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Implementation of a Sexual Assault Nurse Examiner (SANE) Practitioner Evaluation Toolkit

2009-MU-MU-0002

FINAL REPORT

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EXECUTIVE SUMMARY

To address the under-reporting and under-prosecution of adult sexual assaults, communities throughout the United States have implemented multidisciplinary interventions to improve post-assault care for victims and the criminal justice system response. One such model is the Sexual Assault Nurse Examiner (SANE) Program whereby specially trained nurses provide comprehensive psychological, medical, and forensic services for sexual assault. Previous studies have found that SANE programs can lead to significant increases in sexual assault prosecution rates, but these findings need to be interpreted with caution because SANE programs have proliferated much faster than evaluative data have been generated to guide practice. Although there are over 600 SANE programs in existence, only a handful have been rigorously evaluated. To address this gap between science and practice, Campbell and colleagues (2009) developed a practitioner-oriented evaluation toolkit as part of a previous NIJ-funded research study on how SANE programs affect criminal justice system case outcomes. The purpose of the SANE Practitioner Evaluation Toolkit was to teach program staff how to evaluate whether prosecution rates increased in their communities after the implementation of their SANE programs. Developing the evaluation capacity of SANE practitioners is a useful strategy for improving practice because evaluative data can help programs determine whether they are achieving intended positive impacts, and if not, such data can guide system reform efforts.

The purpose of this project was to conduct an implementation evaluation of the SANE Practitioner Evaluation Toolkit. We selected six SANE programs (two rural, two mid-sized, and two urban) and provided comprehensive technical assistance to help these programs work through the steps in the Toolkit so that they could evaluate whether their programs were having a beneficial impact on prosecution rates. This technical assistance included: the Toolkit itself, group conference calls, webinars, individual consultation by phone and email, and in-person site visits. In addition, we collected multiple sources of process data (e.g., field notes, qualitative interviews, quantitative satisfaction surveys) to

examine whether the resources provided to the sites were in fact helpful and increased their evaluation capacity.

With respect to the substantive findings of this project, the six sites had remarkably similar evaluation results. Most sexual assaults reported to law enforcement (80-89%) were never referred by police to prosecutors or were not charged by the prosecutor's office. Three of six sites conducted pre/post evaluations to ascertain whether more cases progressed further through the criminal justice system after the implementation of the SANE program (as compared to before the SANE program was in operation). None of the sites had a statistically significant increase in prosecution rates pre-SANE to post-SANE. However, when the data were aggregated across sites, thereby increasing statistical power, there was a significant effect such that cases processed post-SANE implementation were 80% more likely to attain a higher level of disposition as compared to cases processed pre-SANE. These findings suggest that the SANE intervention model does have a positive impact on sexual assault case progression in the criminal justice system. Nevertheless, there is still a pressing need for improvement as the vast majority of both pre-SANE and post-SANE resulted in non-referral/no charges filed.

With respect to the process of conducting these evaluation, we examined whether the technical assistance and resources provided by the Toolkit Team were successful in building evaluation capacity within these six SANE programs. We used Cousins's practical participatory evaluation (P-PE) as our guiding framework, which is a collaborative process for engaging stakeholders and promoting the use of the evaluation findings. Feedback from the sites indicated that the technical assistance package was helpful and user-friendly. Participating in this project also contributed to "process use," meaning that program staff exhibited increased knowledge about evaluation, positive attitudes about evaluation, and increased organizational commitment to on-going evaluation. Furthermore, there was substantial evidence of "instrumental use," meaning that programs used their substantive findings to create action plans for change in their local communities. Finally, participating in this project also promoted

“conceptual use” among program staff, meaning that the results challenged them to think about their programs in new ways and re-evaluate how they define their work. Upon learning that the majority of sexual assault cases did not end in successful prosecution, program staff began to question and re-conceptualize their role in the prosecutorial process. The evaluation process highlighted how SANEs are only one of many stakeholders that affect sexual assault case legal outcomes and that low rates of prosecution continue to be a national-level problem.

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Implementation of a Sexual Assault Nurse Examiner (SANE) Practitioner Evaluation Toolkit

PURPOSE, GOALS, & OBJECTIVES

National epidemiological data suggest that at least 18% of women will be sexually assaulted in their adult lifetimes (Black et al., 2011; Tjaden, & Thoennes, 2006); however, most victims/survivors do not report to law enforcement (Bureau of Justice Statistics, 2007).¹ Even when victims do contact the police, previous studies indicate that only 18%-44% of all reported incidents are referred to prosecutors; of those referred reports, prosecutors issue warrants in 46%-72% of the cases (Campbell, 2008b). On average, approximately 18% of reported sexual assaults are prosecuted (Campbell, 2008b; Lonsway & Archambault, 2012; Spohn, 2012). To address these problems, communities throughout the United States have implemented multidisciplinary response interventions to improve post-assault care for victims and also increase reporting and prosecution rates (Campbell, Patterson, & Bybee, 2012).

One such model is the Sexual Assault Nurse Examiner (SANE) Program whereby specially trained nurses provide comprehensive psychological, medical, and forensic services for sexual assault victims in either hospital emergency departments or community-based clinic settings (DOJ, 2004, 2006). Sexual assault forensic nurses are trained to offer crisis intervention and emotional support, health care (e.g., sexually transmitted infection [STI] screening and prophylaxis, pregnancy testing and emergency contraception), injury detection and treatment, and state-of-the-art forensic medical evidence collection

¹ To clarify the meaning of key terms used throughout this report: 'rape' refers to an unwanted act of oral, vaginal, or anal penetration committed by the use of force, threat of force, or when incapacitated; 'sexual assault' refers to a broader range of contact and non-contact sexual offenses, up to and including rape (see Koss & Achilles, 2008). The studies in this project included both rape and sexual assault cases. Second, there are multidisciplinary differences in the terms used to refer to those who have been raped/sexually assaulted: law enforcement and prosecutors tend to use the term 'victim' to reflect the criminal nature of this act; forensic nurses often use the term 'patient' to reflect their primary role of providing health care to these individuals; rape crisis center advocates and mental health professionals use 'survivor' to convey the strength of those who have been raped/sexually assaulted. In this report, we use the term favored by each discipline when presenting the data collected from members of that discipline (e.g., 'victim' in the context of data from law enforcement; 'patient' in the context of data from forensic nurses). Otherwise, we use the terms 'victim' and 'survivor' interchangeably to reflect that this is a study of legal outcomes and that it takes tremendous strength to go through the process of prosecution.

(DOJ, 2004; Ledray, 1999). In addition, SANEs work with the police and prosecutors in their communities for on-going case consultation and can testify as expert witnesses should a case go to trial (DOJ, 2004).

Numerous case studies suggest that SANEs are a vital resource to police and prosecutors (see Campbell, Patterson, & Lichty, 2005 for a review) and two NIJ-funded, quasi-experimental pre-post studies found that prosecution rates significantly increased after the implementation of SANE programs (Campbell, Bybee, Ford, Patterson, & Ferrell, 2009; Crandall & Helitzer, 2003). These results suggest SANE programs may be an effective intervention for addressing the long-standing problem of sexual assault under-prosecution. However promising these findings may be, they need to be interpreted with caution because SANE programs have proliferated much faster than evaluative data have been generated to guide practice. Although there are over 600 SANE programs in existence (IAFN, 2012), only a handful have been rigorously evaluated. Rogers' (2003) Diffusion of Innovation Theory stipulates that interventions will spread very rapidly if an innovation has readily-apparent advantages over an existing model. Given that traditional hospital emergency department care for survivors typically yielded poor quality medical forensic evidence and was often re-traumatizing for survivors (Campbell 2008a), it is not surprising that SANE programs so quickly became the preferred model of care (DOJ, 2004). But, as a result, we know little about the vast majority of SANE programs in existence and their impact on local criminal justice systems.

What we do know from the limited empirical research on SANE programs is that there is no guarantee SANE programs will positively affect legal case outcomes. Campbell and colleagues' (2009) project demonstrated that there are essential "critical ingredients" which must be in place, in both the SANE program itself as well as the community, for such effects to occur (e.g., a strong patient-care practice philosophy; provision of advocacy to survivors; high quality, readily accessible forensic evidence; professional training for legal professionals; on-going case consultation as well as other informal settings for collaboration). Patton (2008) characterized such intervention models as "complex,"

meaning that desired effects are obtained only under specific setting circumstances. Unfortunately, complex interventions often do not consistently achieve desired outcomes if they are adopted quickly and without infrastructure for program monitoring (Rogers, 2003; Patton, 2008).

Taken together, these findings underscore the pressing need for ongoing evaluation of SANE programs' processes and outcomes. Evaluative data can help programs determine whether they are achieving intended positive impacts, and if not, such data can guide system reform efforts. Yet, most SANE programs do not have the organizational knowledge or infrastructure to engage in evaluation activities. This is a classic example of the "science-practice gap:" science could be providing empirically-informed resources to improve practice, but community practice is operating independently from scientific scholarship (Kazdin, 2008; Miller & Shinn, 2005; Wandersman, 2003). In the past ten years, there has been considerable debate in the dissemination literature on how best to close the science-practice gap. Certainly, researchers need to strengthen relationships with practitioners to conduct collaborative, policy-relevant research and evaluation (Kazdin, 2008). But, this strategy is inefficient and will fall short because there are far more community practitioners than researchers.

Wandersman and colleagues (2008) proposed a different approach based on the premise that we need to understand this issue from the perspective of community practitioners—what does the practice community *need* in order to bring science into *their* work? Community practitioners are often frustrated with the products of research, even "policy-relevant" research, as they are rarely ready for immediate use by practitioners (Sogolow, Sleet, & Saul, 2007). Therefore, Wandersman et al. (2008) argued that more effort must be placed in translating research findings for practice, creating evidence-based tools for the field, and developing infrastructure for technical assistance and dissemination. Efforts to bring resources to the community may be a more efficient and impactful strategy for closing the science-practice gap.

Building on these ideas, the science-practice gap for SANE programs could be narrowed by strengthening the evaluation capacity of forensic nurses. There is a pressing need to know if and under what circumstances SANE programs can have a positive impact on criminal justice system case outcomes—and this information is needed from far more SANE programs than have been studied to date. Practitioners are well-positioned to examine these issues, yet building evaluation capacity is a long-term, multi-stage organizational investment (Stockdill, Baizerman, & Compton, 2002). To that end, current models of evaluation capacity building recommend the development of evaluation resources and tools, technical assistance, and infrastructure for sharing information between and among researchers and practitioners (Preskill & Boyle, 2008; Preskill & Russ-Eft, 2005; Russ-Eft & Preskill, 2001).

In this vein, Campbell and colleagues (2009) developed a practitioner-oriented evaluation toolkit as part of their NIJ-funded research study on how SANE programs affect criminal justice system case outcomes. The purpose of the SANE Practitioner Evaluation Toolkit was to teach program staff how to evaluate whether prosecution rates increased in their communities after the implementation of their SANE programs.² This Toolkit was developed side-by-side with Campbell et al.'s large-scale, rigorous evaluation of a nationally-representative SANE program. As the research team collected criminal justice system case outcome data, they developed a seven-step process to guide practitioners through the same procedures. The Toolkit places strong emphasis on utilization—*using evaluation findings to improve practice* (Cousins, 2003; Patton, 2008). If SANE programs discover through their evaluations that they are not having a positive impact on legal case outcomes, the Toolkit outlines a process for developing an action plan for change. In communities where there is evidence of a positive change, the Toolkit recommends strategies for strengthening and institutionalizing core practices. Table 1 (next page) provides a summary of the final Toolkit's contents.

² This Toolkit focuses on the *legal* outcomes, but acknowledges there are multiple ways to conceptualize the effectiveness of SANE programs (e.g., health outcomes; see Campbell, Patterson, & Adams, Diegel, & Coats, 2008).

TABLE 1: OVERVIEW OF THE SANE PRACTITIONER EVALUATION TOOLKIT

TOOLKIT STEP	CONTENT FOCUS
1. Evaluation Questions	Reviews literature on different ways to conceptualize SANE effectiveness Summarizes evaluation 101 terminology, logic models, and theories of change Offers completed logic model for assessing SANE effectiveness re: <i>legal outcomes</i> Provides additional resources for assessing effectiveness re: <i>health outcomes</i>
2. Evaluation Design	Explains pre-post design, post-only design, and ongoing evaluation design Presents the application of each evaluation design to assessing SANE legal outcomes Creates a decision tree for choosing evaluation design
3. Establish Cooperative Agreements	Outlines kinds of data needed for pre-post, post-only, and ongoing evaluation designs Explains the purpose of institutional review boards (IRBs) and their review process Presents strategies for working with police and prosecutors for evaluation
4. Sampling	Explains sampling designs, sampling frames, need for comparability of cases Presents example sampling criteria and exercises to practice sampling Outlines steps for selecting cases for pre-post, post-only, and ongoing evaluation designs
5. Data Collection	Guides data collection for case outcome information (step-by-step directions) Sample data collection sheets (with instructions) provided for practitioner use
6. Data Analyses	Teaches methods for data tabulation in Excel Explains methods for data checking/cleaning/verification Explains concept of statistical significance and relevance to pre-post design Guides process of interpreting findings (with examples)
7. Utilization	Discusses strategies for sharing findings with community partners Suggests next steps for positive and negative evaluation findings Provides resources for institutionalizing community responses to sexual assault Outlines process for creating action plan for change

The purpose of the current project was to conduct a field-based implementation evaluation of the SANE Practitioner Evaluation Toolkit. We used stratified, national random sampling to identify six SANE programs (two rural, two mid-sized, two urban) that had organizational readiness to participate in program evaluation. Consistent with Preskill’s model of evaluation capacity building, we distinguished evaluation “readiness” from evaluation “capacity.” Briefly, “readiness” means that the program had the organizational resources to participate in evaluation learning activities without compromising program operations; “capacity” means program staff have already learned evaluation skills and routinized evaluation within their organization (Preskill & Boyle, 2008; Russ-Eft & Preskill, 2001). Sampling

programs based on evaluation *readiness* was appropriate because the implementation evaluation needed to target more “typical” program conditions, which would be a state of readiness rather than capacity. Furthermore, SANE programs did *not* need pre-existing experience or expertise in evaluation as the Toolkit was specifically designed to build their evaluation capacity.

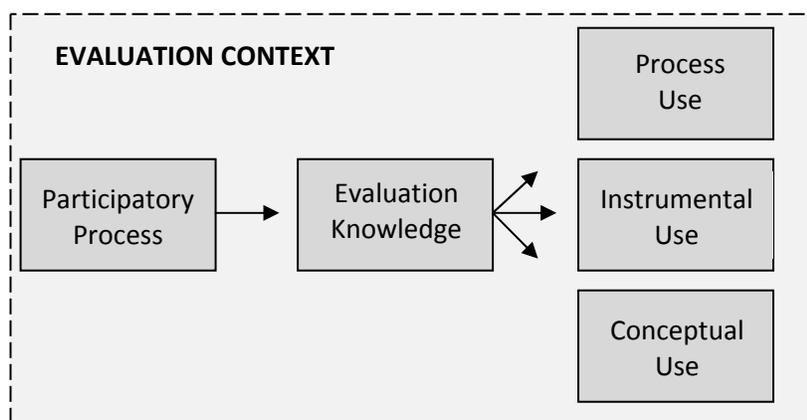
The theoretical model for this project was Cousins’s practical participatory evaluation (P-PE) (Cousins, 1996; 2003; Cousins & Earl, 1992; Cousins & Whitmore, 1998). In P-PE, the researcher-evaluator works closely with program stakeholders to develop and implement an evaluation. Typically, the evaluator provides training and consultation to program staff so they can conduct most, if not all, of the project on their own. The evaluator monitors technical aspects of the evaluation to ensure methodological rigor and overall quality of the project. A key focus of P-PE is ensuring evaluation use, meaning that the findings provide actionable information to stakeholders and that the results are used for program improvement (Amo & Cousins, 2007; Cousins & Whitmore, 1998). A collaborative approach increases the relevance and ownership of the evaluation among stakeholders, which increases the likelihood of utilization of the findings (Amo & Cousins, 2007; Harnar & Preskill, 2007; Patton, 2008). However, Cousins (2003) notes that these assumptions regarding collaboration and evaluation use must be empirically tested. In other words, while program staff learn about evaluation, the evaluator should examine whether the resources provided to the stakeholders are in fact helpful and contributing to utilization. Figure 1 (next page) depicts the P-PE model and its theorized processes and outcomes.

Consistent with the P-PE approach, we provided comprehensive technical assistance to the six selected SANE programs to guide them through a seven-step process of evaluating the impact of their program on sexual assault legal case outcomes. This technical assistance included the Toolkit itself, webinar trainings, group consultation, individual consultation, and on-site assistance. As we worked with program staff, we also collected data regarding the perceived helpfulness of the technical

assistance provided and the extent to which each site used their evaluation findings to improve practice in their local communities.

Before describing the details of this project, we will begin with a brief review of the relevant literature that summarizes: prior research on the effectiveness of SANE programs in the criminal justice system; the “science-practice gap” in SANE services; and the key tenets of practical participatory evaluation (P-PE) and how this approach can help bridge science and practice within SANE programs.

FIGURE 1: PRACTICAL PARTICIPATORY EVALUATION (P-PE)



REVIEW OF RELEVANT LITERATURE

What Do We Know About the Effectiveness of SANE Programs?

One of the reasons why SANE programs may have proliferated so rapidly is that early case studies (which were often published in nursing journals and other outlets easily accessible to practitioners) reported that SANE programs increase arrest and prosecution rates (Aiken & Speck, 1995; Arndt, 1988; Cornell, 1998; Hutson, 2002; Ledray, 1992; Littel, 2001; O'Brien, 1996; Solola, Scott, Severs, & Howell, 1983). However, these evaluations did not include comparison groups or other methodological controls, which is typical in case study research (Stake, 1995). As a result, it was difficult to know whether the reported rates were significantly higher and attributable to the efforts of the SANE program.

To date, only two studies have used pre-post quasi-experimental designs to evaluate whether SANE programs can significantly increase prosecution rates.³ Crandall and Helitzer (2003) compared prosecution rates in a New Mexico jurisdiction two years before the implementation of a SANE program to three years after program launch, and found significant increases in reporting, arrest, charging decisions, prosecutions, and convictions pre- to post-SANE implementation. Similarly, Campbell and colleagues (2009) compared investigation and prosecution rates five years before the implementation of a community-based SANE program to rates seven years after the program was instituted. Multi-level modeling revealed that investigation and prosecution rates significantly increased post-SANE: more sexual assault cases were moving further through the system, reaching higher levels of case disposition (i.e., plea bargains and trials) after the implementation of the SANE program. Due to the methodological strength of the quasi-experimental design and supplemental data collection used in that project, these effects could

³ Nugent-Borakove and colleagues (2006) conducted a multi-site, post-only design to compare case outcomes for victims who received SANE-SART interventions, a SANE-only intervention, and those who received no SANE or SART. They found that the *absence* of SANE and/or SART interventions was associated with less successful legal case outcomes. The design of this study was such that it was not possible to determine whether SANEs specifically contribute to increased prosecution rates.

be reasonably attributed to the efforts of the SANE program and not due to other county-level effects in this community over time.

Knowing that SANE programs can contribute to increased prosecution is important, but perhaps more essential is identifying the circumstances under which they have positive effects on the criminal justice system. What are the mediating mechanisms, or “critical ingredients,” that must be in place for such change? Several studies have documented that SANE programs contribute to increased inter-agency collaboration and cooperation (Crandall & Helitzer, 2003; Hatmaker, Pinholster, & Saye, 2002; Hutson, 2002; Logan, Cole, & Capillo, 2007; Maier, 2008; Selig, 2000; Smith, Homseth, Macgregor, & Letourneau, 1998). Moreover, Stone and colleagues (2006) found that law enforcement personnel characterize the information and resources provided by SANEs as useful to their investigations. Expanding on these findings, Campbell, Patterson, and Fehler-Cabral (2010) conducted in-depth, multi-stakeholder interviews to develop a model articulating the critical ingredients necessary for positive criminal justice system impact. A program practice philosophy that emphasized patient care (rather than encouraging prosecution) was essential, as was linking rape survivors to rape crisis center advocacy services to attune to their emotional needs. Focusing on victims’ immediate medical and psychological needs was, in the end, a critical contributor to their willingness to participate in prosecution. To the legal community, the SANE program provided high quality and immediately accessible medical forensic evidence, professional training, as well as on-going case consultation. These elements worked in conjunction to contribute to the development of stronger, more thoroughly investigated cases, which in the end, were more likely to be successfully prosecuted.

These results, however, raise questions about whether the majority of SANE programs in operation have positive effects on the criminal justice system in their communities. In a national random survey of SANE programs, Patterson, Campbell, and Townsend (2006) found substantial variability in program practice philosophy, the nature of collaboration with the legal system, as well as other factors

that appear critical for increased prosecution rates. Multi-site research trials are needed to examine these issues; a complementary strategy would be focusing attention on promoting evaluations of SANE programs' processes and outcomes. Because prior research has demonstrated that SANE programs *can* be effective in addressing under-prosecution, the next step should be trying to maximize the number of programs that *do* in fact contribute to positive changes in their communities. For this to occur, program staff need to acquire the skills necessary to assess program impact and utilize evaluative data to improve practice.

How Can Practical Participatory Evaluation (P-PE) Address the Science-Practice Gap?

Closing the science-practice gap requires close collaboration between researchers and practitioners, and participatory models of evaluation are consistent with that aim because they re-define the role of the evaluator from an external expert who provides judgment on program quality, to a facilitator who works with program stakeholders (Baker & Sabo, 2004; Cousins & Whitmore, 1998; Patton, 2008). Program staff have vital knowledge about the inner-workings of their services and communities, which could help produce a more meaningful evaluation. Furthermore, if program stakeholders are directly involved in planning, conducting, and analyzing the evaluation, they are more likely to use the findings to improve practice (Patton, 2008). Some evaluation scientists have questioned the reliability and validity of participatory approaches because program staff are directly involved in the evaluation (see Mark, 2001), but proponents of participatory methods note that these evaluations are done in close consultation with trained evaluators who can attune to these quality concerns (Cousins, 2003; Patton, 2008).

One of the most widely implemented participatory models of evaluation has been Cousins's practical participatory evaluation (P-PE) approach. By "practical" Cousins means that evaluation can and should address the specific information needs of local practitioners to inform change in their communities. Although other participatory evaluation theories set forth more complex (and loftier)

goals, such as empowerment, social change, democratic participation and deliberation (e.g., Fetterman & Wandersman, 2007; Greene, 2000; House & Howe, 2000; Mertens, 2007), Cousins emphasizes the local good a well-designed, well-crafted evaluation can do for a specific problem in a specific community. This targeted approach is consistent with criminologist Kennedy's (2011) call for solution-focused action research: "take concrete operational steps *that will get us from here to there* . . . [take the steps that] are actually going to solve the problem" (p. 210-211, emphasis in original). Kennedy (2011) argues that there is often too much emphasis on expansive theoretical concepts and that community projects are more successful when they "stick close" to the problem at hand. In that vein, because P-PE evaluation projects are attainable and actionable, they have high utility for a community.

To be useful to a community, Cousins stipulates that the process must be "participatory," meaning that practitioners need to be directly involved in all aspects of the evaluation. That said, Cousins's emphasis on practicality continues as he outlines different ways such participation can unfold. First, with respect to the *control of the evaluation process*, P-PE projects vary as to whether the evaluators or practitioners hold more control over the process. The critical requirement is open communication and participation from all groups. Second, with respect to *stakeholder selection*, some participatory models mandate inclusion of a broad range of stakeholder groups (e.g., community members at-large; Greene, 2000; Patton, 2008). By contrast, P-PE projects might restrict stakeholders to program staff and other immediate users, if such a focus is the best way to promote use of the evaluation findings. If, however, utilization will require the buy-in and involvement of more diverse groups, then the project must cast a wider net. Finally, P-PE evaluations vary in *depth of participation*, such that stakeholder involvement ranges from a consultant-type role (e.g., no decision making responsibility) to deep participation (e.g., involvement in all aspects of the evaluation, including dissemination and utilization). In some projects, program staff might be quite "hands-on" and actually conduct much of the evaluation themselves, and in other contexts, it might be more useful for program

staff to advise evaluators on these tasks and focus their attention elsewhere. P-PE does not prescribe what mode of participation is “right;” instead, stakeholder engagement should be tailored to the specific project in order to promote local use of the evaluation findings.

Cousins defines multiple types of “use” that should result from a P-PE project (Amo & Cousins, 2007; Cousins & Whitmore, 1998; see also Patton, 1997, 2008). First, *process use* refers to the changes *within* program staff (e.g., knowledge, skill development) and organizations (e.g., culture shifts) that stem from participating in an evaluation. This type of use is often referred to as the development of “evaluative thinking.” Second, *instrumental use* is when the evaluation findings are directly used to inform a decision or contribute to solving a problem. In this type of use, there must be a clear, discernable link between the substantive results and a programmatic change (e.g., ‘because we found *this*, we decided to do *that*’). Finally, *conceptual use* is when the evaluation findings change how stakeholders think about a program or policy in a more general way (e.g., a new insight, a deeper understanding, new questions) (see also Weiss, Murphy-Graham, & Birkeland, 2005). The substantive findings may not be used in a direct, actionable way (as in instrumental use), but they are changing how stakeholders conceptualize a problem, view a program, or approach social policy.⁴ In a P-PE project, all three major forms of use (process, instrumental, and conceptual) are hypothesized to occur and the evaluators must assess for each type within the project (in addition to the substantive findings of the evaluation itself).

⁴ A fourth type of use, “symbolic use,” is also described in the literature and refers to instances when stakeholders make mention of an evaluation and its findings simply to give the appearance of evidence-based decision making; however, there is no instrumental or conceptual link to the evaluation. Often referred to as using evaluation “for show,” this type of use is not considered a desirable outcome (see Patton, 2008 for discussion).

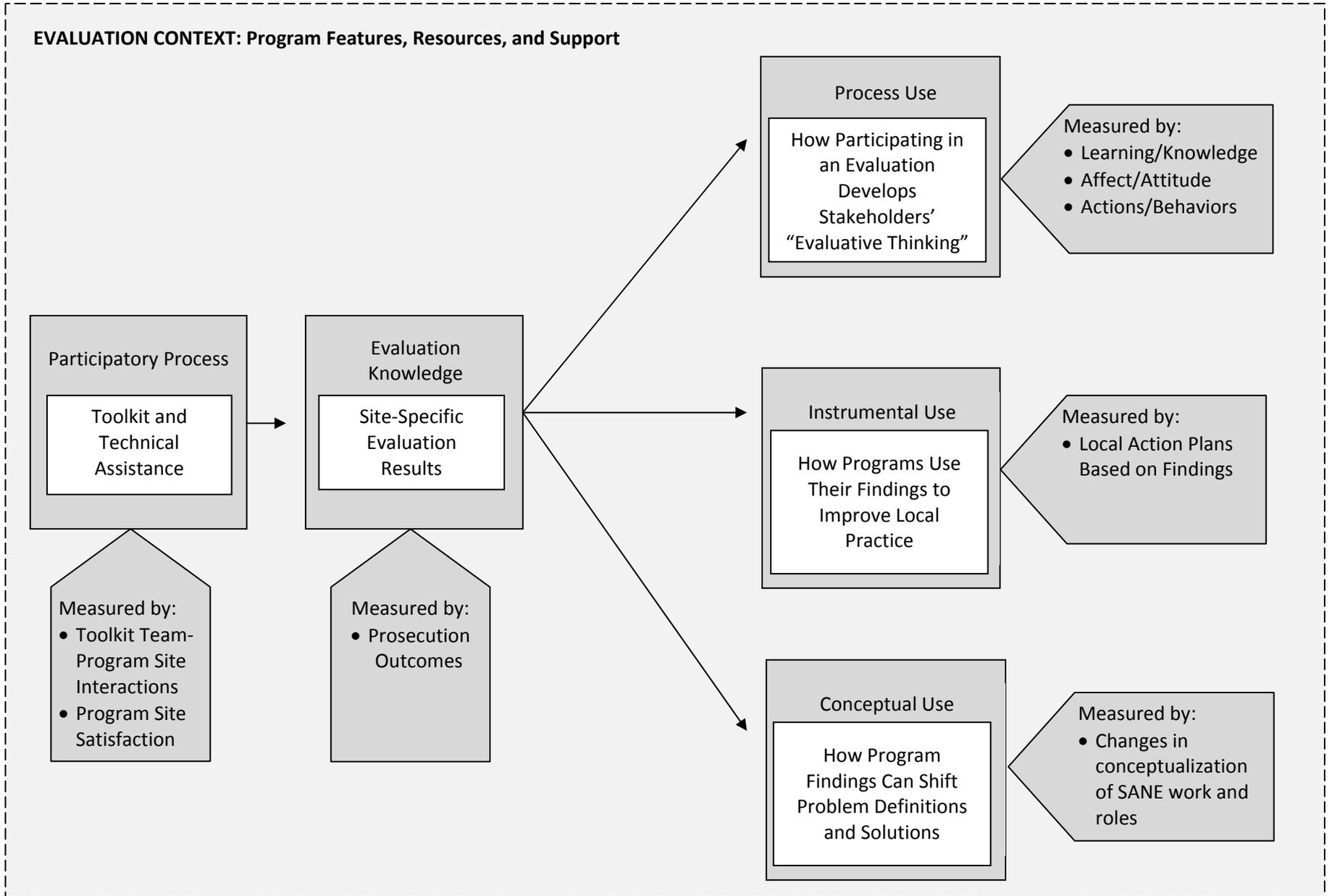
THE CURRENT PROJECT

The purpose of this project was to use practical participatory evaluation (P-PE) to guide six Sexual Assault Nurse Examiner (SANE) programs through the process of evaluating the impact of their programs on adult sexual assault prosecution rates (see Figure 2, next page). There is a pressing need to close the science-practice gap with respect to the effectiveness of SANE programs, and P-PE is an ideal theoretical choice for examining whether the SANE Practitioner Toolkit is indeed a useful resource to practitioners. This project consisted of two interrelated sets of activities: working with the six sites on their evaluations, *and* studying this collaborative process in its own right to determine whether we achieved the theorized processes and outcomes in the P-PE model. Thus, this project is unusual in that “the data” include both the substantive findings from the six evaluations as well as process data related to participatory methods and outcome data regarding multiple types of use. Each of the core components of this model are described below:

Evaluation Context: P-PE stipulates that an evaluation project must be designed to the local informational needs of a community. As such, the evaluators must invest time and effort to learn the local context. In this project, we collected detailed archival information from each site, including program history, services, staffing levels, funding, community support and challenges. This information informed not only the choice of evaluation design and methods used in each site, but also the participatory roles and responsibilities for each stakeholder group.

Participatory Process: In a P-PE project, the evaluator provides on-going technical assistance to program staff and other stakeholders so that they can be actively involved in the evaluation process. In this project, we provided each site with the Toolkit itself, which provides step-by-step guidance through the seven major components of evaluation (see Table 1). However, a written manual in itself is hardly “participatory,” so we also provided multiple forms of interactive technical assistance. We conducted three webinars (based on the content of the Toolkit) so that program

FIGURE 2: APPLYING P-PE TO EVALUATE THE WORK OF SANE PROGRAMS



staff could discuss the material and ask questions. We also hosted multiple conference calls so that SANEs across the six programs could share strategies and solutions. We maintained consistent email and phone contact with each site (often on a weekly basis). Two evaluators visited each program site for hands-on technical assistance and consultation (usually with data analysis and utilization planning). To measure these participatory processes, we maintained detailed field notes and tracking logs of all contacts with sites. To determine whether the resources we provided to the sites were in fact helpful, we collected satisfaction data from program staff throughout the project.

Evaluation Knowledge: The technical assistance provided by the evaluators should provide program staff with the necessary tools and skills to conduct a high-quality evaluation of their program. Methodological rigor is a hallmark of the P-PE model and the evaluator must work with program staff to ensure that the proper research design, sampling, data collection, and data analysis is performed so that the findings are accurate and trustworthy. In this project, each of the six SANE programs completed a study on adult sexual assault prosecution outcomes in their communities. Based on local needs and capacity, three of the six sites conducted pre-post designs that compared prosecution rates before and after the implementation of their SANE program; the remaining three conducted post-only designs that examined trends in prosecution rates over multiple years in their communities.

Process Use: The P-PE model stipulates that participatory engagement and the evaluation knowledge/substantive findings themselves should contribute to process use among program staff and other stakeholders. Investing the time and effort to conduct an evaluation, obtaining the results, and learning how to interpret them should develop program staff's "evaluative thinking." Process use is traditionally measured by assessing whether the evaluation project contributed to new knowledge about evaluation methods (e.g., acquiring skills in data collection and analysis), changes in feelings and attitudes about evaluation (e.g., reduced anxiety about evaluation), and

emergent behaviors regarding institutionalizing evaluation within the organization (e.g., changing internal processes, such as record keeping, to facilitate on-going evaluation).

Instrumental Use: The P-PE model hypothesizes that the use of participatory methods should contribute to instrumental use of the findings to create change. Instrumental use is usually assessed by examining whether programs develop and implement an action plan for change that is directly tied to the substantive findings of their evaluation. In this project, we examined whether each of the six sites engaged in post-evaluation community change initiatives based on their new data regarding adult sexual assault prosecution outcomes.

Conceptual Use: Whereas instrumental use refers to actionable steps taken as a direct result from the evaluation findings, conceptual use refers to the ways in which evaluation findings can fundamentally change how stakeholders think about a problem and its solutions. Conceptual use is not a tangible action step; instead, it is often likened to an “aha moment.” For example, if the evaluation results suggest that a program is not achieving its hypothesized outcomes, it may prompt stakeholders to re-evaluate whether the intervention/program is an appropriate strategy for tackling the problem and/or whether additional resources are needed to attain the desired changes. In this project, we examined whether the sites’ evaluation findings changed the way program staff conceptualized the work of SANEs and their role in the prosecution of sexual assault.

In addition to assessing the core components of the P-PE model, we also had the opportunity to compile findings across the six sites to evaluate how SANE programs affect adult sexual assault prosecution rates. These cross-site analyses provide a more statistically powerful test of the efficacy of these interventions than what the single-site analyses can provide. This combined data model is one of the first multi-site investigations in the literature and helps address a significant gap on the effectiveness of SANE programs.

EVALUATION DESIGN AND METHODS

Recruitment and Site Selection

The Toolkit Team collaborated with the International Association of Forensic Nurses (IAFN) and the National Sexual Violence Resource Center (NSVRC) to advertise this project to all SANE programs within the United States. These two organizations were selected as they work closely with SANE programs and are likely to interact with them as organizational members and on their email listservs. The call for applicants, “Training and Technical Assistance Opportunity: Evaluating the Work of SANE Programs in the Criminal Justice System,” was released on the IAFN and NSVRC websites, forensichealth.com, and safeta.org, on March 15, 2010. The call for applicants included a description of the project, expectations for participating programs, benefits of participating, and eligibility requirements (see Appendix A: Toolkit Advertisement.) Interested SANE programs were instructed to contact the Toolkit Team for an application.

The application collected extensive archival information about each program to assess local context and to ascertain eligibility (see Appendix B: Toolkit Application). First, the *program information* section documented: program history/length in operation, number of sexual assault patients treated annually, primary program setting (i.e., hospital-based, community-based, or independent), staffing levels, and record keeping/database systems. Second, the *case documentation* section inquired as to whether program/hospital records systematically captured information that would be essential for a study on sexual assault prosecution outcomes (e.g., date of the assault, police complaint number). Third, the *community collaboration* section assessed the quality of the relationship between the applicant SANE program, its parent organization (if applicable), and the primary prosecutor’s office in their community. Finally, the *evaluation experience and readiness* section asked whether programs had prior evaluation experience and the staffing resources they had available to devote to evaluation. We also included a shortened version of the Readiness for Organizational Learning and Evaluation Instrument (ROLE) scale,

which is a self-report survey that assesses organizational readiness for evaluation activities (Preskill & Torres, 2000). The full measure contains 78 items across six conceptual domains: organizational culture, leadership, systems and structures, communication, team structures, and current beliefs about evaluation. Respondents rate their agreement with the statements on a 5-point Likert scale to indicate how strongly they agree or disagree with each statement. For this project, we administered only the twelve items that related to the evaluation activities and structural supports necessary to complete the Toolkit: eight items on organizational support for evaluation, two items on organizational practices for rewarding employees who develop new skills and solve organizational problems, and two items assessing the openness of their work environment to new projects. To aid future programs in determining their readiness to participate in evaluation, a checklist (p. 9) and a decision tree (p. 34) are provided in the Toolkit.

Seventy-three (73) SANE programs expressed interest in becoming a Toolkit pilot site: 30 programs completed the entire online application process; 7 programs had incomplete applications; and 36 programs did not activate their online application (i.e., they elected not to apply after expressing initial interest). The 30 complete applications were independently reviewed by each member of the research team to assess eligibility. Programs were deemed eligible to participate if they had:

- 1) A full time SANE program coordinator;⁵
- 2) Staffing levels appropriate for number of patients served per year and geographic area served (the Project Consultant, Dr. Jenifer Markowitz, provided a qualitative assessment of staffing capacity based on her expertise as the Director of the National SANE Sustainability Project);

⁵ Because this was a pilot project and we were unsure how much time it would take to complete the evaluation process, we wanted to be mindful about the demands this project would place on the selected programs. We did not want the evaluation to compromise patient care or otherwise stress the resources of the program. Therefore, we wanted to ensure that the selected programs had sufficient administrative capacity to complete the evaluation project. A full-time program coordinator is a reasonable proxy measure of a program's resources available for administrative tasks; as such, only programs that had this level of administrative capacity were considered eligible for this project.

- 3) Access to the kinds of data needed for the pre/post evaluation design as indicated by affirmative answers to the case documentation questions in the application;
- 4) A mean score on the ROLE scale above the 25th percentile (i.e., programs scoring in the bottom quartile were disqualified due to concerns that they did not have sufficient organizational readiness and/or support for engaging in this type of evaluation);⁶
- 5) A letter of support from the prosecutor's office with which the SANE program primarily works granting access to sexual assault prosecution case outcome data.

The full team reconvened to compare their eligibility assessments for each program. Twenty programs were eliminated because they did not meet the stated criteria (e.g., no full time coordinator; inadequate personnel; missing letter of support from the prosecutor's office). Of the ten eligible programs, two identified as rural, six as mid-sized, and two as urban. Based on this distribution, a stratified random sample was drawn consisting of one rural, three mid-sized, and one urban program. It was later determined that one of the mid-sized sites was actually a designated rural health care provider (based on the Medicare classification system). Therefore, this site was re-classified as a rural site. It was also later determined that the selected urban site had substantial prior experience in evaluation (more than was originally revealed in the application process). Although this was not an error in sampling, we were concerned that we might not have the opportunity to understand the challenges more novice urban-based programs might encounter in evaluation. As such, we decided to select an additional urban site. Therefore, the final sample for the study consisted of six SANE programs: 2 rural sites (Site A and B), 2 mid-sized sites (Site C and D), and 2 urban sites (Site E and F). Table 2 (following pages) summarizes key contextual characteristics of each site. Sites did not receive financial compensation for their participation (only a copy of the Toolkit and technical assistance).

⁶ Eliminating the lowest quartile (e.g., as opposed to the lowest half of scores) also ensured that the findings of the pilot study were applicable to SANE programs with varying degrees of readiness.

TABLE 2: CONTEXT CHARACTERISTICS OF THE SIX SITES

		SITE A	SITE B	SITE C	SITE D	SITE E	SITE F
Program	Community size	Rural	Rural	Mid-sized	Mid-sized	Urban	Urban
	Program Type	Hospital-based; sees patients at multiple sites	Hospital-based	Hospital-based	Hospital-based; sees patients at multiple sites	Hospital-based	Community-based; in a multidisciplinary service agency
	Program start date	2003	1999	1998	2001	1998	1996
	Patients served/year*	98	212	190	124	258	450
Resources	SANEs on Staff*	2 certified; 2 uncertified	3 certified; 6 uncertified	8 certified; 8 uncertified	3 certified; 6 uncertified	7 certified; 7 uncertified	6 certified; 10 uncertified
	Program coordinator*	Paid; 2 PTE	Paid; 1 PTE	Paid; 1 FTE	Paid; 1 FTE	Paid; 1 PTE	Paid; 1 FTE
	Funding	City; county; hospital	Exam reimbursement	Hospital	Hospital; training revenue; exam reimbursement	Exam reimbursement	City; state
	Medical records	Electronic database	Paper records	Electronic database	Electronic Database	Electronic database	Electronic database
Local Support	Home institution	Limited communication across programs and departments	Strong collegial relationships among staff	Strong administrative support of SANE program (e.g., hospital provides funding for SANE training); hospital is a research-focused institution	Strong administrative support of SANE program (e.g., SANEs paid for training time)	Poor administrative support; program has sustained because MDs refuse to do exams; hospital is a research-focused institution	Coordinates with other social service agencies on-site, though not all services not fully integrated
	Community partners	Strong working relationship with prosecutor; open communication with front line police responders, but supervisors not as participatory	Strong working relationship with the city police and sheriff's office;	Strong working relationships with all community partners	Strong working relationship with law enforcement	Strong working relationships with law enforcement and advocates	Good working relationships with most community partners; relationship with advocacy has been uneven over the years

*This information was reported by each site in their initial application and as a result may be an estimate and/or change over time.

SANE Programs' Data Collection and Analysis

Each of the six SANE programs followed the same general process to determine an appropriate research design, collect data on adult sexual assault prosecution rates, and analyze their findings (see Appendix C: Toolkit Activities Schedule). Details regarding each step are summarized below:

Determine Evaluation Design: To be eligible for this study, a program had to exhibit potential to complete a pre-SANE/post-SANE evaluation, as this design is the most methodologically rigorous option for examining whether these interventions can have a positive impact on sexual assault prosecution rates. However, the P-PE approach also emphasizes that local context and need must be considered when designing an evaluation so that the project is tailored to the specific informational needs of the community. Therefore, we had extensive phone and email contact with all sites to discuss design options. Based on these discussions, and the archival data collected during the application process, not all sites decided to conduct a pre-SANE/post-SANE evaluation design. Table 3 (following pages) synthesizes the decision-making process in each of the six sites and Table 4 (following pages) presents the final designs used in each site.

Establish Cooperative Agreements: To complete the evaluation, each SANE program needed access to medical records and prosecutor records. To obtain prosecutor records, each SANE program established a memorandum of understanding (MOU) outlining the terms of access. Sample MOUs were provided to the SANE program sites, which are also provided in the Toolkit as appendices (See Appendices E and H). Each SANE program also had to complete their home institutions' institutional review board (IRB) process because de-identified data from each site would be shared with the Toolkit Team. SANE programs who complete the evaluation independently and who do not intend to share their findings with an outside entity may not need to undergo IRB review. The Toolkit provides information to assist SANE programs in determining if they need to get IRB approval prior to completing the evaluation.

TABLE 3: SITE DESIGN SELECTION RATIONALE

<p>SITE A (RURAL): Pre-SANE/Post-SANE</p>
<p>This rural program serves patients across multiple counties. In their home county, program staff were able to access pre-SANE hospital records, which positioned them to complete a pre-SANE/post-SANE design. However, the number of patients treated in this county (either pre- or post-SANE) was below the necessary 30 cases/year (based on a power analysis conducted by the research team). The program staff decided to expand the scope of their evaluation to include pre- and post-SANE cases from a neighboring county as well. They formed collaborative relationships with the neighboring county's hospital to gain access to pre-SANE medical records and with the county's prosecutor's office to gain access to prosecution outcomes. By working with two counties, the site did not reach the minimum of 30 cases/calendar year. The evaluation continued as planned, however, as a low caseload among rural programs may be common and warranted inclusion in the study.</p>
<p>SITE B (RURAL): Post-SANE Only</p>
<p>This rural program wanted to conduct a pre-SANE/post-SANE design, but encountered prohibitive challenges with access to medical records. In 2000, their hospital switched to a new database system and it was not possible to search the old system (i.e., the pre-SANE cases) with a patient identifier. As such, it was impossible to identify pre-SANE cases at this site. Therefore, this site decided to conduct a post-SANE only design and they treated a sufficient number of patients (averaging 30+/calendar year) so they did not have to partner with a neighboring county for this project.</p>
<p>SITE C (MID-SIZED): Pre-SANE/Post-SANE</p>
<p>This site serves a mixed population base (some suburban and rural areas). The hospital database was easily searchable for pre-SANE cases and older patient records could be relatively easily obtained. As such, this site decided to conduct a pre-SANE/post-SANE design. Later, program staff discovered that some of the older patient files were stored across multiple databases, which made it challenging to locate all eligible cases, but they were able to complete the design as planned. The number of patients treated in this SANE program was above 30/calendar year (for most pre years and all post years, negating the need to collaborate with neighboring counties), but less than 50/year (so that sampling was not necessary to limit the scope of data collection).</p>
<p>SITE D (MID-SIZED): Post-SANE Only</p>
<p>This mid-sized program very much wanted to complete a pre-SANE/post-SANE design. They knew that their hospital database system was not searchable by "presenting complaint" (i.e., sexual assault), which made it impossible to identify pre-SANE records. If however, they could obtain patient identifiers (e.g., victim name), then they could search by those parameters to access pre-SANE records. Therefore, they tried to find creative ways to obtain patient identifiers. This program has very good relations with their local law enforcement agency, so they worked with them to try to obtain a list of sexual assault victims (both pre-SANE and post-SANE); they would then use this list of names to search the hospital databases. However, the law enforcement records during the pre-SANE years were incomplete (due to a switch over to a new database) and it was not possible to obtain a reliably complete list of sexual assault victims. Therefore, this site decided to conduct a post-SANE only design. The number of patient treated per year exceeded 50, which presented a data collection burden to program staff; as such, cases were samples for 30/calendar year. Because program years could start in the middle of the year (e.g., June instead of January) and cases were sampled per calendar year, the resulting n is slight less than 210 cases (the expected number of cases when sampling 30 cases per year over 7 years).</p>

SITE E (URBAN): Pre-SANE/Post-SANE
This urban-based hospital program had access to a comprehensive database that was easily searchable for pre-SANE and post-SANE cases. The pre-SANE records were accessible for only two years prior to the start of the program (rather than three, as was preferred for the pre-post design), but the site decided to continue with the pre-SANE/post-SANE design despite the slight decrease in statistical power. The number of patients treated in this program exceeded 50/year, so they sampled 30/calendar year for the evaluation. The program years for this site coincided with the calendar years resulting in the provided n.
SITE F (URBAN): Post-SANE Only
This site is an urban, community-based SANE program. Prior to the implementation of this program, victims were treated at multiple area hospitals. To obtain pre-SANE records, this site decided to collaborate with the two largest hospitals in the area since their patient populations were most similar to the population currently treated in the SANE program. However, the program staff learned that there had been a fire at one of the hospitals so they could not access pre-SANE records from that site. Although they could obtain pre-SANE records from one hospital, concerns about the comparability of the pre-SANE and post-SANE cases prompted this site to decide on a post-SANE only design. The number of patients treated in this program exceeded 50/year, so they sampled 30/calendar year for the evaluation. This distinction between program year and calendar year yielded the final n.

TABLE 4: SITE DESIGN SUMMARIES

	Design	Number of Years PRE	Number of Years POST	Sample Size PRE	Sample Size POST
SITE A (RURAL)	Pre/Post	3	5	47	92
SITE B (RURAL)	Post-Only	(NA)	9	(NA)	253
SITE C (MID-SIZED)	Pre/Post	3	10	65	334
SITE D (MID-SIZED)	Post-Only	(NA)	7	(NA)	201 *
SITE E (URBAN)	Pre/Post	2	10	60 *	300 *
SITE F (URBAN)	Post-Only	(NA)	12	(NA)	344 *

* sampled 30 cases per calendar year

Determine Case Inclusion Criteria: The Toolkit provided a standardized list of case inclusion criteria that each site used to determine which adult sexual assault cases treated in their program should be included in the evaluation (e.g., victims must be over 18 years old). In addition, each site had to determine the time period from which cases would be selected. Sites completing the Post-SANE Only Design included cases that received services from their SANE program beginning one year after the program start date through one year prior to the evaluation (i.e., the first year and most recent year of SANE program operation were excluded).⁷ Sites completing the Pre-SANE/Post-SANE Design selected the same post-SANE time period; the pre-SANE period was defined as three (or two, depending on record availability) years prior to the launch of their program.

Identify Eligible Cases: Program staff pulled SANE program records and/or hospital medical records for the selected time periods. Each sexual assault case treated during that time frame was recorded in an eligibility assessment table provided with the Toolkit (see Appendix D: Case Selection Criteria Table). Program staff then used the table to determine whether each case met eligibility criterion, and therefore should ultimately be included in the evaluation. Case inclusion criteria are provided in Table 5 (following pages) and in the Toolkit (Table 5; p. 50). Program staff created a pre-SANE (if applicable) and post-SANE list of cases that met all inclusion criteria.

Sample: Because collecting prosecution case outcomes is a resource-intensive process (see Campbell et al., 2009; Campbell et al., 2010), it might be necessary to limit the number of cases studied, particularly in the context of program evaluations conducted by practitioners. For this project, we conducted a power analysis to determine the minimum number of cases per year that

⁷ The first year of program operation was excluded from the evaluation because the literature on the development of SANE programs has documented that there are often multiple changes in staffing, services, and community relationships during a program's launch (Ledray, 1999). Indeed, Campbell and colleagues' (2009) quasi-experimental evaluation of a Midwestern SANE program found that Year 2 cases were most appropriately modeled as the "start" of the program. The most recent year of program services was excluded because it typically takes one year (or more) for a case to move through the criminal justice system. Very recent cases would still have pending case outcomes, which could skew the evaluation findings.

could be sampled and still yield .80 power for within-site and cross-site analyses. This analysis revealed that 30 cases per year would be necessary; 30 cases is also a programmatically feasible number for program staff. Sites that had over 50 eligible cases per year randomly sampled 30 cases per year for inclusion in this project.

Collect Prosecution Outcomes: Program staff partnered with their prosecutor's office to access final prosecution outcomes for each case included in the evaluation. Consistent with prior research (Campbell et al., 2009; 2010), cases were classified into one of five mutually-exclusive categories: not referred/not charged; charged but later dropped; plea bargain; trial-acquit; trial-convict (see Appendix E: Prosecution Outcome Data Table).⁸

Analyze the Data: All sites received a pre-programmed MS Excel data analysis file with the Toolkit. For each case, SANE program staff entered the case number, the date of the exam, the program year in which the exam was completed, if the case was pre-SANE or post-SANE, and the final case outcome. SANE program staff then clicked a button in the program to generate the results. For sites conducting the Post-SANE Only Design, the data analysis program provided: quantitative frequencies and percentages for case outcome category; grouped percentages (e.g., percentage of cases successfully prosecuted vs. not successfully prosecuted); and across-time graphs that depict prosecution outcomes over multiple years. Sites that conducted the Pre-SANE/Post-SANE Design received the same information, plus appropriate tests of significance (with *p* values) comparing prosecution rates pre-SANE/post-SANE.

⁸ Unknown or pending case outcomes were also recorded, although there were few instances of that as sampling was designed to minimize missing data. Cases still pending or with otherwise unknown outcomes were excluded from the analyses.

TABLE 5: CASE INCLUSION CRITERIA

Do Not Include	Explanation/Rationale
Do <u>NOT</u> include cases from the first year your program was operating	You need to give your program some “up & running time” and give it a chance to affect how cases progress through the system. For example, if your program launched in January 2000, it is unlikely that you would see immediate changes in how far cases progress. It would likely take one year to see any changes. So, if your program was implemented in January 2000, select cases that were treated in your program starting in January 2001. The implementation date of your program should be when your program began to self-identify as a functioning SANE program (this may or may not coincide with the start of grant funding, the start of providing 24 hour coverage, or the start of having SANE nurses on call).
Do <u>NOT</u> include cases from the year prior to the start of the evaluation	It takes time for cases to move through the criminal justice system. You do not want to track cases too soon or they will not have had time to reach their final outcome. So if you are starting the evaluation in January 2010, only cases from January 2009 <u>or earlier</u> should be included. You may want to ask the prosecutor’s office about the typical length of the process in your area. If it takes more than a year for cases to complete prosecution, adjust your criterion accordingly.
Do <u>NOT</u> include cases where the patients have not reported the assault to the police	Because you want to know if your program affected how cases progress through the system, patients who did not report the assault to the police should NOT be included in your evaluation sample—they were never a part of the criminal justice system in the first place because the patient chose not to report to the police.
Do <u>NOT</u> include cases where the patient was younger than 18 years	Prior research suggests that criminal justice system response varies depending on the age of the victim. Therefore it is best if the evaluation sample does not include multiple age groups.
Do <u>NOT</u> include cases where the patient did not consent to a medical exam with forensic evidence collection	Patients who declined a forensic exam may be less likely to report to the police and/or participate in the criminal justice process. Additionally, if prosecution does proceed, the criminal justice outcomes may be different for patients who had a complete forensic exam and those who did not. If you include patients who did not have an exam in your evaluation sample, you could underestimate the impact of your program.
Do <u>NOT</u> include cases that had anonymous or de-identified kits	Any patient whose kit did not include their <u>full name and date of birth</u> is considered an anonymous or de-identified kit. If a patient’s kit is anonymous, it is crucial that their anonymity is maintained. Including cases with anonymous or de-identified kits in your evaluation will compromise that patient’s privacy/confidentiality. Hence, it is crucial that you do not include those cases.

Toolkit Team Data Collection and Analysis

As the six sites followed the Toolkit steps and collected prosecution outcome data, the research/evaluation team studied the practical participatory evaluation process itself. The Toolkit Evaluation Team maintained several types of process records throughout the project to track contact with each of the six sites. A description of each type of data and the purpose for its collection is presented in Table 6 (following pages). This table also shows how we measured each component in the P-PE model depicted in Figure 2 (see text in bold).⁹

Participatory Process: We tracked each contact with each site to provide a quantitative index of the amount of technical assistance provided. We also collected quantitative post-training satisfaction surveys for each instructional webinar provided. Participants rated the quality of the training on multiple dimensions (e.g., coverage, clarity) on a 1 to 5 scale. In the qualitative site visit interviews and follow-up interviews, we asked about program staff members' satisfaction with the resources and assistance provided by the Toolkit Team. These answers were thematically coded to identify common responses with regard to the strengths and weakness of the technical assistance provided to the programs.

Process Use, Instrumental Use, and Conceptual Use: We had multiple sources of qualitative data regarding process use (changes in "evaluating thinking" among program staff as a result of participating in this project), instrumental use (changes in actual program/community operations stemming from the substantive evaluation findings), and conceptual use (changes in the way stakeholders conceptualize SANE programs and their role in the criminal justice system). We compiled the narrative data from our field notes, conference call notes, site visit notes, site visit interviews, and follow-up phone interviews, and conducted a conventional content analysis (Hsieh

⁹ Details regarding the assessment of **Context** features were previously described in "Recruitment/Site Selection" (Table 2); **Evaluation Knowledge** in "SANE Programs' Data Collection and Analysis" (Tables 3 and 4).

& Shannon, 2005) to determine whether this project promoted each kind of use. Table 7 (following pages) below summarizes each theme/sub-theme.

In addition to assessing the core components of the P-PE model, we were able to combine data across the six sites because all programs used identical data collection procedures. Each program provided de-identified data to the research team and we used multi-level modeling to determine whether the implementation of SANE programs had an effect on the extent to which cases of sexual assault progressed through the justice system from charging to conviction or guilty plea. The methodological details regarding these analyses, and the findings themselves, are presented in the Results section.

TABLE 6: TOOLKIT TEAM DATA COLLECTION

Data Collection	Description	Purpose
Contact Log	MS Excel workbook with a separate spreadsheet for each site to record individual site contacts (e.g., phone calls). Another spreadsheet tracked contacts at all-site events (e.g., webinars).	The contact log provided information on the participatory process and was used to obtain <i>quantitative</i> counts of the frequency of contact between the Toolkit Team and six sites.
Field Notes	MS Word table to record observations, lessons learned, and emerging patterns throughout the process of working with sites.	The field notes provided information on revisions/improvements that needed to be made to the Toolkit based on the sites' experiences implementing the seven evaluation steps in their communities.
Conference Call Notes	MS Word document for each conference call with running notes on discussion.	The conference call notes provided <i>qualitative</i> information on site context, participatory process, and process use .
Post-Webinar Satisfaction Surveys	Online survey completed by each site following each webinar to solicit their feedback on the technical assistance provided.	The post-webinar satisfaction surveys provided <i>quantitative</i> information on the participatory process .
Site Visit Notes	Field notes were collected at each of the site visits regarding program characteristics (to supplement the material in the sites' online applications).	The site visit notes provided both <i>qualitative and quantitative</i> information on the context . (Additional information about program context was obtained from the sites' online applications.)
On-Site Interview Transcripts	In-person interviews were conducted at the conclusion of each site visit. In the interviews, we discussed the site's evaluation findings, how community context may have shaped the evaluation findings, challenges and successes during the project, and site feedback on improving the Toolkit. See Appendix F: Site Visit Interview (sections one, two, and four).	The on-site interviews provided <i>qualitative</i> information on context, participatory process, and process use . Information obtained in these interviews was also used to make revisions to the Toolkit.
Follow-up Phone Interview Transcripts	Phone interviews were conducted 6-8 weeks after the final project close-out conference call. The interview focused on how the sites were using the findings from the evaluation to create change in their community. We also inquired as to their plans for future evaluation projects. See Appendix F (section three).	The follow-up interviews provided <i>qualitative</i> information on the participatory process, process use, and instrumental use . Information obtained in these interviews was also used to make revisions to the Toolkit.

TABLE 7: QUALITATIVE CODING METHODS TO ASSESS PROCESS, INSTRUMENTAL, AND CONCEPTUAL USE

Type of Use	Thematic Code	Definition	Example
Process Use— Learning/Knowledge	Evaluative Techniques/Strategies	Increased understanding of evaluation methods and tools	“I learned a little bit about sampling.”
	General Usefulness of Evaluation	Increased understanding of how evaluation findings can be used	“It’s the data...needed...to substantiate your needs for your patients.”
Process Use— Affect/Attitude	Rewards and Challenges	Sites identify evaluation as a rewarding experience that comes with challenges	“...the rewards tend to overcome...the grunt work.”
	Confidence/Self-Efficacy	Increased confidence or self-efficacy in understanding/conducting evaluation	“I could probably open somebody’s research and not skip over the hard core material.”
Process Use— Behavioral Intentions	Continue Evaluation	Sites intend to continue conducting evaluation	“We’re going to keep keeping the [prosecution] outcomes.”
	Change Current Practices	Sites intend to change current practices to improve data sources for future evaluation	“I had questions when I got done ...we can still improve on documentation.”
Instrumental Use	Share Findings	Sites share findings with home institution and/or community partners	“We [our multi-disciplinary team] met, we went over statistics [evaluation findings].”
	Plan to Use Findings	Sites identify the next steps to use their findings and make change	“ [our multi-disciplinary team] has some work to do to...understand what the data means.”
	Use Findings	Sites use the findings to make change	“[our multi-disciplinary team] is now . . . meeting quarterly [as a result of the findings].”
Conceptual Use	New Insights	Sites began to understand their program and its impact in a new way	“I think there’s . . . a national problem, not just our local community but across the United States.”

RESULTS

Participatory Process

In a P-PE project, the evaluators provide on-going technical assistance to program staff and other stakeholders so that they can be actively involved in the evaluation process. Table 8 summarizes the resources the Toolkit Team provided to the six sites.

TABLE 8: RESOURCED PROVIDED TO THE SITES

Tangibles Provided	Planned or As Needed	All Site or Site Specific	Purpose
Evaluation Toolkit	Planned	All Site	This print document is the step-by-step practitioner Toolkit for carrying out the evaluation.
Evaluation Toolkit Appendices in MS Word Format	Both	Site Specific	Specific appendices/tables (e.g., case selection by eligibility table) from the Toolkit were provided electronically in MS Word allowing for site-specific adaptations as needed.
MS Excel Data Analysis Files	Planned	All Site	These analysis files provided a page for data entry and automatically generated evaluation results for the pre/post or post only design.
Additional MS Excel Workbooks	As Needed	Site Specific	Additional Excel workbooks were created to assist in collecting data or in analyzing site-specific data (e.g., spreadsheet to record and identify eligible cases; spreadsheet to analyze reasons why cases were not charged based on supplemental data).
MS PowerPoint Review and Feedback	As Needed	Site Specific	Feedback was provided to individual sites on their PowerPoint presentations and/or presentation outlines for sharing their evaluation findings with community partners.
Supporting Documents for Sharing Findings with Community Partners	As Needed	Site Specific	Specific documents were sent to sites in preparation for their meetings with community partners to share their evaluation findings (e.g., literature on false reports; sexual assault response team protocols).
Additional Graphs, Charts, and Tables	As Needed	Site Specific	Additional graphs, tables, and charts displaying evaluation outcomes to be used in presenting findings to community partners
Additional References	As Needed	Site Specific	Bibliography of relevant literature to be provided to community partners during/after presentations

Table 9 summarizes the technical assistance methods/modalities we used to provide these resources to the selected programs.

TABLE 9: TECHNICAL ASSISTANCE MODALITIES USED WITH THE SITES

Activity	Planned or As Needed	All Site or Site Specific	Frequency	Dosage	Purpose
Webinars	Planned	All Site	3 times	60-90 minutes	Webinars provided instruction on implementing specific Toolkit evaluation steps. See Appendix G for the webinar PowerPoint slides.
Group Conference Calls	Planned	All Site	3 times	60 minutes	Conference calls provided an opportunity for sites to update the Toolkit Team and each other on their progress.
Individual Site Email Consultation	Both	Site Specific	Weekly	Varied (450 email threads throughout project)	Email contact provided sites with information on: relationship building, data collection methods and strategies, gaining access to hospital and prosecutor records, establishing sampling frame, IRB processes, and sharing findings.
Individual Site Phone Consultation	As Needed	Site Specific	Monthly-Bimonthly (each site had 5-12 calls throughout project)	10-60 minutes	Phone consultation provided sites with information on: evaluation design, data access, sampling, problem solving, and analysis assistance.
Individual Site Visits	Both	Site Specific	1-3 times	1-3 days	The Toolkit Team provided on-site assistance with data collection, analysis, interpretation, presenting findings to community partners, and action planning.

In P-PE evaluations, it is important that the research/evaluation team collect process-focused data regarding whether the resources provided to program were in fact helpful. In the site visit interviews, program staff reported that the tangible resources provided to the sites were very helpful. With respect to the Toolkit itself, program staff stated that it was very user-friendly. Specific features they particularly appreciated included: the step-by-step directions, screenshots of the MS Excel analysis program, and sample data collection tables. For example, one SANE coordinator said:

“I like that it [the Toolkit] was broken down into the steps. I liked how the circles [showed the steps], and then you had the one [identifying the current step] it was nice to see where [you were], what your reading was in context with, the bigger picture at all times” –MID-SIZED PROGRAM

Program staff like that the Toolkit was an all-inclusive reference book. In the context of this project, they could (and often did) just call the Toolkit Team when they had questions, but they also realized that the answers they needed were in fact in the Toolkit itself:

“The book is very user friendly . . . I’m a see-touch-do type person so that was helpful. I have referred back to it, probably not as much as I should have because I get going on something and then I think, okay, I know what I’m supposed to be doing . . . if I had questions I could find the answers in there pretty much.” –RURAL PROGRAM

The pre-programmed MS Excel data analysis file was undoubtedly the most appreciated resource provided to the sites. Program staff were concerned the data analysis and interpretation step

would be time-consuming and challenging, especially if they did not have prior training in statistics. As one site noted:

“But I like that I didn’t have to do the statistics ‘cause I’ve never taken that class; doesn’t sound like I want to either. Yeah, that’s really cool how you guys just created that spreadsheet and you click when you’re done, that’s really clever.” –RURAL PROGRAM

Program staff appreciated that the program provided not only descriptive statistics (e.g., frequencies and percentages), but also the appropriate tests of significance and accompanying graphs to aid in interpretation:

“I really loved the ability to plug the data in and then it generates the diagrams and all of the graphs and things for you.” –MID-SIZED PROGRAM

Feedback on the webinars was attained through post-training online surveys (see Appendices H - J). Table 10 (next page) presents the quantitative results from the three post-training surveys. Sites also provided feedback on the webinars in their interviews. Sites reported that they liked the webinars as they reinforced what was presented in the Toolkit and helped bring the overall process into perspective. The webinars were prescheduled and sites reported that this helped to ensure they were making appropriate progress through the steps of the evaluation. Some sites recommended that the webinars could be improved if they were self-paced so that sites could skip over information that they were already familiar with or that was irrelevant to them (e.g., IRB process, basic Excel tutorial).

TABLE 10: WEBINAR POST-TRAINING SURVEY RESULTS

“Introduction to Evaluation” Post-Training Survey Results (n=6)	
How much time would you have liked allotted for each training method? 1=A lot less time 2=Less time 3=Adequate time 4=More time 5=A lot more time	
Pre-assigned readings	3.00 (<i>SD</i> =0)
Presentation by trainer	3.00 (<i>SD</i> =0)
Group discussions	3.00 (<i>SD</i> =0)
Skill-building activities	3.50 (<i>SD</i> =0.837)
What are your preferences for each type of activity? 1=A lot less time 2=Less time 3=Adequate time 4=More time 5=A lot more time	
On-phone audio (i.e., listen to the call on the phone)	3.00 (<i>SD</i> =0)
On-line audio (i.e., listen to the call on your computer)	3.40 (<i>SD</i> =0.548)
Photos of presenters posted on the webconference	3.83 (<i>SD</i> =0.408)
Photos of participants posted on the webconference	3.16 (<i>SD</i> =1.169)
Real-time video of presenters	3.16 (<i>SD</i> =0.753)
Real-time video of participants	2.60 (<i>SD</i> =0.548)
Projection of prepared slides on the webconference	3.00 (<i>SD</i> =0)
Projection of real-time notes on the webconference	3.16 (<i>SD</i> =0.408)
Simultaneous text chats on the webconference	3.40 (<i>SD</i> =0.548)
Other ways of interacting online (e.g., instant polling, raising your hand)	3.33 (<i>SD</i> =0.816)
Information Covered ¹⁰ 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree	
The information covered is relevant for our SANE program.	4.67 (<i>SD</i> =0.516)
The information was provided in an user-friendly manner	4.83 (<i>SD</i> =0.408)
I plan to use the information from the training in our evaluation.	4.83 (<i>SD</i> =0.408)
The information provided was clear and understandable.	4.83 (<i>SD</i> =0.408)
The information provided covered the areas needed for our program to complete an evaluation.	4.83 (<i>SD</i> =0.408)
Preparation for Evaluation 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree	
The training helped me understand the purpose of evaluation.	5.00 (<i>SD</i> =0)
The training helped me understand the key concepts in evaluation.	5.00 (<i>SD</i> =0)
The training helped me understand the two main types of evaluation.	5.00 (<i>SD</i> =0)

¹⁰ One respondent appeared to have filled out the survey incorrectly. This respondent “strongly disagreed” with all of the items in the “Information Covered” and “Preparation for Evaluation” sections on this survey yet issued positive feedback in their comments. It is likely that they misread the survey and indicated “strongly disagree” when they intended to select “strongly agree.” The values presented have been corrected (e.g., “1” is changed to “5,” “2” is changed to “4,” etc.). If the presumed incorrect vales are not changed, the scores on the “Introduction to Evaluation” survey for “Information Covered” are: 4.00, 4.17, 4.17, and 4.17; for “Preparation for Evaluation” are: 4.33, 4.33, and 4.33.

“Moving From Design Through Data Collection” Post-Training Survey Results (n=6)	
How much time would you have liked allotted for each training method? 1=A lot less time 2=Less time 3=Adequate time 4=More time 5=A lot more time	
Pre-assigned readings	3.00 (SD=0)
Presentation by trainer	3.00 (SD=0)
Group discussions	3.00 (SD=0)
Skill-building activities	3.00 (SD=0)
What are your preferences for each type of activity? 1=A lot less time 2=Less time 3=Adequate time 4=More time 5=A lot more time	
On-phone audio (i.e., listen to the call on the phone)	3.00 (SD=0)
On-line audio (i.e., listen to the call on your computer)	2.83 (SD=0.753)
Photos of presenters posted on the webconference	3.16 (SD=1.169)
Photos of participants posted on the webconference	3.00 (SD=1.095)
Real-time video of presenters	3.00 (SD=0.632)
Real-time video of participants	2.50 (SD=1.049)
Projection of prepared slides on the webconference	3.33 (SD=0.516)
Projection of real-time notes on the webconference	3.33 (SD=0.516)
Simultaneous text chats on the webconference	3.33 (SD=0.516)
Other ways of interacting online (e.g., instant polling, raising your hand)	3.67 (SD=0.816)
Information Covered ¹¹ 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree	
The information covered is relevant for our SANE program.	4.50 (SD=0.548)
The information was provided in an user-friendly manner	4.50 (SD=0.548)
I plan to use the information from the training in our evaluation.	4.83 (SD=0.408)
The information provided was clear and understandable.	4.83 (SD=0.408)
The information provided covered the areas needed for our program to complete an evaluation.	4.67 (SD=0.516)
Preparation for Evaluation 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree	
The training helped me understand my role in designing and carrying out an evaluation.	4.67 (SD=0.516)
The training helped me understand the types of evaluation questions we can investigate.	4.33 (SD=0.516)
The training helped me understand how to design an evaluation.	4.67 (SD=0.516)
The training helped me plan for how to build the relationships I need in order to carry out the evaluation (for example, with the prosecutor’s office).	4.83 (SD=0.408)
The training helped me understand how to sample cases for the evaluation.	4.67 (SD=0.516)

¹¹ One respondent appeared to have filled out the survey incorrectly. This respondent “strongly disagreed” with all of the items in the “Information Covered” and “Preparation for Evaluation” sections on this survey yet issued positive feedback in their comments. It is likely that they misread the survey and indicated “strongly disagree” when they intended to select “strongly agree.” The values presented have been corrected (e.g., “1” is changed to “5,” “2” is changed to “4,” etc.). If the presumed incorrect values are not changed, the scores on the “SANE Evaluation Toolkit: Analyzing Your Data (Step 5)” survey for “Information Collected” are: 3.83, 3.83, 4.17, and 4.17; for “Preparation for Evaluation” are: 4, 3.67, 4, 4.17, and 4.

“Analyzing Your Data (Step 5)” Post-Training Survey Results (n=7)	
In thinking about learning about data entry, what are your preferences for each type of training method?	
1=A lot less use 2=Less use 3=Adequate use 4=More use 5=A lot more use	
On-phone audio (i.e., listen to the call on the phone)	3.29 (<i>SD</i> =0.756)
On-line audio (i.e., listen to the call on your computer)	3.71 (<i>SD</i> =0.951)
Prepared slides with screen shots of the data program and data entry	3.71 (<i>SD</i> =0.951)
Real-time video of the trainer using the program and entering data	3.14 (<i>SD</i> =0.900)
Participants following along in their own copy of the data program	3.14 (<i>SD</i> =1.215)
Other ways of interacting online (e.g., instant polling, raising your hand)	3.57 (<i>SD</i> =0.976)
Preparation for Using the Data Entry Program	
1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree	
The training helped me understand how rows and columns are used in a spreadsheet.	4.00 (<i>SD</i> =0.817)
The training helped me understand how to transfer the information I am collecting at the prosecutor’s office into the spreadsheet.	4.43 (<i>SD</i> =0.535)
The training helped me understand what I need to do to calculate the results after I have entered all the information from the prosecutor’s office.	4.43 (<i>SD</i> =0.787)
The training helped me understand the results I will get from the prosecutor’s office.	4.57 (<i>SD</i> =0.535)
Expectations for the Data Entry Program	
1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree	
It will be easy to enter the information I collected at the prosecutor’s office into the spreadsheet.	4.43 (<i>SD</i> =0.535)
I will need to get additional help with entering the information from the prosecutor’s office into the spreadsheet.	1.86 (<i>SD</i> =0.690)
The way to enter information into the spreadsheet (i.e., type it in or choose from a dropdown list) will help to avoid mistakes in data entry.	4.29 (<i>SD</i> =0.488)
It will be helpful to have an error message come up when there is missing data.	4.28 (<i>SD</i> =0.488)
The graphs on the results page of the program will be easy to understand.	4.42 (<i>SD</i> =0.535)

The group conference calls were another technical assistance strategy that was well-received by the sites. The conference calls helped to reinforce what had been presented in the Toolkit and also helped ensure that sites were progressing through the steps in a timely way. Perhaps most importantly, the conference calls provided encouragement and peer support. Sites found it helpful to interact with one another, to hear about others’ experiences in implementing the evaluation, and challenges other sites were facing. This setting also allowed for group question and answer sessions. Sites reported that

this was beneficial in that other sites may ask questions they had not yet thought of or did not feel comfortable asking. For instance, one SANE program coordinator said:

“It was really beneficial to listen to what was going on with the other sites . . . hearing (about others’) challenges was really helpful because it made us all think outside the box” –RURAL PROGRAM

Individual technical assistance (provided by email or phone) was instrumental in addressing site-specific challenges. All sites reported that this aspect of the participatory process was crucial in that they would not have been able to implement the evaluation without the ability to contact a specific individual to answer questions, provide assistance, and encourage them throughout the implementation of the evaluation. As one program staff member reported:

“So nationally there is a push to be able to do solid evaluation of the programs that we’re implementing. So in order to do that you got to give little non-profits like ours . . . the resource[s] to do evaluation or they’re not going to do it . . . We’ve got 50 million other things to do to keep our program running and evaluation is, wow, I’d really love to do it but I don’t have the time, I don’t have the money...So having a person there makes it more feasible for me to say, you know what, I’m going to bite this one off because there’s somebody there that I can call when I get stuck. –URBAN PROGRAM

In the context of this grant project, we had the resources to conduct site visits with all six programs. These visits were scheduled depending on the needs of the program and when they felt it

would be most helpful to have us on-site. One program elected to have our assistance during the process of pulling records as this was a particularly overwhelming task given the size of their program:

“[pulling records and identifying eligible cases] . . . it really helped when [Toolkit Team member] came down because . . . just having another person to help really helped with that.” –URBAN PROGRAM

The other sites elected to schedule the visit during data analysis, interpretation, and utilization planning. Although the pre-programmed Excel file substantially reduced the labor for this task, program staff felt it was helpful to have a chance to talk through the results and plan next steps:

“[When you go through all the evaluation steps you want] the opportunity to have a conversation with somebody – I mean I’m not saying you have to come to the hospital or you personally but having the ability to say, okay so that all looks great and they’re pretty charts but tell me what this means.” –MID-SIZED PROGRAM

Site visits may not be financially feasible in all projects, but program staff felt very strongly that the opportunity to have personal one-on-one contact with an experienced evaluator was essential, whether in person or by phone.

Overall, sites reported that the multiple modalities (i.e., participatory processes) used to convey the evaluation information was very helpful. Sites liked that they were able to read the information in the Toolkit, see it in the webinar, and talk about it during the conference calls, and that this reinforcement of material was crucial to their learning.

Evaluation Knowledge: Site-Specific Findings

In P-PE evaluations, the design of the project is tailored to the local context and the specific informational needs of the community. In this project, three sites (one rural, one mid-sized, and one urban) completed the pre-SANE/post-SANE design. Table 11 (next page) summarizes the pre- and post-SANE prosecution outcomes for each site. Interestingly, despite marked differences in community context and program operations (see Table 2), all three programs had remarkably similar results. For example, the pre-SANE rates of non-referral/not charged were strikingly consistent: 89%, 94%, and 87%. In other words, in cases of adult sexual assault in which the victim had obtained a medical forensic exam and had reported the assault to the police, it was extremely unlikely that legal action was taken. After the implementation of the SANE programs in these three communities, the rates of non-referral/not charged dropped (80%, 89%, 84%), indicating that more cases were progressing into the criminal justice system. However, the rates of non-referral were still quite high (80%) and the change was not enough to reach statistical significance in any site. The rates for plea bargains and convictions generally increased post-SANE, but again, did not reach statistical significance in any site.

Three sites (one rural, one mid-sized, and one urban) completed a post-only design due to difficulties obtaining pre-SANE records (See Table 11). Again, even though community context varied, the post-SANE rates of non-referral/not charged were quite similar across programs (91%, 89%, and 82%), and were also consistent with the post-SANE rates in the three sites that completed pre-SANE/post-SANE design (80%, 89%, 84%). The rate of trial convictions and plea bargains was also quite low (and again, consistent with the rates in the pre-post designs), with the notable exception that Site F (urban) had a markedly higher rate of plea bargains (13%).

TABLE 11: SITE-SPECIFIC RESULTS

	SITE A (RURAL)		SITE B (RURAL)		SITE C (MID-SIZED)		SITE D (MID-SIZED)		SITE E (URBAN)		SITE F (URBAN)	
	PRE	POST		POST	PRE	POST		POST	PRE	POST		POST
Not Referred/Not Charged	89%	80%		91%	94%	89%		89%	87%	84%		82%
Charged, but Later Dropped	0%	2%		0%	2%	0%		5%	8%	7%		4%
Plea Bargained	11%	13%		4%	3%	6%		4%	3%	7%		13%
Trial: Acquittal	0%	3%		0%	0%	2%		0%	0%	1%		1%
Trial: Conviction	0%	1%		5%	2%	3%		1%	2%	1%		1%

Process Use

P-PE theory stipulates that when programs invest the time and effort to conduct an evaluation, obtain the results, and learn how to interpret and use them, there should be discernable changes within the staff (as well as the broader program culture) regarding the practice of evaluation. In this project, we found evidence of such process use in three domains: 1) program staff learned new evaluative techniques and strategies; 2) program staff developed positive attitudes toward evaluation and its utility; and 3) program staff showed emergent behaviors regarding institutionalizing evaluation within their agencies.¹² Findings regarding each of these sub-types of process use will be described below.

Learning and Knowledge: All sites reported that participating in this project increased their knowledge about evaluation. Program staff were able to recognize not only what technical decisions needed to be made throughout the evaluation process, but also what information was needed to make strategic decision at each juncture. This increased capacity to make informed decisions was evident in each of the seven steps of the evaluation process.

The first step of the evaluation involved understanding the evaluation design. Participants grasped the concept of pre/post and post-only evaluation designs with notable ease, though the evaluation terminology was new to some participants. Mastery of these concepts was important as it facilitated later negotiations with hospital administrators and other community partners about the evaluation and successfully navigating the Institutional Review Board (IRB) process.

The second step of the evaluation involved the identification of evaluation questions. Although the Toolkit provided program staff with guiding evaluation questions, they still gained an understanding of how logic models can aid in making this important decision. When asked what they learned from doing the evaluation, one site explained:

¹² Process use regarding institutionalizing evaluation is distinct from instrumental use. The former refers to behavioral intentions to continue and/or extend evaluation in the future; the latter refers to how the substantive findings of a specific project were actually utilized to create change.

“I can’t even go through everything that was informative for me but the logic models that we did early on about how do you even decide what you’re going to evaluate and how do you, how do you look at that? How do you pull it apart so that you can get to one thing that you can understand?” –URBAN PROGRAM

Logic models were presented in the very beginning of the Toolkit and so this site’s later recollection of the logic model and its primary purpose in terms of evaluation illustrates that they learned this information and maintained it over time.

The third step in the evaluation process was for sites to form cooperative agreements with their home institution and partnering institution(s). As sites began to collaborate with these agencies, they learned how their home institutions’ (e.g., hospital) and partnering institutions’ (e.g., prosecutor’s office) processes affected access to evaluation data. This was most apparent when the sites were completing the IRB process.¹³ Several sites were not familiar with the IRB process, as one site reported:

“[I] had no idea what an IRB was and had to go through the board and all that. I thought I’d get permission from, basically the hospital attorney that we can do something like this and be done with it...but not, I had no idea what an IRB was.” –RURAL PROGRAM

A program coordinator from another site reflected on how the Toolkit Team helped teach her about the IRB review process:

¹³ For this project, sites needed to attain IRB approval from their home institutions (as applicable) because deidentified data would be provided to the Toolkit Team and potentially shared to a larger audience via presentations or publications.

“When I went to IRB, they’re kind of like, what do you want? I mean I remember trying to explain this in simplistic terms and I think I even had you [the Toolkit Team] write something out or somebody wrote something out more simplistic for me to explain to them because they were kind of like, what are you doing?” –RURAL PROGRAM

Sites encountered additional data access barriers and/or delays when partnering with outside organizations to gain access to data. Most frequently, program staff learned that they could not be granted direct access to the data they desired (e.g., prosecution outcomes) due to confidentiality, but instead had to work alongside a representative of the partnering organization. This additional coordination delayed the process for some sites. For example:

"I learned that when you’re dependent on other organizations things don’t perhaps move as quickly as you would like for them to and you have to tread carefully. The last thing I can afford to do is push [community partner] too hard and she’s like, you know what? You can take your little project...I kept going back and going back...when are we going to get the data? When are we going to get the data? When are we going to get the data? When are we going to get the data? So just being persistent but being persistent in a very nonthreatening sort of a way so they’re still your friends.” –URBAN PROGRAM

Through this, sites learned that it takes time to develop cross-system collaborations and that this must be budgeted into evaluation plans and timelines.

In the fourth step of the evaluation, program staff learned about sampling and data collection. Four of the six sites began the project with the intention to complete a pre-SANE/post-SANE evaluation

design. In the Toolkit and accompanying webinars, we emphasized that the sampled pre-SANE and post-SANE cases should be as comparable as possible to ensure the methodological integrity of the design. Two sites could not gain access to pre-SANE records through their hospitals, so they started exploring other options for accessing pre-SANE records. For instance, one site considered working with their crime lab to obtain a list of all sexual assault cases prior to the start of the SANE program.

Although this approach reflects creative problem-solving, it was methodologically flawed as it would create non-equivalent samples. Specifically, a list of sexual assault cases from the crime lab would include only those cases in which the sexual assault evidence collection kit was received by the crime lab. Generating the list of pre-SANE cases from the crime lab (only including cases with received kits) and the list of post-SANE cases from the home institution (including cases with and without received kits) would yield different samples. After discussing this alternative data collection strategy with the Toolkit Team, program staff realized that this sampling strategy would compromise the evaluation. One site summed this up as:

“...recognizing in the beginning the importance of having a process that’s the same all the way through for every part of the process.” –URBAN PROGRAM

Both of these sites decided to switch to post-SANE only evaluation designs as a result of their increased knowledge of sample equivalency.

The fifth step (data collection) also presented numerous opportunities for sites to learn about the process of evaluation. Several sites were surprised as to how their home institutions maintained medical records. Some sites were able to search a single electronic database for a specific classification or discharge code, while other sites had to search for multiple codes across multiple electronic databases. Other sites found themselves searching through paper records. Additionally, documentation

within each medical file varied. Some medical files clearly documented all pertinent information for the evaluation, whereas other records failed to document adequately all relevant information. Through this experience, sites learned that there are limitations in conducting an evaluation with pre-existing records and that their specific home institution record-keeping practices could affect data quality.

Finally, in the last steps of data analysis and utilization, sites learned about statistical significance, how to interpret a *p*-value, and what might decrease the possibility of reaching statistical significance (i.e., lower power resulting from small sample size or uneven sample sizes). Sites also learned that non-significant findings could be quite useful for sparking community conversations about systems change. For instance, non-significant findings highlighted how the SANE program by itself cannot change how the criminal justice system makes decisions about sexual assault cases. Instead of dismissing non-significant findings as a sign of failure, sites came to understand how these findings provided important information about needed changes in their communities.

In addition to learning about the step-by-step process evaluation, program sites also developed more generalized knowledge about the usefulness of evaluation. For example, several programs noted that evaluation findings can be useful to support or refute anecdotal evidence about their programs. As one site explained:

“I thought it was very interesting to see how much information we could tease out with the type of findings... We’ll be able to look at the data that was collected and be able to see the peaks and the valleys and then describe what was going on with our program at the time. I think is very interesting to sit there and being able to talk with several people and say oh yeah, that’s when this happened and that’s what these – I thought that was a lot of information to gather from the data that was collected... We’ll be able to discuss

with our community partners what our findings are; to be able to discuss within our SANE program and work at making our response better.”—URBAN PROGRAM

This reflection on the usefulness of the evaluation findings was especially striking because this specific site had previously noted that they did not see as much value in quantitative findings because it did not help very much to “talk about or look at the numbers.” After completing the evaluation, however, the site developed a better understanding of how quantitative evaluation findings can provide a “big picture” look at their program and their community.

Sites also came to realize how evaluation can be useful for establishing the need for their program and garnering support for their work. For example, one site noted how evaluation is useful for substantiating the need for patient services:

“It’s the data that you needed in order to be able to substantiate your needs for your patients in your community. I need this type of finding to be able to say, well this is why it’s a need, this is why we need it.” —MID-SIZED PROGRAM

Sites also identified how evaluation findings can be used in grant applications to show a commitment to evaluation, demonstrate how the program is operating, and support its current efforts. One site said:

“I think that it could be valuable in future funding applications to be able to say we evaluated this piece of our program. These are our outcomes; this is something that we’re working on as a result of that.” —URBAN PROGRAM

Program staff also noted that evaluation is useful because it helps answer some questions, raises new ones, and provides an on-going approach for learning about their program. For example, one site explained that after visiting the prosecutor's office and beginning to collect prosecution outcomes, she realized that at the end of the process, she was going to have as many if not more questions than at the start of the evaluation. Program staff learned that evaluation can do much more than answer the initial evaluation questions because it provides a long-term framework for self-study and change.

Attitudes and Affect: Prior to this project, most sites had not participated in an evaluation, and as such, they were not sure what to expect. Many staff members were worried that the process might be overwhelming and that they may not have the appropriate skills or knowledge to be able to carry out the evaluation. However, at the end of the project, sites noted that it was not as difficult as they originally anticipated. As one site explained:

"I really didn't think that the project was difficult. And really, once you got past the fact that any time you're looking at starting and looking at 14 years, it seems pretty intimidating to go through all of that information, but it really wasn't bad once you got started. And it didn't, it just seems more daunting than it is actually is when you start to do it." –MID-SIZED PROGRAM

By the end of the project, all sites reported increased confidence not only in their evaluation skills, but also in their ability to apply what they had learned to other research studies. For example:

"Well, what I will say about the opportunity to participate in this for the past year, has been that I think I'm better, or I will be better, when I look at research at understanding what it means. Usually when I go look at publications, I go to the summary because I

don't have a clue about what all the rest of the stuff means, and now I think I could probably open somebody's research that I'm reading and not skip over the hard core material. I think I have a better ability to understand what it means which is valuable to me. So that piece, I don't know that I've said that before, I've learned that. I can come away from this project with that better understanding and I also think if my board were to say, we need to do an evaluation of this or that or the other, I have a better sense of what that means and what it needs to look like depending on how formal of an evaluation they want done." –URBAN PROGRAM

Overall, program staff indicated that evaluation was an extremely rewarding experience after they were able to see their results. What they were able to learn about their program via evaluation was well worth the resources dedicated to the process. Another site said:

"Well, adding the data, the 339 cases took me about an hour, an hour and a half, maybe something like that. It was interesting to go see what those outcomes were as I was typing them in because I hadn't seen them all. It was interesting to run that – hit that little button and watch the tape come back at you. So then when that happens you sort of forget about, it's sort of like having a baby, the rewards tend to overcome or compensate for some of the grunt work you did earlier on." –URBAN PROGRAM

Though conducting the evaluations was challenging at times, program staff's attitudes toward evaluation were quite positive throughout the project.

Intentions for Institutionalizing Evaluation: After participating in the evaluation, all sites had plans to *continue* their projects and wanted to make evaluation a regular part of their programs' operations. As one site explained:

“And as far as keeping [track of the prosecution outcomes], I would really like to keep the database that you helped to create going. I mean I know that we stopped, we had a defined stopping point just because of cases making it to prosecution but I would like to catch it up and then start to keep it current so that we can continue to track our findings and continue to see if we're having an impact.” –MID-SIZED PROGRAM

This site, like the other sites, was able to identify strategies to streamline the evaluation process, such as maintaining an ongoing database with the relevant evaluation information.

In addition, the sites had plans to *extend* their evaluation projects into new areas. Although the focus of this project was sexual assault case progression in the criminal justice system, program staff recognized that they can use the same strategies and techniques to evaluate other services provided by their program (e.g., services for patients reporting domestic violence, services for post-mortem forensic exams, etc.) or their impact on other outcomes (e.g., patient medical outcomes, psychological outcomes, etc.). For example, one site explained their plans for new projects:

“I would like to be able to do some other evaluation. We started doing the DV program here but we don't have the historical data like we have for SANE. We've only been doing it for almost 2 years now. But I think it would be really valuable for me in terms of funding the program and being able to articulate its value to be able to look some formal evaluation of it, and I don't know what that looks like. I don't know what sort of

question I would be asking but first off I think it's probably a little early. I'm thinking maybe when we have 3 years of data and experience with this program, it might be a good time to look at it." —URBAN PROGRAM

It is worth noting that the sites planned to continue evaluation irrespective of the specific findings they obtained in this project. Their decision to continue with evaluation was a result of having an increased understanding of the evaluative process and identifying it as a rewarding and positive experience.

Instrumental Use

All sites made plans to share their evaluation findings with their home institutions and community partners, and most sites were able to accomplish this task within four months of obtaining their results. Programs developed either PowerPoint presentations summarizing their results, or informal "talking points" that highlighted key findings. Some program opted to share their findings in their multidisciplinary team (MDT) meetings that included all partnering agencies:

"Well, we're going to definitely share the results in sort of a phased approach with our multidisciplinary team and actually we'll try to expand the attendance of that team so that we can bring in more representatives from the DA's office so that we can bring other interested parties to the table to help us have this dialogue around the data...[we selected a phased approach for] multiple reasons. One, is we have a finite period of time; our meetings are short. The other is we want to give people sort of bite-sized morsels that they can walk away with and understand that they have time to ask questions. We don't know the kind of response we're going to get from this group who have never talked about data. I mean in the 3½ years I've been here we've never really talked about data and so do we get them really engaged with this or do we turn them

off with it? We don't know. So let's start slowly and sort of get them interested; understand the data and then in subsequent meeting begin to talk about – introduce the subject of, okay now we have this information about prosecution rates in [location], what do we want to do? Let's think about what we want to do? Are there changes that we could implement?" –URBAN PROGRAM

Other sites met with stakeholder groups individually (e.g., prosecutor's office, law enforcement, advocates, etc.) rather than as a collective group in order to address agency-specific problems revealed through the evaluation.

After sharing the evaluation findings with community partners, many sites made plans for how they could use the findings to enact change. Some sites were not able to execute their plans before this grant project ended, but they had readily identified their next steps (e.g., reaching out to new community partners to address gaps in services revealed through the evaluation). Others were able to execute their plans for change rather quickly, which was quite remarkable as it indicates that programs were able to share, interpret, and utilize their evaluation findings in only a few months. For instance, in several sites, the evaluation findings illustrated the need for more frequent MDT meetings, regular case review by the MDT, and the involvement of more law enforcement officers in the MDT. One site noted that the evaluation findings directly led to a change in MDT practice in their community:

"Before that we didn't meet very often. Now we are meeting quarterly [as a result of sharing the findings] to try to put new protocols or education awareness." –RURAL PROGRAM

Similarly, other sites used the evaluation findings to kick-start efforts to develop community-wide sexual assault response protocols. One site described how the evaluation findings were used for protocol development:

“I believe the [evaluation] findings really started the process . . . I know in the past that they had tried to . . . start a protocol and it never went through. Why, I don’t know. And now I think with the statistics that it’s out there and all the cases that we are doing, now they are looking at [it] deeper.” –RURAL PROGRAM

Other sites used the evaluation findings to apply for grants to improve services for sexual assault victims in their communities. For instance, one site used the evaluation findings to apply for a federal grant to secure a sexual assault-specific investigator:

“[We submitted] a grant to have one specific officer to respond to all of the domestics and sexual assaults versus whichever officer [is available]...It’s a federal grant...that will actually pay for his or her, the officer’s salary, benefits, education.” –RURAL PROGRAM

Another site used the findings to apply for a grant to fund sexual assault-related training for law enforcement personnel:

“The other thing was a really great outcome of that is after sharing that [the evaluation findings], I had some good conversations with the police department... They do not have a single training to their names in sexual assaults or domestic violence, not one. So no sexual assault education training at all, so we decided as a group that we needed to

have some sexual assault investigative training for the department to make sure they were at least up to speed on current investigation techniques and tactics... And when I went to them [commission on setting law enforcement standards] and I said look, you have no sexual assault [training], no domestic violence [training]; they're like well how can that be, they got money. So that started some other investigations at the state as well. It's been helpful in that actually a representative from the Crime Commission actually went to a training, actually she did that back a week and half ago, to actually learn to teach sexual assault education to detectives. So they understand now that it is an actual issue and I don't think they recognized it before until we brought it to their attention, which is stunning" –MID-SIZED PROGRAM

For both of these communities, the grant applications were a direct result of the evaluation findings. As one program staff member explained:

"[Without the evaluation] we would not have had the data to support why it was so important. We would not have been able to say look, we've done a study, we've looked at our outcomes for X number of years. This is what's actually happening, and clearly it's a problem and what's even better is that we're now able to say, this is what's happening in other areas of the country and look where we are compared to other areas of the country. Maybe we do have an issue and you know nobody ever really likes to think that they're doing the best job where they are, and it's not that they're not trying to do a good job, it's just that they need to identify, maybe we have some weaknesses we need to work on guys. So that helped, it really helped." –MID-SIZED PROGRAM

The fact that these sites were able to utilize the evaluation findings in such a short period of time suggests that additional change efforts may also be implemented over time.

Conceptual Use

Conceptual use refers to whether the evaluation findings prompted stakeholders to “step back” and think about the program and its possible outcomes in new ways. As was noted previously (see Evaluation Knowledge: Site Specific Findings), the substantive findings were remarkably similar across all six sites in that most sexual assaults reported to law enforcement were never referred to the prosecutor or were never charged by the prosecutor. These results were an unwelcome surprise for program staff. During data collection, sites got an inkling as to what their results might reveal. While searching the prosecutors’ databases, program staff could not find most of their patients’ cases in the records. Initially, many sites questioned if they were searching properly. After exploring and exhausting any alternative search strategies, they began to understand that the absence of records at the prosecutor’s office was not due to a mistake in their search strategy or method, but instead that these cases had never been referred to or charged by the prosecutor’s office. This realization was disillusioning for many sites as they had been operating under the assumption that the majority of sexual assault cases treated by their SANE program progressed through the criminal justice system. Once the sites had finished collecting, analyzing, and interpreting their data, these initial concerns were confirmed. All sites expressed shock and disbelief at the findings. For example, one site elaborated on what they expected to find and why:

“I was expecting that there would be many, many more referrals...And that there would’ve been more cases that went to trial and came out with convictions. I thought there was going to be more going to – that had been charged based upon, based on the

number of subpoenas that we received. That there would be more pleas, more going to trial...you know you think you have a strong program and it's having positive outcomes on prosecutions and then when you see that it's not having that impact, you're like, oh, darn. Is it something we're doing? I absolutely recognize that our first and most important consideration is patient care but you're interested in outcomes, the prosecution outcomes, and so to see them so low, it's like *oh*." –URBAN PROGRAM

The majority of sites' community partners had similar reactions. As the evaluation findings were shared with other stakeholders, they were also met with surprise. As one site explained:

"I think it was interesting that, I think they [community partners] thought that their percentages were going to be higher. I don't think they actually realized how low they were and to actually see that number was kind of shocking for them. So that was a good wake up call." –MID-SIZED PROGRAM

Another site reported back that "just about everybody's mouth dropped like mine." These evaluation findings fundamentally changed how the sites conceptualized the impact of their work. At the beginning of the evaluation, they assumed that their work had a direct impact on prosecution outcomes. This illusion faded as they learned that so many of their cases did not result in successful prosecution or even the filing of charges.

When the Toolkit Team brought all the sites together for a final group conference call to share their findings with each other, there was a collective "aha moment" when they discovered that all of the sites had obtained similarly discouraging findings. The low rates of referral/charging, prosecution, and successful prosecution were not isolated to a specific site, but rather cut across all sites. Furthermore,

these six SANE programs are well-established in their communities and recognized by their peers as “strong programs,” so how was it possible that all of them obtained nearly identical dismal findings? As the group discussed and debated this issue, it became clear that the under-prosecution of sexual assault is a national problem, as one site described:

“More law enforcement and prosecutor groups need to be more updated on what is actually occurring with these cases. If there are cases that seem like they should be prosecuted because you’ve got witnesses or the persons themselves are telling you this happened, why aren’t they being prosecuted? It seems like, do they have someone they have to answer to because we’re doing all this work and frankly it feels useless, most of the things that you’ve been doing for your patients because you’re not seeing an outcome... I think there’s – it’s national, there’s a national problem, not just our local community but across the United States. Obviously sexual assault or battery or GSI [gross sexual imposition] is not being taken seriously and I think it’s a problem.” –RURAL PROGRAM

The under-prosecution of sexual assault is indeed a national problem, and even the strongest, most well-established SANE programs are not “the fix” to a problem so complex. As the sites continued to discuss their findings, program staff highlighted how SANE program services are one of only many factors that influence how the criminal justice system processes cases. Deep-seated stereotypes and belief about rape are still rampant within the legal system itself and in the community at large. For example, one site commented on how the problem of under-prosecution begins with the police:

“A lot of it I think has [to do with] police prejudice. They don’t believe. That comes out of their mouths quite a bit, I don’t believe her. Or regret sex, the next day regret sex...[and] they don’t move forward...a lot of them...think that they’re false reporting...or it’s just a case that they can’t find who did it. I think those are main reasons right there...[and]a lot of times what I’m hearing [is] the victim or the survivor can’t be found or doesn’t want to move forward and it just gets stopped.” –URBAN PROGRAM

One site described the role all community members played in this process as the potential jury pool:

“You know juries – education is just a huge thing and juries just, you know, they try to pick juries but you don’t always get that advantage...you know juries and communities still believe a lot of the old myths about sexual assault. I mean I still, I mean even in the ER when I’m out there and they’ve seen a gal come through – well, look at the way she’s dressed, it’s like – so you mean she can’t dress like that or she is asking to get raped? Come on think about this. So even my professional co-workers – or was she drinking? You mean you can’t go out and have a drink? I mean come on, think about this. People just buy into the myths so easily still – I mean that’s my perception of – and the professional people – I mean people that I would want to have on a jury because they have brains and can think things through, they still buy into the myths.” –RURAL PROGRAM

Program staff were well-aware that there are long-standing, deep-seated issues within the criminal justice system and the community at-large, so it certainly was not the case that these

evaluation findings prompted radically new insights. Rather, the findings challenged them to think about the limits of what SANE programs can do--in and of themselves--to address these issues. As nursing interventions focused on patient care, their mission is first and foremost the well-being of victims; yet, program staff had hoped that the services they were providing to victims and to members of the criminal justice system was making more impact in prosecution rates. The evaluations findings prompted useful reflection about the importance of a systemic, multidisciplinary approach, as one program or one service is not nearly sufficient in size or scope to tackle the problem of under-prosecution.

Beyond the Toolkit: Cross-Site Findings

The site-specific findings revealed that the vast majority of reported sexual assaults do not move forward in the criminal justice system. These findings were discouraging to program staff, but contributed to instrumental use (i.e., local action plans for change) and conceptual use (i.e., contemplation regarding what any one SANE program could realistically accomplish). Another way to examine what, if anything, SANE programs change in the criminal justice system is to shift focus from the local, site-by-site programmatic level to a broader perspective. Any one program may not be able to create systemic change in their communities, but are SANE programs *as an intervention model* (i.e., a new way of approaching post-assault care for victims and multidisciplinary collaboration) making headway in the problem of under-prosecution of sexual assaults? This question requires multi-site data from diverse programs, and because each of the six sites used identical data collection and data coding procedures, it is possible to compile data across sites for a “big picture” look at the impact of SANE programs on adult sexual assault prosecution rates.¹⁴

These cross-site analyses focused on determining whether instituting SANE programs affected the extent to which cases progressed through the justice system from charging to conviction or guilty

¹⁴ Data from both the post-only design sites (Sites B, D, and F) and the pre-SANE/post-SANE sites (Sites A,C, and E) can be combined in these analyses, provided that one of the variables modeled reflects the differential designs (see below).

plea. The dependent variable – extent of progression through the system – comprised three ordered categories characterizing the ultimate disposition of each case: 1) not referred/not charged (1465 cases, 86.4%), 2) charged by the prosecutor but later withdrawn or acquitted (71 cases; 4.2%), and 3) guilty plea or conviction (160 cases; 9.4%). Cases spanned more than 14 years (169 months), from June, 1995 through September, 2009. Because cases handled near the same time may be influenced by secular trends and shared historical circumstances, cases were grouped for analysis by the month in which examinations were conducted. The extent of variance in the dependent variable that was shared within month was modest, with the intraclass correlation coefficient (ICC) = .02 indicating that 2% of the variance among case outcomes could be explained by month-to-month fluctuations in case progression.

Grouping cases by month allowed examination of the data for time trends and possible seasonal effects that should be reflected in the analysis. Graphical inspection showed a slight and non-significant upward trend in the extent of progression toward prosecution across all 169 months. There was also a noticeable dip in level of system progression for exams conducted the months of July. Across years and sites, July cases reached lower levels of progression through the system compared with cases presenting during the other months of the year (Somers' $d = -.06$, $p < .01$). Compared with other months, cases processed in July were less likely to be charged (7.8% vs. 14.1%) and less likely to result in a conviction or plea bargain (3.5% vs. 10.0%).

To reflect both the grouping of cases by month and the ordinal nature of the dependent variable, multilevel ordinal regression (Hedeker & Gibbons, 1994) was used to analyze the impact of SANE implementation on case progression through the justice system. Ordinal regression analyzes the cumulative probability that a case will exceed a particular level on the ordinal outcome variable, as a function of the case characteristics on explanatory variables included in the analysis. Multilevel ordinal regression is an extension that incorporates the shared influence of explanatory variables that affect groups of cases (in this research, cases handled in the same month), along with variables that exert

independent effects on individual cases. Multilevel analyses produce standard errors that are appropriate for testing the influence of group-level variables, reflecting the lack of independence of their effects on individual cases. The current analysis reflected two levels of data – individual cases (level 1), which were nested within months (level 2). The 1,696 individual cases at level 1 were nested within 169 months at level 2. Modeling time at a higher level of analysis is somewhat unusual in multilevel analysis, but this strategy is mentioned in Goldstein (2003) as appropriate for analyzing traditional time series data in which cases are nested within units of time.

One explanatory variable was examined at level 2. This variable characterized the “July effect” – the dip in level of system progression for cases with examinations in the month of July (coded 1 for July months in each year; 0 for the other 11 months). Five explanatory variables were examined at level 1. The first identified the site for each individual case; the six sites were characterized by five dummy variables. This variable reflected anticipated differences among the six sites in their handling and disposition of cases, and it also adjusted for confounding between time and site effects due to differences in month-to-month fluctuation of case distributions and site differences in the timing of SANE implementation. The second level 1 variable differentiated the three sites with post-SANE only designs (Sites B, D, F) from the three sites with pre-SANE/post-SANE designs (Sites A, C, E). This variable was examined to determine if sites with different data collection designs differed significantly in overall level of case progression. It was not significantly related to case outcome, either as a main effect or in interaction with time, indicating no significant confounding between site design and case progression; therefore this variable was omitted from further analysis.

The remaining level 1 variables described the timing of each case. The third variable characterized the month in which each examination was conducted. To facilitate interpretation, months were numbered sequentially, centered so that 0 reflected February of 2003, the month of the initial SANE case for the last implemented SANE program. Linear, quadratic, and cubic effects of time were

tested, in an effort to identify any underlying time trends in the progression of cases through the justice system. No effects approaching significance were found, either unconditional or conditional on the effects of other explanatory variables. Time-by-site interactions were also examined, in order to test for possible site differences in time trajectories; none was significant. Because no significant effects of the continuous time trajectory were identified, this variable was omitted from further analysis.

The fourth variable examined the year of SANE program operation in which each examination was performed; values ranged from 0 (designating pre-SANE implementation years) to year 13 (designating the 13th year of SANE program operation at a given site). Linear, quadratic, and cubic effects of this variable were examined, in order to test for possible changes in case progression that could be attributable to program age. Program year-by-site interactions were also tested. No effects were found, and this variable was omitted from further analysis.

The fifth and final level 1 variable identified months as pre-SANE (coded 0) vs. post-SANE implementation (coded 1) and tested the central question of the analysis, whether there was a significant change in case progression following the implementation of SANE programs across sites. Site differences were also examined by testing site-by-SANE interactions for the three sites with both pre- and post-SANE implementation data.

Analyses were conducted with HLM 7 software (Raudenbush, Bryk, Cheong, & Congdon, 2011), using the hierarchical generalized linear model with a logit link function to characterize an ordinal dependent variable. Restricted maximum likelihood was used for estimation. To reduce the influence of nonnormal distributions, robust standard errors were used to compute confidence intervals. Models included random intercepts and random effects of SANE implementation.

Results of the multilevel ordinal regression are summarized in Table 12 (next page). The first block describes the ordinal effect – the expected probabilities of justice system dispositions at the two thresholds of the ordinal dependent variable, adjusting for the influence of other explanatory variables.

The log odds of conviction or guilty plea vs. other dispositions (i.e., acquitted/withdrawn or not referred/charged) was -3.010, which translates to an odds ratio (OR) of 0.049. This indicates that a pre-SANE case from Site C (the omitted comparison site), processed in a month other than July (i.e., a case with scores of 0 on all explanatory variables) was only 5% as likely (OR = 0.049) to attain a conviction/plea relative to other dispositions (i.e., acquittal/withdrawn or not charged). The threshold difference in the log odds of being charged vs. attaining a conviction/plea was 0.422. The cumulative log odds that a case would be charged, regardless of ultimate outcome, is the sum of the log odds of the two thresholds – conviction/plea and the case being charged ($-3.010 + 0.422$), or -2.588, which translates to an OR = 0.075. This indicates that a case with scores of 0 on all explanatory variables (e.g., pre-SANE, Site C, non-July) was 7.5% as likely to be charged as not charged.

The second block contains the single level 2 effect on month-to-month variation in case progression, the adjustment for the seasonal dip in case progression seen in the months of July. Across years and sites, cases with exams in July were less than half as likely (OR = 0.462; $p = .047$) to progress further in the system, compared with cases with exams in other months.

The third block of Table 12 shows the level 1 (individual case) effects on the cumulative probabilities of justice system dispositions described above. The effects of site were assessed by five dummy variables. The site used as the omitted comparison (Site C) had a relatively low level of progression through the system, not significantly different from Site B and Site D. Cases at other sites were more likely to progress to higher levels: Site F (75% more likely $p = .008$), Site A (83% more likely; $p = .038$), and Site E (52% more likely; $p = .067$).

TABLE 12: CROSS-SITE RESULTS: THE IMPACT OF SANE PROGRAMS ON CRIMINAL JUSTICE SYSTEM CASE PROGRESSION

Fixed/Average Effects	Log Odds	Robust SE	Odds Ratio	T	df	p	Robust CI
Ordinal Effect							
Threshold 1: Convicted/plead vs. Not Convicted (Withdrawn/Acquitted or Not Referred/Charged)	-3.010	0.290	0.049	-10.392	168	0.001	0.028 - 0.087
Threshold 2: Charged (Convicted/plead or Withdrawn/acquitted) vs. Not Charged	0.422	0.051	1.525	8.316	1356	0.001	1.380 - 1.684
Level 2 Effect							
Seasonality (July vs. other months)	-0.773	0.387	0.462	-2.000	167	0.047	0.215 - 0.991
Level 1 Effects							
Site A vs. Site C	0.602	0.290	1.826	2.073	1356	0.038	1.033 - 3.229
Site B vs. Site C	-0.230	0.261	0.795	-0.882	1356	0.378	0.476 - 1.325
Site D vs. Site C	-0.010	0.271	0.990	-0.037	1356	0.970	0.582 - 1.684
Site E vs. Site C	0.418	0.228	1.518	1.834	1356	0.067	0.971 - 2.373
Site F vs. Site C	0.558	0.210	1.748	2.654	1356	0.008	1.157 - 2.641
Post-SANE Implementation vs. Pre-SANE	0.584	0.271	1.793	2.148	167	0.033	1.048 - 3.066
Random Effects Variance Estimates							
Intercept	0.312						
Post-SANE Implementation vs. Pre-SANE	0.166						

The remaining effect at level 1 is the comparison of post- vs. pre-SANE implementation cases. After adjusting for other effects (seasonal variation and site), cases processed post-SANE implementation were almost 80% more likely (OR = 1.793) to attain a higher level of disposition, compared with cases processed pre-SANE; this effect was significant at $p = .033$. This effect was not found to differ significantly by site. In other words, although site-specific pre-post analyses were non-significant, when the data were compiled across sites to increase statistical power, there was a significant effect such that adult sexual assault cases were significantly more likely to progress further through the criminal justice system after the implementation of a SANE program. This significant finding emerged even with the varying age of programs (i.e., the number of years data was collected per site) and number of case outcomes collected per site.

DISCUSSION

There are currently over 600 SANE programs in existence throughout the United States (IAFN, 2012), and this number is likely to continue to grow. Empirical research investigating the impact of SANEs on the criminal justice system has not kept pace with this rapid development and expansion. Outside of several case studies (see Campbell, Patterson, & Lichy, 2005 for a review) and two quasi-experimental pre-post studies (Campbell et al., 2009; Crandall & Helitzer, 2003), there is little evaluative data that examines the impact of SANE programs on criminal justice case outcomes. This incongruence represents a “science-practice gap” in which community practice could be improved with empirically-informed resources, but instead operates independently of scientific scholarship (Kazdin, 2008; Miller & Shinn, 2005; Wandersman, 2003).

To address this science-practice gap, additional research documenting the impact of SANEs on the criminal justice system is needed. Building evaluation capacity among SANEs to conduct their own evaluations will add to current research *and* help ensure that the resulting scientific scholarship is used to inform practice. SANE programs are also in a unique position to share their findings with one another and with broader scientific and practitioner communities. To that end, the purpose of this project was to teach the program staff in six SANE programs how to evaluate whether prosecution rates increased in their communities after the implementation of their SANE programs. This project consisted of two interrelated sets of activities: working with the six sites on their evaluations, *and* studying this collaborative process in its own right to determine whether the resources provided to the programs actually increased their evaluation capacity.

Summary of Findings

We used Cousins’s practical participatory evaluation (P-PE) model to guide our collaborative practice with the six selected sites. In P-PE projects, the researcher-evaluator works closely with program stakeholders to develop and implement an evaluation (Cousins, 1996; 2003; Cousins & Earl,

1992; Cousins & Whitmore, 1998). Program stakeholders' active participation in the process increases the relevance and ownership of the evaluation, in turn increasing the likelihood of evaluation use (Amo & Cousins, 2007; Harnar & Preskill, 2007; Patton, 2008). To examine if the P-PE model was successful in meeting its dual goals of collaboration and evaluation use in a SANE program context, the Toolkit Team collected data on the participatory process and the resulting process use, instrumental use, and conceptual use.

The participatory processes employed in a P-PE project allow for stakeholders' active involvement throughout the evaluation process. In this project, the participatory processes included the Toolkit itself and an ongoing interactive technical assistance package—a combination of webinars, conference calls, email and phone contacts, and site visits. Feedback from the sites indicated that our goal of instilling participatory processes was achieved. Program staff reported that the tangible resources provided in the technical assistance package (e.g., Toolkit, MS Excel data analysis program) were not only helpful and user-friendly, but also alleviated many of their concerns about conducting an evaluation. The less tangible resources provided, including interactions with other program sites and the Toolkit Team, were also well-received by sites. These processes provided peer-to-peer support and encouragement, space for group question and answer sessions, and site-specific services.

The P-PE model stipulates that there should be discernible changes in program stakeholders' evaluation practice and understanding as a function of the evaluation's participatory processes and resulting evaluation knowledge. Collectively referred to as process use, such changes are expected to occur in three domains: 1) program staff learn new evaluative techniques and strategies; 2) program staff develop positive attitudes toward evaluation and its utility; and 3) program staff show emergent behaviors regarding institutionalizing evaluation within their agencies. In this project, there was ample evidence of process use among the six sites. Regarding changes in evaluative learning and knowledge, all program staff reported an increase in their knowledge about evaluation as a result of participating in

this project. Program sites were able to identify what technical decisions needed to be made throughout the evaluation process and what information was needed to make appropriate decisions at each juncture. This increase in evaluative knowledge was certainly used in this project, but could also be readily applied to new evaluation domains in the future.

Regarding changes in evaluative attitudes and affect, all program staff described the experience of participating in the evaluation as extremely rewarding. Most sites had not previously participated in an evaluation and were concerned that the process may be too overwhelming or too challenging, preventing their success. These concerns were assuaged as sites realized they were able to conduct not only this specific evaluation, but were now equipped to conduct future research and evaluation and felt confident in doing so. Regarding changes in institutionalizing evaluation, all sites had specific plans to continue their evaluation projects and to make evaluation a regular part of their programs' operations. This was likely due in part to their recently developed positive attitudes towards evaluation.

In addition to changes in program stakeholders' evaluative knowledge, attitudes, and practice (i.e., process use), the P-PE model purports that the evaluation should lead to instrumental use of the findings to create change. As a result, it would be expected that all sites engaged in post-evaluation change initiatives, which indeed occurred in this project. All sites had already implemented or had specific plans to use their findings to make community change by the end of the project. After sharing the evaluation findings with community partners, programs sites used this information to strengthen multidisciplinary collaborations (e.g., more regular MDT meetings), community-wide practice (e.g., develop or support community-wide response protocol), and apply for grants (e.g., to provide law enforcement training or personnel).

Finally, Cousins's P-PE model stipulates that program stakeholders might change how they think about a specific problem and its solutions (termed 'conceptual use'). In this project, program staff did indeed reflect upon their work and their role in the prosecution of sexual assault. Upon learning that the

majority of sexual assault cases did not end in successful prosecution, program staff began to question and re-conceptualize their role in the prosecutorial process. Their evaluation experience highlighted how SANEs are only one of many key stakeholders that affect sexual assault case legal outcomes and that low rates of prosecution were both a local problem, and a national one as well.

Turning to the substantive findings of the project, each of the six sites conducted a methodologically rigorous evaluation of how SANE program services affect prosecution rates in their local communities. Using standardized measures to assess prosecution outcomes, the results demonstrated that the vast majority of reported sexual assaults are not prosecuted. Most (80-89%) are never referred by police to prosecutors or are not charged by the prosecutor's office. Three of six sites conducted pre/post evaluations to ascertain whether more cases progressed further through the criminal justice system after the implementation of the SANE program. None of the sites had significant findings regarding an increase in prosecution. However, when the data were aggregated across sites, thereby increasing statistical power, there was a significant effect such that cases processed post-SANE implementation were 80% more likely to attain a higher level of disposition as compared to cases processed pre-SANE. These findings suggest that the SANE intervention model does have a positive impact on sexual assault case progression in the criminal justice system even when findings are examined across programs of varying age and number of prosecution outcomes collected. Nevertheless, there is still a pressing need for improvement as the vast majority of both pre-SANE and post-SANE cases resulted in a non-referral/non-charge. In this project, we could not partial out how many cases were not referred vs. referred and not charged. Regardless, these data demonstrate that the "drop off" in case progression is very early in the criminal justice process.

Project Strengths and Limitations

This project has many key strengths; most notably, this effort was successful in assisting six diverse SANE programs as they implemented a complex evaluation project. All six sites produced reliable

and credible data regarding the impact of SANE program services on the prosecution of adult sexual assault cases. This project not only informs local practice for each of these SANE program sites, but also adds to the current literature on SANE program effectiveness, specifically in the criminal justice system domain. In addition, this project provides empirical support for Cousins's P-PE model and highlights how collaborative processes can indeed lead to process, instrumental, and conceptual use.

Nevertheless, the project has several limitations that are important to note. There are currently over 600 SANE programs nationwide (IAFN, 2012), and this project helped *six* of these programs evaluate their impact on the criminal justice system. While these findings make a significant contribution to the literature, the vast majority of SANE programs have yet to be evaluated. As such, the results should be viewed with caution as these findings may not generalize to the other 99% of SANE programs that have not yet been studied. Additionally, because it was beyond the scope of this project to include more than six SANE programs, it was impossible to adequately represent all types of communities that receive SANE services. This project included rural, mid-sized, and urban communities, but did not include other community contexts (e.g., tribal, campus, and military communities) that may have different substantive findings or experiences in implementing the evaluation. Moreover, the Toolkit Team was deliberate in selecting strong SANE programs with organizational readiness for an evaluation. While the resources required for the project were unknown prior to implementation, the Toolkit Team suspected that the evaluation may have high organizational demands (which was later confirmed) and did not want to compromise patient care for any participating program. Therefore, programs that are not ready for evaluation or who do not possess the same organizational resources may not have the same findings related to process use, instrumental use, and conceptual use.

In addition to these limitations regarding site selection, there are other methodological weaknesses that must be acknowledged. We had hoped that all six programs would be able to conduct a pre-SANE/post-SANE design, but in practice only three had the organizational resources and proper data

available for such a design. In addition, program staff were only able to collect two (or three years) of pre-SANE data, which was then compared to five-plus years of post-SANE data. The small pre-SANE samples and uneven pre-SANE to post-SANE sample sizes yielded low statistical power, limiting the possibility of detecting significant site-specific findings. Though it would have been ideal to have a comparable number of pre-SANE and post-SANE years, it was impractical, if not impossible because sites simply did not have access to older data, or the older records had been destroyed.

With respect to the assessment of the dependent variable (criminal justice case outcome), our data collection methods assessed how many cases were ‘not referred/not charged,’ which collapses two different scenarios. Cases that were not referred by law enforcement to the prosecutor, and cases that were referred to the prosecutor, but not charged are indistinguishable in these datasets. It certainly is possible to discern whether a case was never referred vs. referred/not charged, but doing so requires much more extensive data collection (see Campbell et al., 2009; Campbell et al., 2010). Each case would need to be looked up in both the prosecutors’ records and law enforcement records (to disentangle exactly where a case terminated), which doubles the time and effort needed for data collection. Such procedures were beyond the scope of what could be asked of and expected from the SANE program sites. In this project, we could determine it was “early,” which was sufficient information to guide instrumental change efforts.

Finally, this project makes a significant contribution to the literature on the measure of process use in an implementation evaluation. Process use was measured through interviews during the on-site visits and longitudinally during the follow-up interviews. Future studies examining process use could expand upon this study by incorporating additional time points. A pre-measure of process use components (e.g., evaluative thinking, attitudes towards evaluation) may provide additional insight into change over time.

Implications for Practice and Dissemination Plan

In spite of these limitations, this project reveals what SANE programs need to be able to implement an outcome evaluation and the importance of collecting data on site-specific processes as well as site-specific findings. SANE programs have improved the criminal justice system response to sexual assault, but the vast majority of cases are still falling through the cracks very early in the process. These low rates of case referral and charging are occurring in strong, well-established programs that possess organizational readiness and resources. To improve the criminal justice system response to sexual assault and refine the role SANE programs play in the process, additional research on SANE effectiveness is needed. If SANE program staff are equipped with the tools and resources to conduct this research, they will not only feel an increased sense of ownership for the findings, but be more likely to use them to make change (Amo & Cousins, 2007; Harnar & Preskill, 2007; Patton, 2008). The Toolkit and technical assistance package used in this project were successful in building evaluation capacity for six diverse SANE programs and provide a model for moving forward with nation-wide dissemination efforts.

Building evaluation capacity requires building knowledge, skills, and attitudes about evaluation, building organizational capacity for evaluation as a routine part of operations, and engaging in evaluation in a way that is sustainable (Preskill & Boyle, 2008). Evaluation capacity cannot be achieved with only a Toolkit. Written resource materials *plus* training and on-going support can build evaluative knowledge, skills, and attitudes. Based on this project, the Toolkit Team developed a comprehensive plan for dissemination (see Appendix K: Dissemination Plan for Building Evaluation Capacity).

The first component of the dissemination plan is the Toolkit itself, which provides programs with the information necessary for understanding the evaluation process and for collecting and analyzing data. The Toolkit includes both the manual and MS Excel files for data analysis. Second, seven short webinars should be developed: one introductory webinar that provides an overview of the process and then a separate webinar for each of the six steps in the evaluation process. Third, programs will need

access to technical assistance providers. In this project, there were multiple site-specific issues and challenges that had to be addressed on a case-by-case basis in one-on-one technical assistance. Technical assistance can be provided via telephone, videoconferences, and email, thereby allowing the widest access at the least cost. The fourth and final component of the dissemination plan is the development of an evaluation network. Peer-to-peer support is critical for developing professional learning communities. Providing venues for program staff to connect with other SANEs to discuss evaluation is essential for the routinization of evaluation.

In conclusion, this project highlights that it is possible for local SANE programs to conduct high-quality evaluations that can inform local practice. Participatory processes and on-going technical assistance are critical ingredients for the successful launch and sustainability of evaluation initiatives. The substantive findings of this project suggest that as an intervention model, SANE programs are effective in increasing prosecution rates, and yet, there is still more to be done as the vast majority of reported sexual assaults are not prosecuted. By instituting evaluation as a routine practice in SANE programs, these gaps can be revealed and the data can be used to guide systemic change efforts.

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DISSEMINATION OF RESEARCH FINDINGS

(CURRENT AS OF 8/9/2012)

Campbell, R., Shaw, J., Townsend, S., & Markowitz, J. (2012 June). *How sexual assault nurse examiner programs impact prosecution rates*. Presented at The NIJ Conference 2012, Arlington, VA.

Townsend, S. & Shaw, J. (2012 August). *Changing community systems: Impact of SANEs*. To be presented at National Sexual Assault Conference 2012, Chicago, IL.

Shaw, J.L., Campbell, R., Townsend, S., Hinkle, C., & Huggins, E. (2012 October). *SANE program evaluation: How do we measure our impact?* To be presented at 2012 IAFN Scientific Assembly, Las Croabas, Puerto Rico.

Campbell, R., Shaw, J., Townsend, S., & Karim, N. (2012 October) *Measuring process use and instrumental use in a multi-site, multi-systemic evaluation*. To be presented at Evaluation 2012, Minneapolis, MN.

APPENDIX A: TOOLKIT ADVERTISEMENT

**TRAINING AND TECHNICAL ASSISTANCE OPPORTUNITY:
EVALUATING THE WORK OF SANE PROGRAMS IN THE CRIMINAL JUSTICE SYSTEM**

Principal Investigator: Rebecca Campbell, Ph.D., Professor, Michigan State University

Collaborators: IAFN and NSVRC

Consultant: Jenifer Markowitz, ND, RN, WHNP-BC, DF-IAFN

Project Description:

SANE programs are invited to apply to be a pilot site in the national SANE Toolkit Evaluation. The Toolkit is a step-by-step guide designed to assist SANE program staff in evaluating how their program impacts the prosecution of sexual assault cases in their community. The Toolkit provides SANEs with the information and resources to evaluate their impact on prosecution and to use their evaluation results to enhance the impact of their program. Selected programs will be provided with a copy of the Toolkit and training and technical assistance for designing and implementing an evaluation in their own communities. The project will run for 12 months and we anticipate it will begin July 2010.

Project Requirements:

Programs that participate will be required to: (a) participate in a web-based training, three conference calls, individual communication with the research team, and a site visit; (b) collect data on prosecution outcomes in their community which will remain confidential; and (c) share de-identified information with the research team. It is expected that participation will require approximately 10 hours per month.

Benefits of Participation:

Programs that participate in the project will receive free training and technical assistance including a site visit, and free materials to help them assess the impact of their program on legal outcomes.

Eligibility:

No prior experience with evaluation is required to take part in the project. Programs will be required to obtain a letter of support from the prosecutor's office and from the senior hospital or agency administrator (e.g. director of nursing, agency director) as part of the application process. Programs that work with more than one prosecutor's office should obtain a letter from the office with whom they primarily work. Due to limited resources, not all programs who apply will be selected. A random sample will determine which of the eligible sites will participate in the project.

Deadlines: Applications will open on March 15, 2010 and close on April 30, 2010.

To Apply: To request an application or for more information, please email toolkit@msu.edu.

APPENDIX B: TOOLKIT APPLICATION

APPLICATION

Program Information

Program Name: _____

Location (City, State): _____

Contact Person: _____

What is the Contact Person's Role/Title: _____

Contact Phone: _____

Contact Email: _____

Best Time to Contact: _____

Years Program Has Been in Operation: _____

Have there been any breaks in service during this time?

Yes

No

If yes, please explain: _____

Approximately how many sexual assault cases does your program see a year?

_____ Adult/Adolescent

_____ Pediatrics

What is the population your program serves (Select One):

Only urban

Only suburban

Only rural

Combination of urban, suburban, and/or rural

What is (are) the name(s) of the primary county(ies) your program serves?

What is (are) the name(s) of the secondary county(ies) your program serves?

What is the primary setting of your program?

Hospital-based

Community-based

- Independent (e.g. privately incorporated nursing service)

Does your program see patients at multiple sites?

- Yes
- No

Does your program have a designated medical director?

- Yes
- No

How many SANEs/SAFEs does your program have?

Certified _____

Uncertified _____

Does your program have a paid program coordinator?

- Yes
- No

If yes, for how many hours per week? _____

Is the program coordinator a nurse?

- Yes
- No

If no, please describe: _____

If yes, is the program coordinator a SANE/SAFE? Yes No

Does your program use a database (e.g. Access, Excel, ImageQuest) to keep track of patient encounters?

- Yes
- No

If yes, please describe: _____

Case Documentation

Do your program records routinely document the date of the assault and/or the exam?

- Yes
- No

Do your program records routinely document police complaint/report numbers?

- Yes
- No

Do hospital records of sexual assault exams prior to the start of your SANE program document the date of the assault and/or the exam?

- Yes
- No
- Don't Know

Do hospital records of sexual assault exams prior to the start of your SANE program document police report/complaint numbers?

- Yes
- No
- Don't Know

Community Collaboration

How would you characterize the relationship between your program and your parent organization (if any)?

How would you characterize the relationship between your program and the primary prosecutor's office in your community?

Evaluation

What, if any, evaluation activity has your program ever done? (No prior evaluation experience is needed to participate in this project.)

- Quality Assurance / Quality Improvement
- Peer Review
- SART Evaluation
- Patient Satisfaction Survey
- Other

Please tell us briefly why you want your program to be a part of this project.

Please describe the time and staff you have available to participate in the project.

For each of the items below, circle the number that that best represents your opinion based on your experiences (not how you think other individuals would answer or your organization's official policy or intent).

In the following questions by employees we mean SANE/SAFE team-member (paid or unpaid)

In our SANE program...

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
There is little bureaucratic red tape when trying to do something new or different.	1	2	3	4	5
Employees are available (i.e., not out of the office or otherwise too busy) to participate in meetings.	1	2	3	4	5
Employees are recognized or rewarded for learning new knowledge and skills	1	2	3	4	5
Employees are recognized or rewarded for helping solve business / organizational problems	1	2	3	4	5
The integration of evaluation activities into our work has enhanced (or would enhance) the quality of decision-making.	1	2	3	4	5
It has been (or would be) worthwhile to integrate evaluation activities into our daily work practices.	1	2	3	4	5
Managers and supervisors like (or would like) us to evaluate our efforts.	1	2	3	4	5
Evaluation helps (or would help) us provide better programs, processes, products and services.	1	2	3	4	5
There would be support among employees if we tried to do more (or any) evaluation work.	1	2	3	4	5
Doing (more) evaluation would make it easier to convince managers of needed changes.	1	2	3	4	5
This would be a good time to begin (or renew or intensify) efforts to conduct evaluations.	1	2	3	4	5
There are evaluation processes in place that enable employees to review how well changes we make are working.	1	2	3	4	5

- I understand that the application I am submitting is for the provision of training and technical assistance and will not provide direct funds to my program.**
- I understand that no medical records will be turned over to the research team for participation in this project.**
- As a part of this project I agree to work with the research team to collect prosecution outcome data.**
- As a part of this project I agree to share a de-identified copy of the prosecution outcome data with the research team.**
- I understand that the name of our program, our county, and our prosecutor's office will remain confidential and not be made public.**
- A letter of support from our prosecutor's office is attached. The letter states that they will provide access to case outcomes and that their database is searchable by victim name.**
(Programs that work with more than one prosecutor's office should obtain a letter from the office with whom they primarily work.)
- A letter of support from our senior hospital or agency administrator is attached. The letter states that they approve of and support our involvement in the SANE Evaluation Toolkit research project.**

APPENDIX C: TOOLKIT ACTIVITIES SCHEDULE

SCHEDULE AND EXPECTATIONS

Evaluation Steps	Month	Project Activities	Homework
Overview	September 2010	Sept. 20, 2:00-2:20pm(EDT) Web-based Meet and Greet	Before Sept. 22: Read pages 1-27
1: Understand the Evaluation Design		Sept. 22, 2:00-3:00pm (EDT) Web Training	Before Sept. 29: Read pages 28-75
2. Identify the Evaluation Questions		Sept. 29, 2:0-3:30pm (EDT) Web Training	
3. Establish Cooperative Agreements		Phone/Email Consultation	
4. Sample Cases and Collect Your Data	October 2010	Phone/Email Consultation IAFN Gathering	Obtain SANE and pre-SANE files
	November 2010	Phone/Email Consultation Nov 3, 2:00-3:00pm (EDT) Conference Call Check-in	Identify eligible cases
	December 2010	Phone/Email Consultation	Identify eligible cases
4. Sample Cases and Collect Your Data (continued)	January 2011	Phone/Email Consultation	Identify eligible cases
	February 2011	Phone/Email Consultation	Identify eligible cases
		Feb 2, 2:00-3:00pm (EDT) Conference Call Check-in	Sample (If Necessary)
	March 2011	Phone Consultation	Collect Data
		March 2 2:00-3:00pm (EDT) Web Training	Before March: Read pages 28-75
April 2011	Phone/Email Consultation	Collect Data	
May 2011	Phone/Email Consultation	Collect Data	

Evaluation Steps	Month	Project Activities	Homework
5. Analyze Your Data	June 2011	Phone/Email Consultation In-Person Site Visits	Analyze Your Data
	July 2011	Phone/Email Consultation In-Person Site Visits	Analyze Your Data
	July 2011	Phone/Email Consultation	Read pages 111-122 Interpret Your Results Prepare Report for Community
	August 2011	Phone/Email Consultation Au 17, 2:00-3:00pm (EDT) Conference Call	Report Findings to Community

APPENDIX D: CASE SELECTION CRITERIA TABLE

APPENDIX E: PROSECUTION OUTCOME DATA TABLE

INFORMATION COLLECTION TABLE

Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam	Case Outcome
						<input type="checkbox"/> Not Referred/Not Charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
						<input type="checkbox"/> Not Referred/Not Charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
						<input type="checkbox"/> Not Referred/Not Charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
						<input type="checkbox"/> Not Referred/Not Charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
						<input type="checkbox"/> Not Referred/Not Charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown

APPENDIX F: SITE INTERVIEW PROTOCOL

POST-IMPLEMENTATION INTERVIEW PROTOCOL

This interview contains four major sections. First, we will discuss the different types of TA our staff provided (e.g. trainings, phone consultation), and get your recommendations for how we should assist programs that use the toolkit down the road. Second, we will discuss the toolkit itself- what it was like to go be a part of the toolkit project and conduct the evaluation from beginning to end. Third, we will discuss the utilization phase- what you did to utilize your findings in your community and what happened during that step. Fourth, we will discuss your evaluation results- what they were and what factors may have played into those findings.

SECTION ONE: Technical Assistance Strategies

Throughout this project, we have provided a variety of types of technical assistance through the web training, all-site phone consultations, monthly individual site phone consultation, online discussion blogs, and email communication. These questions are designed to help us understand your satisfaction with the types of technical assistance you received, and to develop guidelines for the types of TA that should be provided to programs that use the toolkit in the future.

- 1) How satisfied were you with the **all-site phone consultations**?
 - a. What was most useful/ helpful?
 - b. What was least useful/ helpful?
 - c. How could this be improved?

- 2) How satisfied were you with the **monthly individual-site phone consultations**?
 - a. What was most useful/ helpful?
 - b. What was least useful/ helpful?
 - c. How could this be improved?

- 3) How satisfied were you with **email communication** with SANE Toolkit Project Staff?
 - a. What was most useful/ helpful?
 - b. What was least useful/ helpful?
 - c. How could this be improved?

- 4) How satisfied were you with the **online discussion blogs**?
 - a. What was most useful/ helpful about posting questions?
 - b. What was least useful/ helpful about posting questions?
 - c. What was most useful/ helpful about reading others posts?
 - d. What was least useful/ helpful about reading others posts?
 - e. What was most useful/ helpful about replying to others posts?
 - f. What was least useful/ helpful about replying to others posts?
 - g. How could this be improved?

- 5) What TA strategies were necessary for you to be able to complete the toolkit from start to finish?
 - a. What made those strategies necessary?

- 6) We are developing recommendations for the types of TA that should be provided for future users of the toolkit. Keeping in mind that resources are limited...
 - a. What recommendations should we make about the types of TA that should be provided?
 - b. Which types of TA could be cut?
 - c. How could we conserve resources but still provide the necessary assistance to programs?
 - d. Overall, how could the TA that we provided be improved?

SECTION TWO: Toolkit

- 7) What was it like to go through the entire evaluation in the toolkit from start to finish?
- 8) How satisfied are you with the material that is presented in the toolkit?
 - a. Why are you satisfied/ unsatisfied?
- 9) How satisfied are you with the way that the material is presented in the toolkit?
- 10) What was most useful about the toolkit?
- 11) What was least useful about the toolkit?
- 12) What general recommendations do you have for improving the toolkit?
- 13) What allowed you to be able to complete the evaluation in the toolkit?
 - a. Facilitating factors/resources
- 14) In what ways did you have to adapt the recommendations in the toolkit to fit the evaluation you were conducting?
 - a. Why did you make those adaptations?
 - b. What was the result?
 - c. *Note: Probe to understand if this is a type of adaptation that many SANE programs will have to make.*
- 15) What do SANE programs need to be able to complete the evaluation?
- 16) What kinds of SANE programs would this toolkit not be useful to?
 - a. How could it be more useful to them?

SECTION THREE: Utilization

17) What other activities have you engaged in since our last contact to utilize the findings?

Probe for:

- Process
- Challenges and solutions
- Facilitating factors
- Fidelity vs. adaptation to toolkit recommendations
- Specific changes being made to improve or institutionalize the response to sexual assault in their community

18) How did other community stakeholders react to the findings?

19) What were other community stakeholders' insights into why there was/was not an increase in prosecution rates?

20) What changes, if any, have occurred, or are currently underway in your community as a result of this project/evaluation?

21) What are your plans for future....

- a. dissemination of your findings?
- b. efforts to utilize the findings?
- c. evaluations?

SECTION FOUR: Their Evaluation Findings

22) Why do you think your evaluation did/did not find an increase in prosecution rates?

23) What are some of the factors about your program that may have contributed to this finding?

Probe for "critical ingredients" (Campbell et al., 2009)

- Program philosophy around patient care
- Attention to victims' emotional needs

24) What are some of the factors about how your program and the criminal justice system do/don't work together that may have contributed this finding?

Probe for "critical ingredients" (Campbell et al., 2009)

- Ongoing consultation on cases
- Multidisciplinary trainings
- Accessibility of medical exam findings to police and prosecutors

25) What are some of the factors about your community that may have contributed to this finding?

Probe for "critical ingredients" (Campbell et al., 2009)

- Linkages to advocacy services
- Other efforts to address victims emotional needs
- Factors about law enforcement agencies
- Factors about prosecutor's office

If no increase in prosecution rates ALSO ASK:

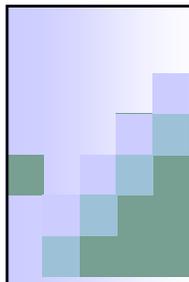
26) What do you think are the key reasons that cases are dropping out of the criminal justice system?

Probe for “major break downs in the system” from Toolkit section on focus groups

- Evidence is not sent to crime lab for analysis
- Cases are not referred by police to the prosecutor’s office
- Cases are not warranted by the prosecutor’s office
- Poor evidence quality or analysis
- Victims are not engaging in the criminal justice process

Thank you for participating in this interview.

APPENDIX G: WEBINAR POWERPOINT SLIDES



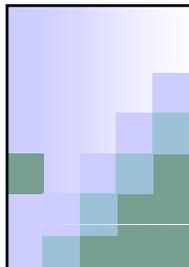
SANE Evaluation Toolkit Project

Introduction to Program Evaluation
September 22, 2010



Today's Agenda

- Introduction to the Toolkit
- Introduction to program evaluation for SANEs
- DISCUSSION & INTERACTION ☺



Introduction to the Toolkit

Page 2



Goal of the Toolkit

- To assist SANE program staff in evaluating how their program affects the prosecution of sexual assault cases in their community
- Keep in mind . . . Legal outcomes are not the only or best way to evaluate the success of SANE programs

Page 2



Four Main Sections of the Toolkit

1. Introduction to program evaluation for SANEs
2. SANE programs as agents of social change
3. Evaluating a SANE program's impact on sexual assault case progression through the criminal justice system
4. Taking stock—where do we go from here

Page 2



Today's Training

1. Introduction to program evaluation for SANEs

Page 2

Read in Toolkit

2. SANE programs as agents of social change

Page 2

Next Training: September 29, 2010

3. Evaluation a SANE program's impact on sexual assault case progression through the criminal justice system

Page 2

Follow-Up Training: March 2, 2011

3. Evaluation a SANE program's impact on sexual assault case progression through the criminal justice system

Page 2

Phone Consultation: June/July 2011

4. Taking stock—where do we go from here

Page 2

Introduction to Program Evaluation for SANEs

Page 7

Discussion Questions

- What have you found to be useful about doing program evaluation in prior projects?
- What concerns do you have about program evaluation?

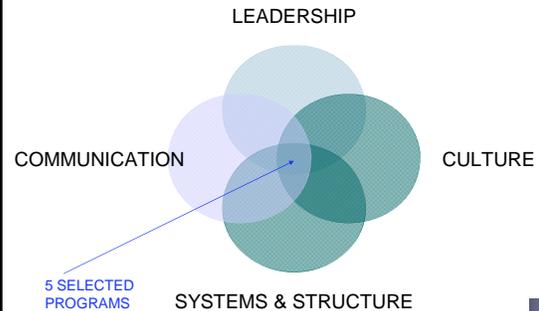
Page 7

Why Conduct Program Evaluation?

- Understand how your work impacts your patients and your community
- Discover ways to improve services
- Provide information to funders
- Increase community support for your program
- Give survivors voice and participation

Page 7

Capacity to Conduct Evaluation



Page 8

SANE Program Outcomes

1. Psychological
2. Medical/physical health
3. Forensic
4. Legal
5. Community change

Page 9

SANE Program Outcomes

1. Psychological
2. Medical/physical health
3. Forensic
4. Legal
5. Community change

KEEP IT
MANGAEABLE!
LIMIT TO ONE

Page 9

Two Main Types of Evaluation

■ Process evaluation

Examines what is your program is doing and how you are doing it

Legal: How do nurses attend to patients' legal needs? What percentage of cases do nurses provide information about criminal justice process?

Page 9

Two Main Types of Evaluation

■ Outcome evaluation

Assesses whether your program is creating the impact you want it to have on patients and your community

Legal: Do SANE cases make it further through the criminal justice system? Are SANE cases more likely to be prosecuted?

Page 10

Key Concepts in Evaluation

- What do you want to learn?
- How do you expect to achieve your results?
- What will your evaluation look like?
- How will you address confidentiality & privacy?
- How will you analyze the information?
- How will you use the findings?

Page 11

What Do You Want to Learn?

- Necessary to limit the scope
- Focus on one or two key questions
- Toolkit is designed to answer evaluation questions regarding [legal case outcomes](#)

Page 11

How Do You Achieve Results?

- Logic models

A visual display (chart, table, diagram) that shows how you expect your program to work

Helps map out your program goals and how you expect to achieve your goals

See Toolkit pages 13-16 for examples

Page 11

What Will Your Evaluation Look Like?

- WHO to collect information from
- WHAT information to collect
- HOW many times to collect information
- WHEN to collect information
- HOW to collect information

Page 17

Toolkit Answers!

- WHO = Records (program, police, prosecutors)
- WHAT = Quantitative (numbers, counts)
- HOW = Once (but over a period of time)
- WHEN = When they'll let you have it ☺
- HOW = Existing records

Page 17

How Will You Address Confidentiality?



For legal and ethical reasons, it is imperative to protect patients' confidentiality and privacy

Page 21

How Will You Address Confidentiality?

HIPPA does NOT prohibit evaluation

Page 21

How Will You Address Confidentiality?

The evaluation process outlined in this Toolkit is designed to respect patient privacy

Page 21

How Will You Analyze the Information?

■ Quantitative data

Answers in the form of numbers

Frequencies = counts

Percentages = proportion of time answer given

Means = average answer

Page 21

How Will You Use the Findings?

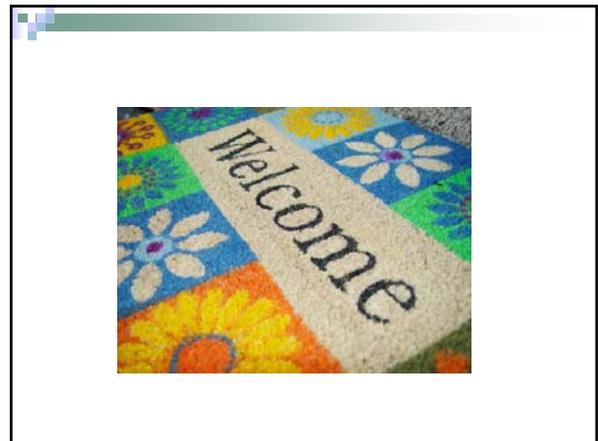


Page 22

THANK YOU!!
Questions?

SANE Evaluation Toolkit

Moving From Design Through Data Collection
(Steps 1 – 4)
September 29, 2010



Housekeeping

- Welcome! Do we have everyone?!
- Purpose: Evaluation steps 1 - 4
- Length: 90 minutes
- Phone logistics: Live, use own mute button
- Participation logistics: "Raise Your Hand" icon
- Slides: Toolkit page number lower right corner

Today's Agenda

1. Overview of the Evaluation Process
 - Toolkit: pages 28-46
2. Walk Through Steps 1 – 4

Overview of the Process

- What is the evaluation?
 - How far cases go in the criminal justice system before your SANE program started
 - To how far cases go after your SANE program started
- How would you do the evaluation?
 - Identifying cases from hospital records from before your program
 - Identifying cases from your own records
 - Looking up those case outcomes in the prosecutor's office
 - Determining if more of your program's cases go farther in the process

Ready?

Page 31

Evaluation Process

```

graph TD
    S1((Step 1: Understand the Evaluation Design)) --> S2((Step 2: Identify the Evaluation Questions))
    S2 --> S3((Step 3: Establish Cooperative Agreements))
    S3 --> S4((Step 4: Sample Cases and Collect Your Data))
    S4 --> S5((Step 5: Analyze Your Data))
    S5 --> S6((Step 6: Interpret Your Results))
    S6 --> S1
  
```

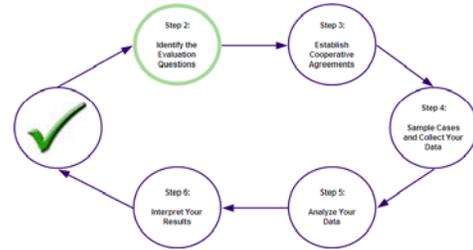
Page 34

Pre-SANE/Post-SANE Comparison

- **WHAT:** Compare
 - How far cases went before your SANE program (pre-SANE)
 - How far cases go now that you have a SANE program (post-SANE)
- **HOW:**
 - Identify cases from hospital records from before your program
 - Identify cases from your records
 - Look up what happened to those cases at the prosecutor's office
 - Do some counting and run simple statistics to see if outcomes are better now than before

Pages 34-35

Evaluation Process



Stage	Evaluation Questions
1 Charging aka: Authorizing or Warranting	How many cases were charged by the prosecutor's office? How many were <u>not</u> charged? Has there been a significant change in the percentage of cases charged since our SANE program started?
2 Dismissal	How many cases were dropped after charging? How many continued on in the legal process? Has there been a significant change in the percentage of charges dropped since our SANE program started?
3 Plea Bargaining	How many cases ended with a plea bargain? How many went to trial? Has there been a significant change in the percentage of cases that pled out since our SANE program started?
4 Trial	How many cases were acquitted? How many were convicted? Has there been a significant change in the percentage of acquittals or convictions since our SANE program started?

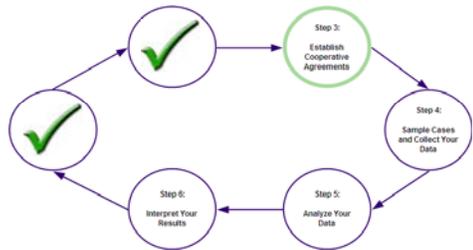
Page 37

What do you hope you will find when you compare pre-SANE to SANE outcomes?

What do you hope you will find when you compare pre-SANE to SANE outcomes?

- ✓ **More** cases charged
- ✓ **Fewer** cases dismissed
- ✓ **More** cases successfully prosecuted (plea or conviction at trial)

Evaluation Process



Cooperative Agreements

- Hospital
 - Access to pre-SANE case records
 - Records include patient names and date of assault/exam
 - Lets you compare pre-SANE to post-SANE
 - Recommendation: direct access
 - Be prepared to discuss patient privacy/confidentiality

Pages 39 - 42

Cooperative Agreements

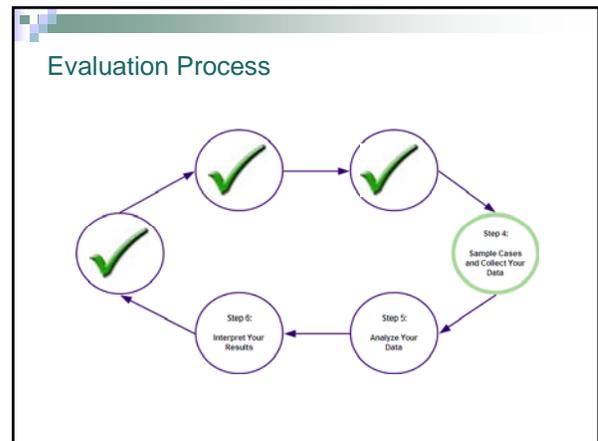
- Prosecutor's Office
 - "Office" = elected prosecutor
 - Access to case records that show final outcome
 - Type of access:
 - Direct access (you look up outcomes in case files)
 - Indirect access (someone in the prosecutor's office looks up outcomes)
 - Recommendation: direct access

Pages 39 - 42

Cooperative Agreements

- Hospital
 - Access to pre-SANE case records
 - Records include patient names and date of assault/exam
 - Lets you compare pre-SANE to post-SANE
 - Recommendation: direct access
 - Be prepared to discuss patient privacy/confidentiality
- Prosecutor's Office
 - "Office" = elected prosecutor
 - Access to case records that show final outcome
 - Type of access:
 - Direct access (you look up outcomes in case files)
 - Indirect access (someone in the prosecutor's office looks up outcomes)
 - Recommendation: direct access
 - If indirect access, talk with us to ensure privacy and confidentiality

Pages 39 - 42



Task 1: Which Cases Should You Use?

Use...	Do NOT Use...
Specified years (to be determined)	
Primary county	Other counties
Patient reported to police	Patient did <u>not</u> report
Patient 18 years or older	Patient <u>under</u> 18 years
Patient consented to exam w/ evidence collection	Patient did <u>not</u> consent to exam w/ evidence collection
Patient was identified by full name and DOB	Anonymous or de-identified kits
Patient gave permission to release to law enforcement	Patient did <u>not</u> give permission to release to law enforcement
Non-homicide cases	Post-mortem cases

Pages 44-46

Task 2: Which Cases Will You Use?

- Pull all SANE cases from time period
- Go through each file and record if case meets the requirements

Year Criteria: ___/___/___ to ___/___/___		County: _____						
Patient Name/Number	Meets Year Criteria?	Police Report Made?	Is 18 Years or Older?	Medical Exam w/ Forensic Evidence?	Kit Has Full Name and DOB?	Permission to Release Kit?	SOT Post-Mortem?	Is the case eligible?
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Page 48

Task 2: Which Cases WILL You Use?

- Pull all SANE cases from time period
- Go through each file and record if case meets the requirements
- If case meets **all** requirements it can be included
- If case fails to meet **any** requirement it cannot be included

Page 48

Task 2: Which Cases WILL You Use?

Patient Name/Number	Year Criteria: October 2003 to September 2008 County: West							
	Meets Year Criteria?	Police Report Made?	Is 18 Years or Older?	Medical Exam w/ Forensic Evidence?	Kit Has Full Name and DOB?	Permission to Release Kit?	NOT Post-Mortem?	Is the case eligible?
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
123	Y	Y	Y	Y	Y	Y	Y	Yes
456	Y	Y	N	Y	Y	N	Y	No
789	Y	Y	Y	N	N	N	Y	No
321	N	Y	Y	Y	Y	Y	Y	No

Task 2: Which Cases WILL You Use?

- Pull all SANE cases from time period
- Go through each file and record if case meets the requirements
- If case meets **all** requirements it can be included
- If case fails to meet **any** requirement it cannot be included
- Repeat with pre-SANE cases



Page 48

Task 3: Will You Use All Cases?

- You might have a very large number of eligible cases
- We will work with you to determine if you need to sample

Task 4: Collect Your Data

Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam*	Case Outcome
						<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
						<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown

Fill in these columns BEFORE you go to prosecutor's office

Page 56

Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam*	Case Outcome
Smith	Jane	10 April 1970	8970-2	2/22/05	2/23/05	<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Jones	Sam	28 May 1968	9230-1	3/3/06		<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown

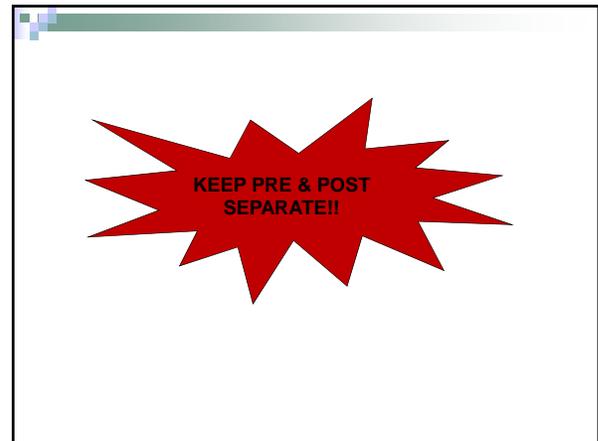
Fill in these columns BEFORE you go to prosecutor's office

Page 56

Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (# known)	Date of Assault	Date of Exam*	Case Outcome
Smith	Jane	10 April 1970	8970-2	2/22/05	2/23/05	<input type="checkbox"/> Not charged <input checked="" type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Jones	Sam	28 May 1968	9230-1	3/3/06		<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input checked="" type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown

↑
Fill in this column AT the prosecutor's office

Page 56



Verifying Correct File

- Victim's first and last names
- Victim's date of birth
- Date of assault
- Crime offender charged with

Page 52

What is the Outcome?

- Make sure you're recording the final outcome
- Pay attention to what may have happened next
- Be consistent with plea bargains
 - All plea bargains that result in a conviction of any type = "Pled/Plea Bargain reached"

Pages 52 - 53

Case went to trial and offender was convicted of a sex offense

?

- Not charged
- Charged, but later dropped
- Pled/Plea Bargain reached
- Trial/Acquittal
- Trial/Conviction
- Unknown

Case went to trial and offender was convicted of a sex offense

Trial/Conviction

Case went to trial and offender was found not guilty

?

- Not charged
- Charged, but later dropped
- Pled/Plea Bargain reached
- Trial/Acquittal
- Trial/Conviction
- Unknown

Case went to trial and offender was found not guilty

Trial/Acquittal

Case was charged but judge later determined there was insufficient evidence to proceed to trial

?

- Not charged
- Charged, but later dropped
- Pled/Plea Bargain reached
- Trial/Acquittal
- Trial/Conviction
- Unknown

Case was charged but judge later determined there was insufficient evidence to proceed to trial

Charged, but later dropped

Case was sent to the prosecutor but there is no record of charges being brought

?

- Not charged
- Charged, but later dropped
- Pled/Plea Bargain reached
- Trial/Acquittal
- Trial/Conviction
- Unknown

Case was sent to the prosecutor but there is no record of charges being brought

Charged, but later dropped

Case was on the list as meeting all the eligibility requirements but there is no record of it at the prosecutor's office

?

- Not charged
- Charged, but later dropped
- Pled/Plea Bargain reached
- Trial/Acquittal
- Trial/Conviction
- Unknown

Case was on the list as meeting all the eligibility requirements but there is no record of it at the prosecutor's office

Not charged

Prosecutor's office has a case file but it is unclear what happened

?

- Not charged
- Charged, but later dropped
- Pled/Plea Bargain reached
- Trial/Acquittal
- Trial/Conviction
- Unknown

Prosecutor's office has a case file but it is unclear what happened

ASK!!!

Prosecutor's office has a case file but it is unclear what happened

Unknown

Keys to Success

- Always ask for help when you need it

KEEP PRE & POST SEPARATE!!

Review

1. Review the eligibility criteria
2. Go through pre-SANE and post-SANE files and record if they meet the criteria
3. Transfer the eligible cases to your information collection form
4. Go to the prosecutor's office and record outcomes

**KEEP PRE & POST
SEPARATE!!**

Homework



1. Talk with us about time period and # of cases
2. Get the pre-SANE and post-SANE files
3. Record whether each case meets the requirements (i.e., is eligible)
4. (If necessary, sample from eligible cases to reduce list)
5. Transfer the information on eligible (and sampled) cases to information collection form

Post-Training Survey

- Survey is located at the following website:
<https://psychology.msu.edu/SANEToolkit/Login.aspx>
- Link, login & password was emailed to you last week
- Please complete by Friday Oct. 1st



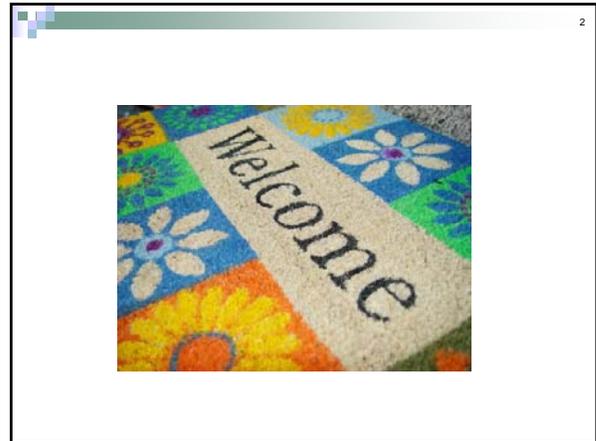
sanetoolkittistserv@psy.msu.edu
toolkit@msu.edu
(517) 432-7082

Group Call: Wednesday, November 3, 2:00-3:00pm
(Eastern)

1

SANE Evaluation Toolkit

Analyzing Your Data
(Step 5)
March 2, 2011



3

Housekeeping

- Purpose: Evaluation Step 5
- Length: 90 minutes
- Phone logistics: Live, use own mute button
- Participation logistics: "Raise Your Hand" icon
- Slides: Toolkit page number lower right corner

4

Today's Agenda

1. Review Evaluation Process
2. Introduction to Microsoft Excel
3. Walk Through Step 5: Analyzing Data
4. Introduction to Step 6: Interpreting Results (if time)

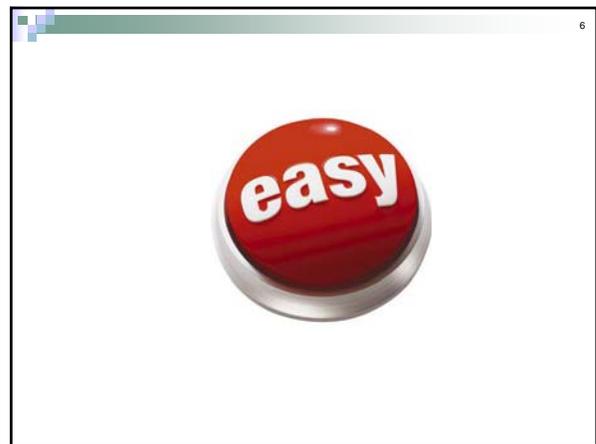
5

Review the Evaluation Process

```

graph TD
    S1((Step 1: Understand the Evaluation Design)) --> S2((Step 2: Identify the Evaluation Questions))
    S2 --> S3((Step 3: Establish Cooperative Agreements))
    S3 --> S4((Step 4: Sample Cases and Collect Your Data))
    S4 --> S5((Step 5: Analyze Your Data))
    S5 --> S6((Step 6: Interpret Your Results))
    S6 --> S1
  
```

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7

Introduction to Microsoft Excel

Page 59

8

One Row = One Case

Page 59

9

One Column = One Kind of Information

Page 59

10

Tab Back and Forth Between Sheets

Click on tab to look at a different sheet

Page 59

11

Running the Program

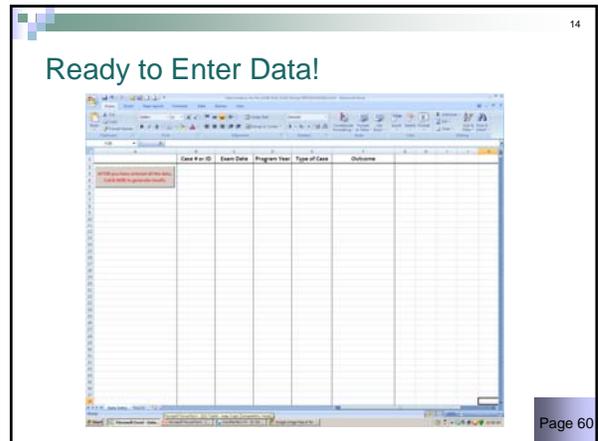
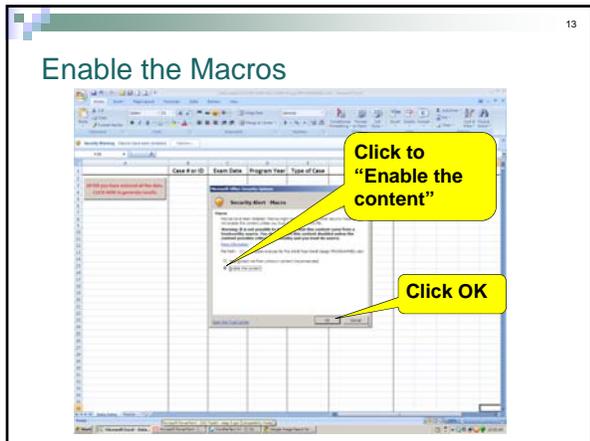
Click on gray button to run the program AFTER you have entered ALL of your data

Page 59

12

Enable the Macros

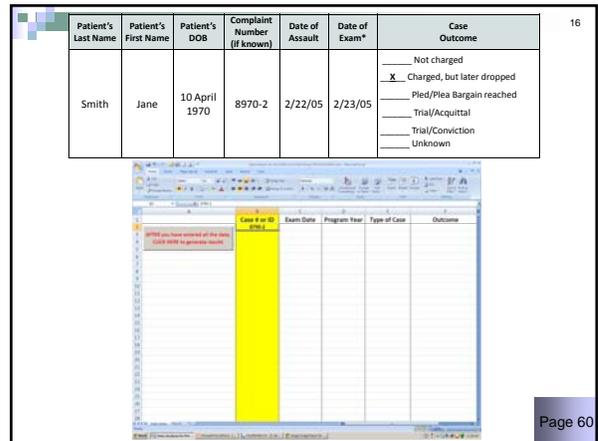
BEFORE you start entering data, click on "Options"



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15

Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam*	Case Outcome
Smith	Jane	10 April 1970	8970-2	2/22/05	2/23/05	<input type="checkbox"/> Not charged <input checked="" type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Jones	Sam	28 May 1968	9230-1	3/3/06		<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input checked="" type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown



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17

Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam*	Case Outcome
Smith	Jane	10 April 1970	8970-2	2/22/05	2/23/05	<input type="checkbox"/> Not charged <input checked="" type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown

NEW

18

Make a List of SANE Program Years

Dates	Program Year
5/1/2002 - 4/30/2003	1 (ignoring)
5/1/2003 - 4/30/2004	2
5/1/2004 - 4/30/2005	3
5/1/2005 - 4/30/2006	4
5/1/2006 - 4/30/2007	5

19

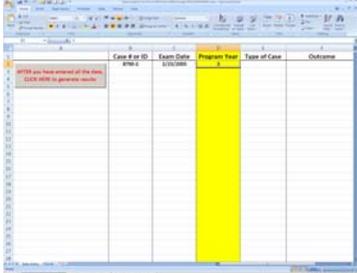
Make a List of SANE Program Years

Dates	Program Year
5/1/2002 - 4/30/2003	1 (ignoring)
5/1/2003 - 4/30/2004	2
5/1/2004 - 4/30/2005	3
5/1/2005 - 4/30/2006	4
5/1/2006 - 4/30/2007	5

Example: Exam Date = 2/23/2005

20

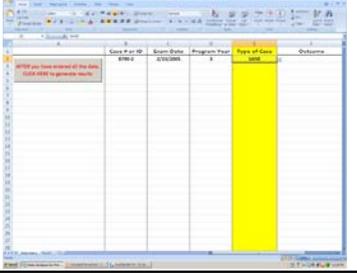
Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam*	Case Outcome
Smith	Jane	10 April 1970	8970-2	2/22/05	2/23/05	<input type="checkbox"/> Not charged <input checked="" type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown



NEW

21

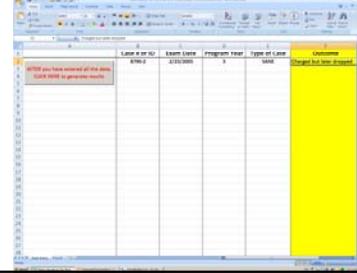
Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam*	Case Outcome
Smith	Jane	10 April 1970	8970-2	2/22/05	2/23/05	<input type="checkbox"/> Not charged <input checked="" type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown



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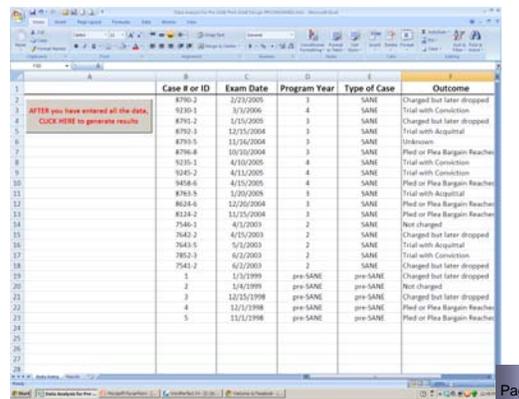
22

Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam*	Case Outcome
Smith	Jane	10 April 1970	8970-2	2/22/05	2/23/05	<input type="checkbox"/> Not charged <input checked="" type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown



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23



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24

Tips for Data Entry

- Use tab on keyboard OR click with mouse to go to the next cell to the right

25

Tips for Data Entry

- Use tab on keyboard OR click with mouse to go to the next cell to the right
- If using autofill, make sure it is actually what you want to enter

26

Autofill

Because it has been used before, typing "p" will automatically fill the cell in with "pre-SANE".

If this is what you want, simply tab to the next cell.

Otherwise, keep typing until you have filled in what you want.

27

Tips for Data Entry

- Use tab on keyboard OR click with mouse to go to the next cell to the right
- If use autofill, make sure it is actually what you want to enter
- For Type of Case and Outcome you can either type in or use drop-down list

28

Click arrow to get drop-down list.

Then click on the entry you want and it will fill in the cell.

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29

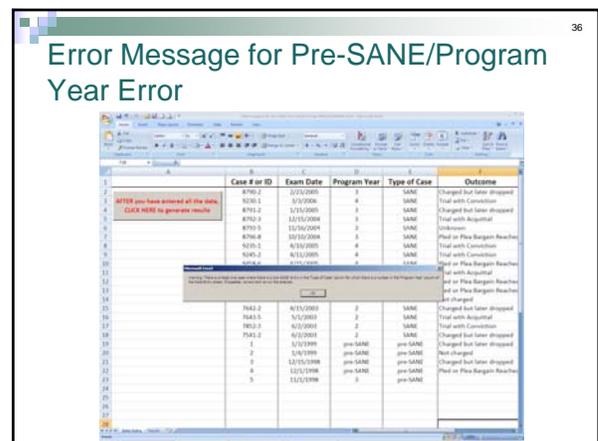
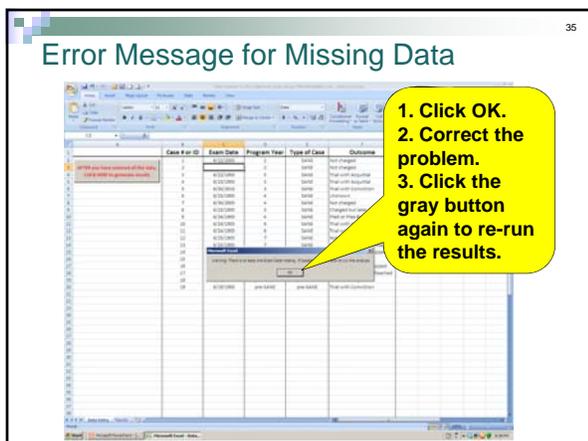
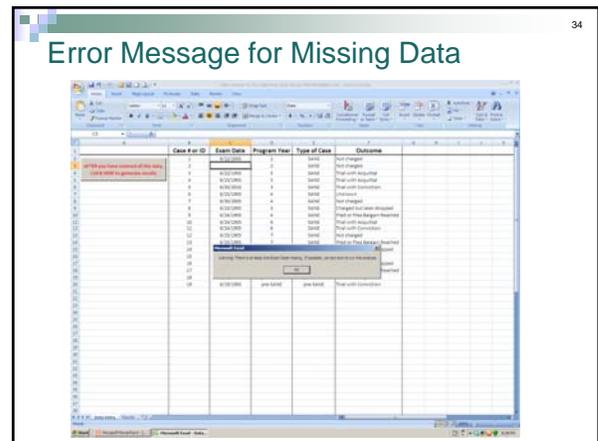
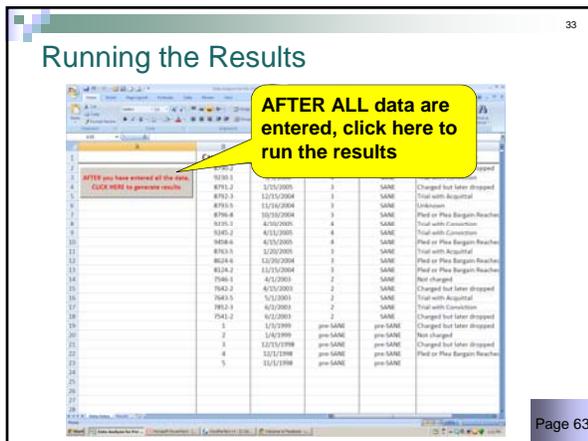
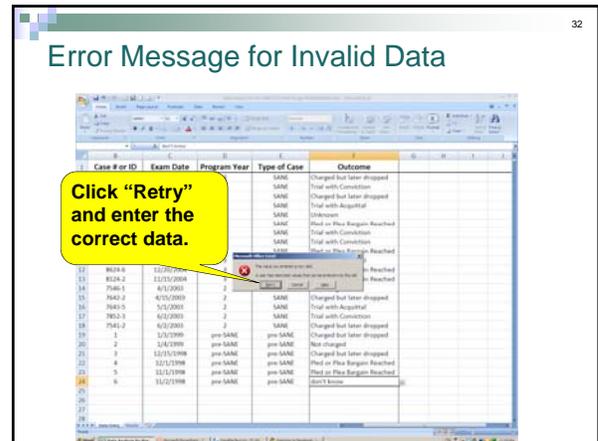
Tips for Data Entry

- Use tab on keyboard OR click with mouse to go to the next cell to the right
- If use autofill, make sure it is actually what you want to enter
- For Type of Case and Outcome you can either type in or use drop-down list
- Enter all information for one case before moving to the next case

30

Tips for Data Entry

- Use tab on keyboard OR click with mouse to go to the next cell to the right
- If use autofill, make sure it is actually what you want to enter
- For Type of Case and Outcome you can either type in or use drop-down list
- Enter all information for one case before moving to the next case
- You do not need to group types of cases or program years together



Error Message for Pre-SANE/Program Year Error

37

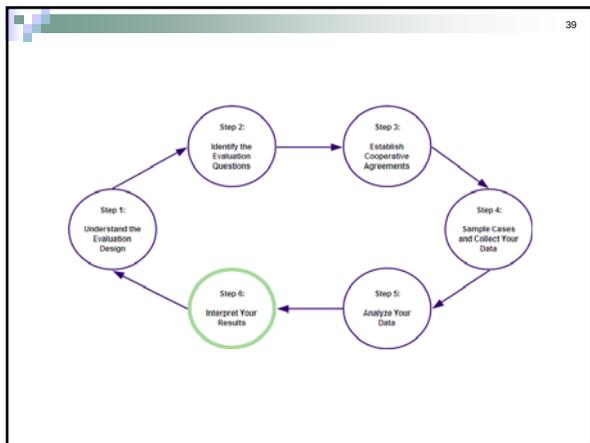
See the problem: a pre-SANE case had "3" entered for program year

Case # or ID	Exam Date	Program Year	Type of Case	Outcome
8792.2	3/23/2005	3	SANE	Charged but later dropped
8793.1	9/2/2006	4	SANE	Trial with Conviction
8793.2	3/13/2005	3	SANE	Charged but later dropped
8793.3	12/16/2004	3	SANE	Trial with Acquittal
8793.5	11/24/2004	3	SANE	Trial with Conviction
8794.4	10/16/2004	3	SANE	Trial with Acquittal
9335-2	4/19/2005	4	SANE	Trial with Conviction
1005.2	6/23/2005	6	SANE	Trial with Acquittal
1028.0	8/23/2005	8	SANE	Trial with Acquittal
7842.2	4/15/2003	2	SANE	Charged but later dropped
7843.3	5/12/2003	2	SANE	Trial with Acquittal
7852.0	6/10/2003	2	SANE	Trial with Conviction
7852.1	6/10/2003	2	SANE	Charged but later dropped
7852.2	6/10/2003	2	SANE	Charged but later dropped
7852.3	6/10/2003	2	SANE	Charged but later dropped
7852.4	6/10/2003	2	SANE	Charged but later dropped
7852.5	6/10/2003	2	SANE	Charged but later dropped
7852.6	6/10/2003	2	SANE	Charged but later dropped
7852.7	6/10/2003	2	SANE	Charged but later dropped
7852.8	6/10/2003	2	SANE	Charged but later dropped
7852.9	6/10/2003	2	SANE	Charged but later dropped
7852.10	6/10/2003	2	SANE	Charged but later dropped
7852.11	6/10/2003	2	SANE	Charged but later dropped
7852.12	6/10/2003	2	SANE	Charged but later dropped
7852.13	6/10/2003	2	SANE	Charged but later dropped
7852.14	6/10/2003	2	SANE	Charged but later dropped
7852.15	6/10/2003	2	SANE	Charged but later dropped
7852.16	6/10/2003	2	SANE	Charged but later dropped
7852.17	6/10/2003	2	SANE	Charged but later dropped
7852.18	6/10/2003	2	SANE	Charged but later dropped
7852.19	6/10/2003	2	SANE	Charged but later dropped
7852.20	6/10/2003	2	SANE	Charged but later dropped
7852.21	6/10/2003	2	SANE	Charged but later dropped
7852.22	6/10/2003	2	SANE	Charged but later dropped
7852.23	6/10/2003	2	SANE	Charged but later dropped
7852.24	6/10/2003	2	SANE	Charged but later dropped
7852.25	6/10/2003	2	SANE	Charged but later dropped
7852.26	6/10/2003	2	SANE	Charged but later dropped
7852.27	6/10/2003	2	SANE	Charged but later dropped
7852.28	6/10/2003	2	SANE	Charged but later dropped
7852.29	6/10/2003	2	SANE	Charged but later dropped
7852.30	6/10/2003	2	SANE	Charged but later dropped
7852.31	6/10/2003	2	SANE	Charged but later dropped
7852.32	6/10/2003	2	SANE	Charged but later dropped
7852.33	6/10/2003	2	SANE	Charged but later dropped
7852.34	6/10/2003	2	SANE	Charged but later dropped
7852.35	6/10/2003	2	SANE	Charged but later dropped
7852.36	6/10/2003	2	SANE	Charged but later dropped
7852.37	6/10/2003	2	SANE	Charged but later dropped
7852.38	6/10/2003	2	SANE	Charged but later dropped
7852.39	6/10/2003	2	SANE	Charged but later dropped
7852.40	6/10/2003	2	SANE	Charged but later dropped
7852.41	6/10/2003	2	SANE	Charged but later dropped
7852.42	6/10/2003	2	SANE	Charged but later dropped
7852.43	6/10/2003	2	SANE	Charged but later dropped
7852.44	6/10/2003	2	SANE	Charged but later dropped
7852.45	6/10/2003	2	SANE	Charged but later dropped
7852.46	6/10/2003	2	SANE	Charged but later dropped
7852.47	6/10/2003	2	SANE	Charged but later dropped
7852.48	6/10/2003	2	SANE	Charged but later dropped
7852.49	6/10/2003	2	SANE	Charged but later dropped
7852.50	6/10/2003	2	SANE	Charged but later dropped

Error Message for Pre-SANE/Program Year Error

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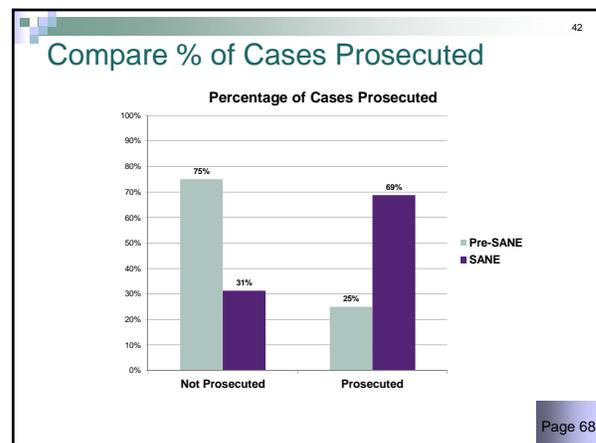
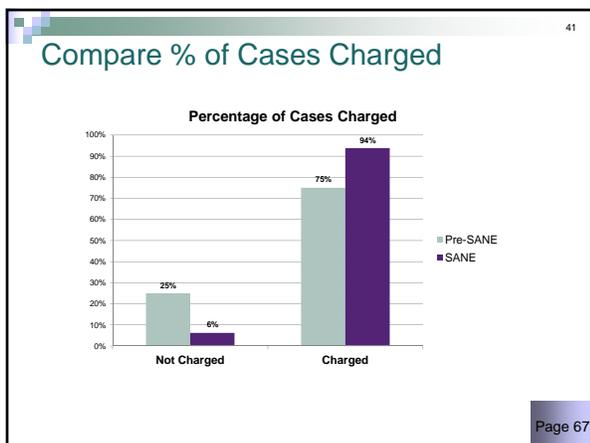
1. Click OK.
2. Correct the problem.
3. Click the gray button again to re-run the results.

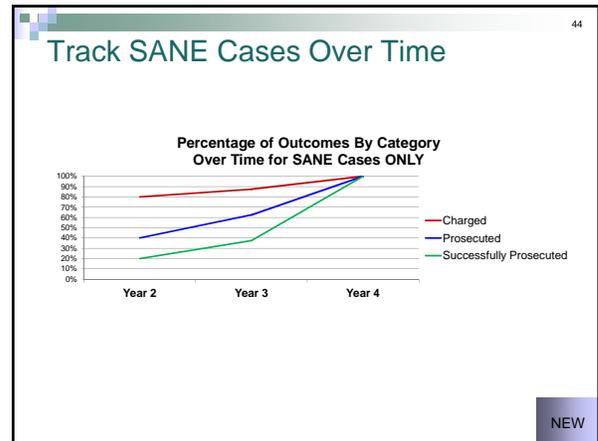
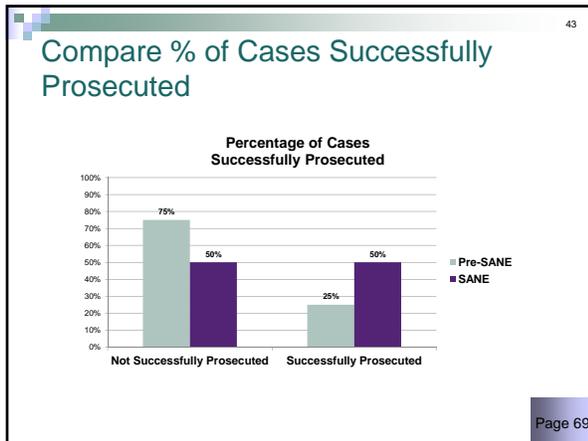


Results Page

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Homework

45

1. Identify all of your eligible cases
2. Check with Jess about sampling
3. Look up outcomes at prosecutor's office
4. Enter information into spreadsheet

Reminder: Visits in spring/summer --- We will work with you on interpreting and using your results

Feedback Survey

46

- Jess will send a link to training survey
- Please complete within 1 week

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sanetoolkitlistserv@psy.msu.edu
 toolkit@msu.edu
 (517) 432-7082

Group Call: Wednesday, August 17, 2:00-3:00pm (Eastern)

APPENDIX H: POST-TRAINING SURVEY #1

POST-TRAINING SURVEY: Training I – Introduction to Program Evaluation

The purpose of this survey is to provide information to the staff of the SANE Toolkit project about how the content and delivery of the web training can be improved. Your feedback will help determine if additional materials and information are needed to support SANEs in their evaluation work.

Training Methods

The first section of the survey focuses on the way the training was delivered. The training used multiple methods of sharing information. Please circle the response that best represents your preference for the various methods used during the training.

How much time would you have liked allotted for each training method?

Pre-assigned readings	A lot less time	Less time	Adequate time	More time	A lot more time
Presentation by trainer	A lot less time	Less time	Adequate time	More time	A lot more time
Group discussions	A lot less time	Less time	Adequate time	More time	A lot more time
Skill-building activities	A lot less time	Less time	Adequate time	More time	A lot more time

The training relied on web technology and phone conferencing. Please circle the response that best represents your preference for the various technical options for web training. Some of these technologies may have not been used in our web training, but we would like your input on all of them to help plan future trainings.

What are your preferences for each type of technology?

On-phone audio (i.e., listen to the call on the phone)	A lot less use	Less use	Adequate use	More use	A lot more use
On-line audio (i.e., listen to the call on your computer)	A lot less use	Less use	Adequate use	More use	A lot more use
Photos of presenters posted on the webconference	A lot less use	Less use	Adequate use	More use	A lot more use
Photos of participants posted on the webconference	A lot less use	Less use	Adequate use	More use	A lot more use
Real-time video of presenters	A lot less use	Less use	Adequate use	More use	A lot more use
Real-time video of participants	A lot less use	Less use	Adequate use	More use	A lot more use
Projection of prepared slides on the webconference	A lot less use	Less use	Adequate use	More use	A lot more use
Projection of real-time notes on the webconference	A lot less use	Less use	Adequate use	More use	A lot more use
Simultaneous text chats on the webconference	A lot less use	Less use	Adequate use	More use	A lot more use
Other ways of interacting online (e.g., instant polling, raising your hand)	A lot less use	Less use	Adequate use	More use	A lot more use

If you have any recommendations for technology use, please describe them below:

Information Covered

The second section of the survey focuses on the information covered during the training. Please circle the answer that best represents your opinion of the information covered.

The information covered is relevant for our SANE program.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information was provided in an user-friendly manner	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I plan to use the information from the training in our evaluation.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information provided was clear and understandable.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information provided covered the areas needed for our program to complete an evaluation.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

What was **most useful** about the information covered in the training?

How do you **plan to use** the information in your evaluation?

What was **least useful** about the information covered in the training?

What **other information** would you recommend or like to see included?

Preparation for Evaluation

The final section of the survey is about how the training has helped prepare you to evaluate your SANE program. We realize that you started the training with a set of knowledge and skills useful for doing evaluations. We are interested in understanding if the training **added to or enhanced your prior knowledge and skill set**.

The training helped me understand the purpose of evaluation.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The training helped me understand the key concepts in evaluation.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The training helped me understand the two main types of evaluation.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

How could the training be **improved**?

Thank you.

APPENDIX I: POST-TRAINING SURVEY #2

POST-TRAINING SURVEY: Training II – SANE Evaluation Toolkit: Moving from Design through Data Collection

The purpose of this survey is to provide information to the staff of the SANE Toolkit project about how the content and delivery of the web training can be improved. Your feedback will help determine if additional materials and information are needed to support SANEs in their evaluation work.

Training Methods

The first section of the survey focuses on the way the training was delivered. The training used multiple methods of sharing information. Please select the response that best represents your preference for the various methods used during the training.

How much time would you have liked allotted for each training method?

Pre-assigned readings	A lot less time	Less time	Adequate time	More time	A lot more time
Presentation by trainers	A lot less time	Less time	Adequate time	More time	A lot more time
Group discussions	A lot less time	Less time	Adequate time	More time	A lot more time
Skill-building activities	A lot less time	Less time	Adequate time	More time	A lot more time

The training relied on web technology and phone conferencing. Please select the response that best represents your preference for the various technical options for web training. Some of these technologies may have not been used in our web training, but we would like your input on all of them to help plan future trainings.

What are your preferences for each type of technology?

On-phone audio (i.e., listen to the call on the phone)	A lot less use	Less use	Adequate use	More use	A lot more use
On-line audio (i.e., listen to the call on your computer)	A lot less use	Less use	Adequate use	More use	A lot more use
Photos of presenters posted on the webconference	A lot less use	Less use	Adequate use	More use	A lot more use
Photos of participants posted on the webconference	A lot less use	Less use	Adequate use	More use	A lot more use
Real-time video of presenters	A lot less use	Less use	Adequate use	More use	A lot more use
Real-time video of participants	A lot less use	Less use	Adequate use	More use	A lot more use
Projection of prepared slides on the webconference	A lot less use	Less use	Adequate use	More use	A lot more use
Projection of real-time notes on the webconference	A lot less use	Less use	Adequate use	More use	A lot more use
Simultaneous text chats on the webconference	A lot less use	Less use	Adequate use	More use	A lot more use
Other ways of interacting online (e.g., instant polling, raising your hand)	A lot less use	Less use	Adequate use	More use	A lot more use

Information Covered

The second section of the survey focuses on the information covered during the training. Please circle the answer that best represents your opinion of the materials.

The information covered is relevant for our SANE program.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information was provided in an user-friendly manner	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I plan to use the information from the training in our evaluation.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information provided was clear and understandable.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information provided covered the areas needed for our program to complete an evaluation.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

What was **most useful** about the information covered in the training?

How do you **plan to use** the information in your evaluation?

What was **least useful** about the information covered in the training?

What **other information** would you recommend or like to see included?

Preparation for Evaluation

The final section of the survey is about how the training has helped prepare you to evaluate your SANE program. We realize that you started the training with a set of knowledge and skills useful for doing evaluations. We are interested in understanding if the training **added to or enhanced your prior knowledge and skill set**.

The training helped me understand my role in designing and carrying out an evaluation.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The training helped me understand the types of evaluation questions we can investigate.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The training helped me understand how to design an evaluation.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The training helped me plan for how to build the relationships I need in order to carry out the evaluation (for example, with the prosecutor's office).	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The training helped me understand how to sample cases for the evaluation.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

How could the training be **improved**?

What else do you **need** to move forward with your program's evaluation?

Thank you.

APPENDIX J: POST-TRAINING SURVEY #3

POST-TRAINING SURVEY: Training III – SANE Evaluation Toolkit: Analyzing Your Data (Step 5)

The purpose of this survey is to provide information to the staff of the SANE Toolkit project about how the content and delivery of the web training can be improved. Your feedback will help determine if additional materials and information are needed to support SANEs in their evaluation work.

Training Methods

This training had a primary focus on learning about how to enter data into a spreadsheet. For the first set of questions, please select the response that best represents your preference for the various methods in regards to learning about data issues.

In thinking about learning about data entry, what are your preferences for each type of training method?

On-phone audio (i.e., listen to the call on the phone)	A lot less use	Less use	Adequate use	More use	A lot more use
On-line audio (i.e., listen to the call on your computer)	A lot less use	Less use	Adequate use	More use	A lot more use
Prepared slides with screen shots of the data program and data entry	A lot less time	Less time	Adequate time	More time	A lot more time
Real-time video of the trainer using the program and entering data	A lot less time	Less time	Adequate time	More time	A lot more time
Participants following along in their own copy of the data program	A lot less use	Less use	Adequate use	More use	A lot more use
Other ways of interacting online (e.g., instant polling, raising your hand)	A lot less use	Less use	Adequate use	More use	A lot more use

Prior to the training, what kind of experience did you have with Microsoft Excel?

Would this training be more helpful if you viewed it **after you collected all of your prosecution outcomes**, or is it helpful to have it now **while you are collecting prosecution outcomes** to know what is coming next?

How was the pace of the training? Did the presenter rush through some slides, spend too much time on others, or was it just right?

Preparation for Using the Data Entry Program

The second section of the survey focuses on the Excel data entry program. Please select the response that best represents your current understanding of the spreadsheet.

The training helped me understand how rows and columns are used in a spreadsheet.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The training helped me understand how to transfer the information I am collecting at the prosecutor's office into the spreadsheet.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The training helped me understand what I need to do to calculate the	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

results after I have entered all the information from the prosecutor's office.

The training helped me understand the kinds of results I will get from the information I am collecting at the prosecutor's office.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

What was **most useful** about the information covered in the training?

What was **least useful** about the information covered in the training?

How could the training be **improved**?

What else do you **need** to move forward with your program's evaluation?

Expectations for Using the Data Entry Program

Today's training was your first introduction to the data entry program you will use for the evaluation. For the last section of the survey, please select the response that best represents your **first impressions of the data entry program**.

It will be easy to enter the information I collected at the prosecutor's office into the spreadsheet.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

I will need to get additional help with entering the information from the prosecutor's office into the spreadsheet.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The way to enter information into the spreadsheet (i.e., type it in or choose from a dropdown list) will help to avoid mistakes in data entry.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

It will be helpful to have an error message come up when there is missing data.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

The graphs on the results page of the program will be easy to understand.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Thank you.

APPENDIX K: DISSEMINATION PLAN FOR BUILDING EVALUATION CAPACITY

PLAN FOR BUILDING EVALUATION CAPACITY

A STEP-BY-STEP PRACTITIONER TOOLKIT FOR EVALUATING THE WORK OF SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAMS IN THE CRIMINAL JUSTICE SYSTEM

Objective

Provide NIJ with recommendations for disseminating the Toolkit that was created as part of NIJ Award 2005-WG-BX-003 and NIJ Award 2009-MU-MU-0002 under the direction of Principal Investigator Rebecca Campbell, PhD, of Michigan State University. The plan outlined here will provide the necessary support to promote widespread use of the Toolkit in the field.

Rationale

The Toolkit provides SANE programs with a user-friendly, systematic process for evaluating their impact on criminal justice outcomes. However, as described in the research literature and as experienced during the pilot implementation of the Toolkit, evaluation resources are only one component of building evaluation capacity.

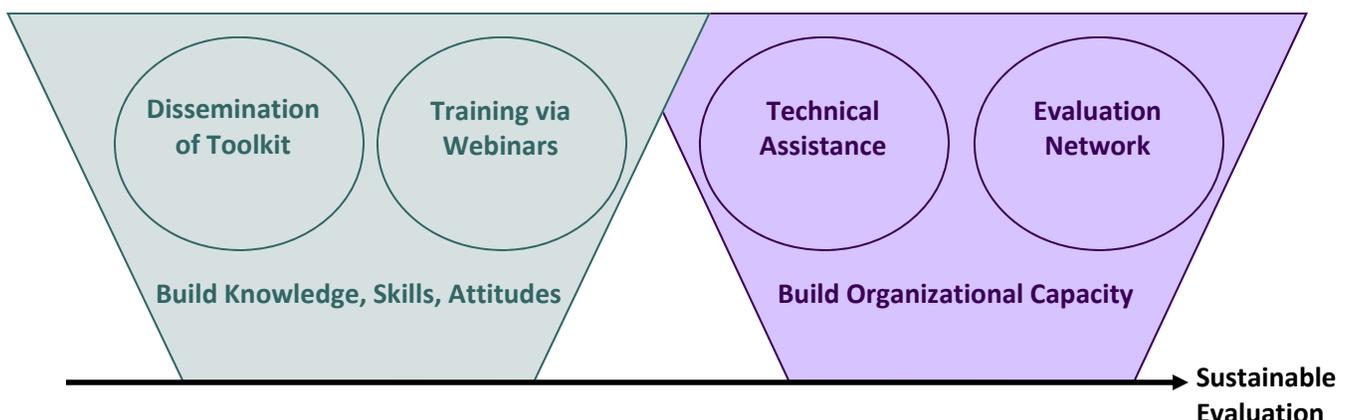
Building evaluation capacity requires (Preskill & Boyle, 2008):

- building knowledge, skills, and attitudes about evaluation
- building organizational capacity for evaluation as a routine part of operations
- engaging in evaluation in a way that is sustainable

This comprehensive view on evaluation capacity is particularly important when promoting evaluation among SANE programs because their primary focus is on clinical skills and services, and many of them are not experienced in outcomes evaluation.

Components to Build Evaluation Capacity

Four components to build sustainable evaluation capacity are recommended:



Each component serves particular purposes and will require specific resources, including the consulting services of a **PhD-level or equivalent evaluation consultant** with experience in the content area of violence against women and program evaluation.

Recommendation	Rationale	Resources Required
Dissemination of Toolkit	The Toolkit will provide programs with the information necessary for understanding the evaluation process and for collecting and analyzing data. The Toolkit includes both the manual and MS Excel files for data analysis. National dissemination will be most successful and cost effective in conjunction with established systems in the field and through multiple modes of communication.	<ul style="list-style-type: none"> • Cost to produce/mail 500 Toolkits • 8 consulting hours per month • Ongoing technology support to maintain MS Excel files • Partnership to advertise and host online Toolkit
Training via Webinars	The webinar trainings will be pre-recorded to allow for the greatest national access at the least cost. They will provide an overview of the evaluation process and will provide users with strategies for success. It is recommended that seven short webinars be provided: one introductory webinar that provides an overview of the process and then a separate webinar for each of the six steps in the evaluation process. The webinars should be housed on a central website that is a frequently accessed resource in the field.	<ul style="list-style-type: none"> • 35 consulting hours to develop webinars • 10 consulting hours to deliver/record webinars • Partnership to host online webinars
Technical Assistance	While the Toolkit and webinars will provide the basic information and resources necessary to carry out an evaluation of criminal justice outcomes, the pilot implementation of the Toolkit revealed that there are site-specific issues that can prevent a program from completing the evaluation. These issues were overcome by the provision of one-on-one technical assistance. Therefore, a technical assistance provider should be available to help programs problem solve as issues arise. Technical assistance will be provided via telephone, videoconferences, and email, thereby allowing the widest access at the least cost.	<ul style="list-style-type: none"> • 32 consulting hours per month to provide technical assistance • Overhead costs for communication • Ongoing technology support to update MS Excel files in response to user needs
Evaluation Network	An additional support that was critical during the pilot was peer-to-peer support received from fellow professionals who were also engaging in the evaluation process. Building on research on professional learning communities, a network of programs using the Toolkit will be formed. Given the national nature of the project, the network will function online, facilitating the involvement of the greatest number of programs at the least cost.	<ul style="list-style-type: none"> • 35 consulting hours to set up network • 16 consulting hours per month to facilitate network • Partnership/fee to host online network