does not give a specific date, they enter the first of the month, and when the month is unknown, they enter January. Overall, providers requested more guidance and training on entering a primary offense date.

Field Design Limitations

Providers identified several fields in which response options may have contributed to internally inconsistent data.

Relationship to Client

DV and SA providers use InfoNet to record the relationship between the person who caused harm and the victim. SA providers can also record the relationship between the victim and that of a significant other receiving services. At the time of our analyses, the relationship options in these fields were gendered (e.g., husband, wife) rather than gender-neutral (e.g., spouse). Additionally, the system included separate fields for the gender of the person who caused harm and the gender of the significant other.

We identified several mismatches between the gender entered and the relationship label selected. In 6% of DV cases and 16% of SA cases in which the person who caused harm was recorded as female, the relationship field had a male-gendered term (e.g., husband, boyfriend). In comparison, 1% of male individuals who caused harm were associated with a female-gendered relationship term in both DV and SA records. A similar pattern appeared in the SA significant other fields. Male significant others were more frequently assigned female-gendered relationship labels (e.g., wife, girlfriend) than female significant others were assigned male-gendered labels. Examining connections between gender and relationship fields can allow us to assess data quality indirectly by tracking internal consistency across related system fields. However, when discrepancies are revealed, corrections cannot be made because the incorrect field is unknown.

During webinar discussions, we suggested that in some cases staff may unintentionally select gendered relationship terms that do not align with the recorded gender of a person due to unconscious assumptions. For instance, individuals who cause harm and SA significant others are statistically more likely to be male, which may influence default selections. Providers agreed that this explanation was plausible and likely contributed to the observed inconsistencies. To address this and similar challenges, we recommended adopting gender-neutral relationship terms while retaining a separate gender field. This change would simplify the interface by reducing the number of relationship options and help providers avoid making inconsistent entries. Providers responded positively to the suggestion.

DISCUSSION

InfoNet data can support providers, researchers, and policymakers in understanding victims' needs and service-seeking behaviors, ultimately informing more equitable and effective resource allocation. However, to serve these purposes well, the data must be of high quality and complete. To assess potential gaps in quality and completeness, we analyzed InfoNet data and gathered insights from providers about how the system is used in practice. These discussions helped us identify several data collection and entry challenges that may contribute to incomplete or inconsistent entries in certain fields. Based on our findings, we offer the following recommendations to strengthen data quality and completeness in InfoNet. These recommendations—ranging from system and field design improvements to targeted staff training—are also relevant to other systems that collect client- and service-level data.

System and Field Design Improvements

We recommend several system and field design changes to improve data quality and completeness and to better reflect providers' practices and clients' service-seeking experiences. Enhancing the user interface by providing definitions for fields can prompt providers to reliably collect these data and to do so using standardized definitions, improving both data consistency and completeness. For example, standardized definitions for terms like "sex trafficking," "labor trafficking," and "elder abuse" could be displayed using InfoNet's "hover help" feature, which displays a definition when users hover their cursor over a term.

Similarly, data quality could be improved by modifying select fields, including the "Primary Offense Date" and hotline caller location fields. Entering data for the "Primary Offense Date" field is optional, but if data are entered, all three components (month, day, and year) are required. This can yield lower-quality data when an exact date is unknown. Providers may be hesitant to press a client for more detailed victimization information, such as the exact date of victimization, because of the potential for client discomfort or recall challenges. Since providers often enter the first of the month to meet system requirements, allowing providers to omit the day or making entry of the day optional could improve the accuracy of this field. As an additional precaution, it may be helpful to add a check box to this and other select fields (e.g., "Date," "Income") to enable providers to indicate whether certain data are estimates or may be inaccurate. A second modification specifically relevant to hotline data would be to add "out of state" as an option in the dropdown menu for the "County" field. This would allow providers receiving calls from out of state to mark them as such rather than leaving the "County" field blank.

One recommendation for improving data consistency through improved field design has already been implemented. In July 2022, the "Offender's Relationship to Victim" and "Significant Other Relationship to Victim" fields were updated to remove gendered options (e.g., husband, girlfriend) and replace them with gender-neutral terms (e.g., spouse).

Validation Rules and System Logic

In terms of system logic, adding soft validation to fields associated with more inconsistent or incomplete data can alert users to potential data issues. For example, if providers check the "elder abuse" option within the "Other Presenting Issues" field, the system could use soft validation to alert users when the victim's age is entered as under 60 years old. Soft validation would allow providers to proceed with saving a record while being prompted to verify potentially problematic entries, striking a better balance between quality and flexibility.

Refinements to medical information section validation rules may further improve the consistency and accuracy of recorded data. Currently, the system's validation rules limit entry of injury treatment data to clients who have been documented as visiting a medical facility (for their victimization). Providers noted that this structure does not always reflect service realities, as some clients self-treat their injuries. Rather than removing validation logic, soft validation rules could be changed to allow providers to enter injury treatment information while prompting them to confirm

that the field used to document a visit to a medical facility was intentionally left blank. Alternatively, the system could be modified, allowing providers to report self-treatment or declined care for the "Treated for Injuries" field. These approaches would support more accurate reporting of client experiences.

Provider Training and Guidance

Beyond system design improvements and validation rule changes, additional InfoNet system training may help improve data entry and collection practices. Webinar sessions highlighted some variation in data entry practices across and within agencies (e.g., use of client needs, presenting issues, and case closed fields). Analyses also suggested that some providers may be unfamiliar with certain terms, including "elder abuse" and "human trafficking," and may feel uncomfortable collecting or entering certain information, such as sexual orientation. Additional training should cover not only data entry procedures but also processes for collecting information on sensitive topics. Formal guidance could improve both consistency and comfort in these areas.

CONCLUSION

Client and victim service data are needed to better understand victim and service provider needs, guide decisions about appropriately allocating finite resources, and identify strategies for effectively serving victims. Our analysis has yielded important insights for improving the quality and completeness of InfoNet data. We have identified five key challenges to InfoNet data quality and completeness: (1) client care taking precedence over data entry; (2) misalignment between system design and provider operations; (3) variations in provider adherence to standardization requirements; (4) difficulties recording sensitive information; and (5) field design limitations. To address these challenges, we have proposed a set of recommendations concerning system and field design improvements, validation rules and system logic, and provider training and guidance.

While this study focuses on InfoNet—a system unique to Illinois—many of the challenges documented here are relevant to other victim service data collection efforts occurring at the local, state, or national levels. Challenges such as collecting sensitive data, accommodating diverse agency workflows, and balancing standardization with flexibility are common in the field. As

jurisdictions seek to strengthen data collection for planning and evaluation, lessons from InfoNet can help guide system improvements that support data quality, including consistency and accuracy, as well as completeness. Continued investment in provider-centered system design, thoughtful validation features, and clear guidance and training can help improve data systems like InfoNet that are used to enhance service delivery for victims.

Funding Acknowledgement: This research was supported by Grants #2017-VA-GX-0048 and #2018-V2-GX-0070 awarded to the Illinois Criminal Justice Information Authority by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the Illinois Criminal Justice Information Authority or the U.S. Department of Justice.

Suggested Citation: Vasquez, A. L., Gonzalez, L. F., Hiselman, J., & Schaffner, C. (2026). *Assessing the quality and completeness of InfoNet system victim service data*. Illinois Criminal Justice Information Authority.

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[9] The 2020 User Survey was a web survey administered to DV and SA providers familiar with InfoNet in August and September 2020. It surveyed 129 respondents representing 61 unique agencies on questions related to their agency's composition, data entry and analysis practices, uses of InfoNet, and recommended system changes or upgrades. Findings were presented at the following webinar sessions: Schaffner, C. & Hiselman, J. (2020, Dec 10) *InfoNet 2020 user webinar for domestic violence providers*. Illinois Criminal Justice Information Authority.; Schaffner, C. & Hiselman, J. (2020, Dec 18) *InfoNet 2020 user webinar for sexual assault providers*. Illinois Criminal Justice Information Authority.

[10] Throughout this report, we refer to system fields using the term "offender" (e.g., "offender relationship", "offender gender") to remain consistent with the current InfoNet database structure. We acknowledge that "offender" is not an instance of person-first language and may carry stigmatizing connotations. Where possible, we strive to use respectful and person-centered terminology.

[11] Schaffner, C. & Hiselman, J. (2020, Dec 10) InfoNet 2020 user webinar for domestic violence providers. Illinois Criminal Justice Information Authority.; Schaffner, C. & Hiselman, J. (2020, Dec 18) InfoNet 2020 user webinar for sexual assault providers. Illinois Criminal Justice Information Authority.

[12] Not all fields are completed for each client. For instance, if a client did not visit a medical facility, then no data is entered in the medical facility type field. Therefore, when determining the completeness of the medical facility type field, those clients who had not visited a medical facility would be excluded from an analysis of the medical facility type field.

[13] To determine the percentage of clients for whom the gender of the person who caused harm contradicted the relationship type data, we divided the total number of clients who identified as "single" and reported the person who caused harm as "spouse" by the total number of clients who identified the person who caused harm as "spouse," regardless of marital status.

[14] This article focuses on data fields with quality and completeness problems. Therefore, findings from our full analysis of InfoNet fields are not presented.

[15] Illinois Domestic Violence Act of 1986, 750 ILCS 60/220 (1986). https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=2100&ChapterID=59

[16] Illinois Family Violence Coordinating Council. (2019). *Protocol for law enforcement & prosecutors: Responding to victims of domestic violence.* Illinois Criminal Justice Information Authority. https://ilfamilyviolence.icjia-api.cloud/uploads/DV_Protocols_FINAL_996a73d029.pdf

[17] Initial interim OPs are issued when the length of an emergency OP does not sufficiently meet a victim's need, but the term of a plenary OP exceeds the need. An interim OP may be extended when the term of the initial interim OP does not sufficiently meet a victim's need.

[18] While there is no formal definition, the term "Other Presenting Issues" is generally described as other victimization-related issues a survivor is dealing with that may need to be addressed through services.

[19] Polaris. (n.d.). *Myths, facts, and statistics.* https://polarisproject.org/myths-facts-and-statistics/; National Human Trafficking Hotline (n.d.). *Myths & facts.* https://humantraffickinghotline.org/what-human-trafficking/myths-misconceptions

[20] Illinois Criminal Code of 2012, 720 ILCS 5/12-4.4a. (2012). https://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=072000050K12-4.4a

[21] The "spouse" and "ex-spouse" categories combine the original response options of husband/wife and ex-husband/ex-wife to create gender-neutral groupings.

[22] For more information see: Smith, T. W., Davern, M., Freese, J., & Stephen L. Morgan. *General Social Surveys, 1972-2018: Cumulative codebook.* https://gss.norc.org/content/dam/gss/get-documentation/pdf/codebook/GSS_Codebook_intro.pdf

[23] Haskell, L., & Randall, M. (2019). *The impact of trauma on adult sexual assault victims.* Department of Justice Canada. https://www.justice.gc.ca/eng/rp-pr/jr/trauma/trauma_eng.pdf