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# **A Step-by-Step Practitioner Toolkit for Evaluating the Work of Sexual Assault Nurse Examiner (SANE) Programs in the Criminal Justice System**

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## Introduction to the Toolkit

The goal of this Toolkit is to assist SANE program staff in evaluating how their program affects the reporting, investigation, and prosecution of sexual assault cases in their community. There are many other ways to evaluate the success of SANE programs, such as their effectiveness with patient care and crisis intervention. This Toolkit was developed as part of a large research study on the work of SANEs in the criminal justice system. The lessons learned from that project helped inform the development of this Toolkit, but by no means are legal outcomes the only or best way to evaluate the success of SANE programs.

The focus of this Toolkit is the impact of SANEs on the progression of sexual assault cases through the criminal justice system. To that end, the Toolkit is designed to provide practitioners with the necessary information for understanding and evaluating SANEs impact on prosecution in their own community and ideas for utilizing this information to enhance the positive impact of their program on the reporting, investigation, and prosecution of sexual assault cases.

There are four main sections to the Toolkit:

- 1) The first section provides a basic overview of conducting program evaluation with SANE programs. This includes sample evaluation questions for assessing the different domains of SANE's work.
- 2) The second section provides an introduction to the many ways SANE programs create change in their communities, with a particular emphasis on the impact of SANEs on the processing of sexual assault cases through the criminal justice system.
- 3) The third section is a step-by-step explanation of a specific type of evaluation your program can conduct: an evaluation of whether your SANE program has impacted the progression of sexual assault cases through the criminal justice system in your community.
- 4) The last section illustrates how your evaluation work (discussed in the previous section) can translate into ideas for community action. If you did find a positive impact on case progression through the criminal justice system, the rest of the Toolkit will help you to understand what you are doing well that should be continued and made to last. If you didn't find a change, the rest of the Toolkit will help you understand what improvements can be made to change the criminal justice system response to sexual assault in your community.

The Toolkit was designed to be as user-friendly as possible. It does not require users to have statistical expertise and we avoid using jargon. Resources are provided in the Appendices. Each section is organized to give you the basic information and skills you need to evaluate the impact of your program on the progression of sexual assault cases through the criminal justice system, as well as the information and skills you need to utilize the evaluation findings to make improvements in your community.

The creation of the Toolkit was funded by a National Institute of Justice research grant that assessed how SANEs affect the prosecution of sexual assault cases. These studies informed the recommendations found within this Toolkit. A research team from Michigan State University was responsible for conducting these studies and creating this Toolkit. The project was led by Dr. Rebecca Campbell, a researcher who specializes in sexual assault and SANE programs.

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**SECTION ONE:**  
**Introduction to Program Evaluation for SANEs**



## Why Conduct Program Evaluation?

SANEs can use program evaluation for several purposes. Program evaluation can:

- Help you understand the impact of your work on the people and communities you serve
- Help you discover ways to improve services and programs
- Provide information to funders about how your program is working
- Increase community and financial support for your program by documenting what your program is doing well
- Give survivors the opportunity to provide your program with input and recommendations for improvement.

## Common Concerns with Evaluation

There are many reasons why programs may be hesitant to conduct program evaluation. We will address some of the most common concerns and ways to deal with them.

- **Lack of expertise in evaluation:** Evaluation can seem daunting and may appear to require the help of an outside expert. However, evaluation does not have to involve a complex study or difficult statistical analyses. There are many resources available that break down the evaluation process to help organizations gain the knowledge and skills they need to conduct a program evaluation. Several resources are written specifically to help organizations deal with issues unique to evaluation of sexual assault programs. Of course, one can always consider collaborating with a good outside evaluator.
- **Bad experience with researchers/evaluators:** Some programs may have had a bad experience when they relied on the expertise of an external researcher or evaluator. Naturally, this experience could make a program hesitant to work with another researcher/evaluator. Remember that not all researchers/evaluators are created equal; a good evaluator will value and ask for input, understand the dynamics of sexual assault, protect confidentiality, and have a plan for sharing the evaluation findings. If one is still reluctant to bring in a researcher, the manuals at the end of this section can help you conduct an evaluation on their own.
- **Lack of resources:** This is a common problem for programs with limited time and money. Keep in mind that evaluation can be as simple as analyzing records that programs already keep to document what services are provided to patients. Evaluations do not have to cost a lot of money and take a lot of time to be useful. In the end, conducting an evaluation may bring in even more resources. For example, an evaluation can provide “hard evidence” to funders about how a program is working which may encourage them to continue or increase funding.

## Evaluating SANE Programs

SANEs' work can be conceptualized as addressing survivors' psychological, medical/physical health, legal and forensic outcomes, and community change outcomes. Program evaluation can help SANE programs learn about each of these domains by examining: (1) what it is that they do to address each of these domains; and (2) what effect their program has on these types of outcomes. We suggest limiting each project to one of these four domains to help keep your evaluation manageable in scope.

If you are interested in learning more, two articles are available that summarize key studies on SANE programs across these four domains:

Campbell, R., Patterson, D., & Lichty, L. F. (2005). The Effectiveness of Sexual Assault Nurse Examiner (SANE) Programs: A review of psychological, medical, legal, and community change outcomes. *Trauma Violence & Abuse*, 6, 313-329.

Campbell, R. (2004). *Sexual assault nurse examiner programs: evidence of psychological and legal effectiveness*. VAWNet Document, National Online Resource Center on Violence Against Women, Minneapolis, MN: University of Minnesota.

## Types of Program Evaluation for SANEs

There are two main types of program evaluation:

- **Process Evaluation:** Evaluates your program's *activities*. Put another way, process evaluation examines *what it is that your program is doing and how you are doing it*. Process evaluation assesses the degree to which your program is operating as intended. This can include documenting the services you are providing and how you are providing them, patients' satisfaction with your services, and patients' wants/needs.

### Examples of Process Evaluation:

- *Psychological*- Were patients psychological needs met? (e.g., what percent of patients believed the nurse was supportive? felt the nurse believed their story? trusted the nurse?)
- *Medical/Physical Health*- What types of services do patients receive to meet their medical/physical health needs? (e.g., how many patients receive STD prophylaxis? emergency contraception?)
- *Forensic*- What specific information is being gained from the evidence collected when the lab analyzes the kit? (e.g., are they finding DNA? are they getting hits in CODIS? what evidence is being used in court? by police?)

- *Legal*- How do nurses attend to patients' legal needs? (e.g., for what percent of cases do nurses give information about the criminal justice process? offer to call the police?)
- *Community Change*- How satisfied are people that participate in your trainings? (e.g., what percent of people attending the training felt it was helpful? do police find the training as helpful as medical professionals do?)
- **Outcome Evaluation:** Evaluates the *impact* your program is having. Outcome evaluation assesses whether your program is creating the impact you want it to have on survivors, your community, people who participate in trainings given by your program, etc.

Examples of Outcome Evaluation:

- *Psychological:* Do patients seen by the SANE program have better psychological outcomes than patients seen in a traditional emergency room? (e.g., do patients seen by the SANE program feel more in control? report fewer posttraumatic stress symptoms?)
- *Medical/Physical Health:* Are patients more informed about their medical health once they talk with a SANE nurse? (e.g., do patients have more knowledge than they did before about risk of STDs?)
- *Forensic:* Do SANE programs provide better forensic evidence than traditional emergency rooms? (e.g., are SANEs more likely to dry the buccal swabs? do SANEs document more injuries? are SANEs more likely to maintain the chain of evidence?)
- *Legal:* Do SANE programs increase patients' knowledge of the criminal justice system? (e.g., after talking with the nurse, are patients more knowledgeable about the processes involved in prosecution? about their right to participate in none, some, or all parts of the criminal justice process?)
- *Community Change:* Do SANE programs impact coordination among stakeholders? (e.g., after the implementation of the SANE program, are police more likely to refer a survivor to a forensic exam? are prosecutors more likely to consult a medical expert about a case?)

## Key Concepts in Conducting Program Evaluation of SANE Programs

### Evaluation Questions

Evaluation questions help you to narrow down the scope of your evaluation. The work that SANEs do is varied and complex, which means you can't evaluate it all in one project. For any evaluation project, you will need to decide upon one or two key questions that you want your evaluation to answer. Make sure that each of the terms in your questions is specific enough that you can measure them. For example, you can't measure coordination, but you can measure how often prosecutors consult a medical expert; you can't measure psychological outcomes, but you can measure feeling in control or posttraumatic stress symptoms.

### Logic Models

A logic model is a tool that is frequently used in program planning and designing evaluations. A logic model is a visual display, usually a chart/table or a diagram, of how you expect your program to work. It helps you to map out your program goals and how you expect your program to achieve its goals. Many funders are beginning to require that programs provide a logic model to justify their requests for funding, so it may be useful to learn more about logic models.

In a logic model, you begin with a list your *inputs* (what resources your program uses), your program *activities* (what services you provide), your *outputs* (things that are a direct result of your program activities, for example, the number of clients served), and the intermediate and longer-term *outcomes* that you expect to see based on your program's activities.

Developing a logic model for your program is often a good place to start in program evaluation. At the end of this section, we provide a list of helpful resources, including some specific suggestions for good workbooks on logic models. However, we also realize that developing a logic model from scratch can sometimes take a while, and many SANE programs may not have a lot of time to really work through the whole process from start to finish. In that situation, sometimes it's helpful to look at some sample logic models and work off of those examples to customize a logic model for your specific program.

We have included two sample logic models in this Toolkit. Both are "open domain," which means they are not copyrighted and you can use them and/or modify as you like. The first logic model is on pages 12-13 and was developed by Campbell, Patterson, Adams, Diegel, and Coats (2008) to show how SANE programs can have a beneficial impact on patient care and emotional well-being. The second logic model is on page 14 and shows how SANE programs may increase legal prosecution.

## Logic Model: SANE Programs and Patient Care and Psychological Well-Being Impact

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Long-term
<i>In order to accomplish our program activities we will need the following:</i>	<i>In order to address the problem of sexual assault in our community, we will accomplish the following activities:</i>	<i>We expect that once accomplished these activities will produce the following evidence of service delivery:</i>	<i>We expect that these activities will lead to the following initial outcomes:</i>	<i>We expect that these activities will lead to the following intermediate outcomes:</i>	<i>We expect that these activities will lead to the following long-term outcomes:</i>
<ul style="list-style-type: none"> <li>• Forensic nurses</li> <li>• Program coordinator</li> <li>• Consulting physician</li> <li>• Medical/forensic equipment</li> <li>• Private, safe space to conduct exams</li> <li>• Sexual assault patients</li> <li>• Positive relations with police and local hospitals to identify and refer survivors</li> </ul>	<ul style="list-style-type: none"> <li>• Build rapport and establish trust with patients</li> <li>• Put patients at ease and show compassion</li> <li>• Provide patient-directed care by treating patients one-on-one, working within the patient's boundaries, adapting to each patient's needs</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual assault survivors of diverse ages, races/ ethnicities, classes, languages, religions, sexualities, and abilities seeking medical attention and/or forensic evidence collection will be referred to our SANE program where trained forensic nurses will conduct</li> </ul>	<ul style="list-style-type: none"> <li>• Survivors will feel they were cared for by a professional</li> <li>• Survivor will feel a sense of control</li> <li>• Survivors will feel someone cared and believed them</li> <li>• Survivors will feel respected</li> <li>• Survivors will feel they were treated with care and compassion</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional healing for survivors</li> <li>• Survivors will gain a sense of closure</li> <li>• Survivors will be able to go on with their lives (i.e., maintain employment, have an intimate relationship, have relationships with family/friends)</li> <li>• Improved standard of care for sexual assault survivors</li> <li>• Survivors will engage in follow-up services (e.g., counseling)</li> </ul>	<ul style="list-style-type: none"> <li>• Survivors will see long-term improvement in physical health</li> <li>• Survivors will see long-term improvement in psychological well-being</li> </ul>

<ul style="list-style-type: none"><li>• Space for regular meeting to continually assess quality of care provided</li><li>• Funding</li></ul>	<ul style="list-style-type: none"><li>• Convey professionalism to patients</li><li>• Provide resource referrals and follow-up information</li></ul>	medical forensic exams in accordance with our empowering care model	<ul style="list-style-type: none"><li>• Survivors will feel hopeful about the future and the potential for healing</li><li>• Survivors will understand the medications they received</li><li>• Survivors will know where to go for help, information, and/or additional services</li></ul>		
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### Logic Model: SANE Programs and Criminal Justice System Impact

<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>	<b>Outcomes</b>	<b>Short-Term Impact</b>	<b>Long-Term Impact</b>
<p><i>What resources do you invest?</i></p> <p>Staff</p> <p>Volunteers</p> <p>Money</p> <p>Materials/Supplies</p> <p>Equipment</p> <p>Technology</p> <p>Community Partners</p>	<p><i>What do you do?</i></p> <p>Provide medical services</p> <p>Treat patients with compassion and respect</p> <p>Provide information to patients about the criminal justice system</p> <p>Provide community referrals to patients</p> <p>Crisis intervention with patient and patient's family and friends.</p> <p>Document injuries</p> <p>Collect and store DNA evidence</p> <p>Document the assault history</p> <p>Legal Advocacy for victims</p> <p>Expert witness testimony</p> <p>Conduct trainings with police, prosecutors, etc.</p> <p>Participate in case review meetings</p> <p>Educate the public about sexual assault.</p>	<p><i>What are the direct products and who is reached?</i></p> <p>Patients treated and given information.</p> <p>Evidence collected</p> <p>Victim received information about her rights and the criminal justice process</p> <p>Expert witness testimony</p> <p>Community stakeholders trained</p> <p>Cases reviewed</p> <p>People receive information about sexual assault.</p>	<p><i>What changes do you expect to see in individuals?</i></p> <p>Patients experience less distress, better psychological functioning and physical health, and less impairment in their everyday lives.</p> <p>Credible, high-quality evidence is available in prosecuting sexual assault cases.</p> <p>Patients understand their right to report or not to report and what participation in the criminal justice system entails.</p> <p>Patients are more aware of community resources, and better supported by friends and family.</p> <p>Juries, prosecutors, judges, and attorneys are educated about the dynamics of sexual assault.</p> <p>Community stakeholders change how they investigate cases, how they make decisions on cases, how they prosecute cases, and how they interact with victims.</p>	<p><i>What short-term changes do you expect to see in the system?</i></p> <p>Victims are more likely to report the assault to the police.</p> <p>Victims are less likely to drop out of case prosecution.</p> <p>Fewer cases "fall through the cracks"</p> <p>More cases are investigated and prosecuted.</p>	<p><i>What long-term changes do you expect to see in the system?</i></p> <p>Increased prosecution of sexual assault cases.</p>

## Designing the Evaluation

You will need to make several decisions to plan out or design how your evaluation will work. The decisions you make will depend on the evaluation questions you are trying to answer. You will need to decide who to collect data from, what to collect, how many times, when, and how you will collect it.

### Who to collect data from:

You can collect data from a variety of sources including existing records (e.g., your program's records, police and prosecutor records), patients, program staff, training participants, etc.

If you are interested in learning about how satisfied patients are with your services, you would want to collect data from patients. If you are interested in learning about what services were provided to survivors you could choose to use existing program records/documentation, or ask patients, nurses, or advocates about what services were provided each time a patient comes in.

### What data to collect:

You can collect data in number or word form. Numeric data includes rating scales (e.g., 1 = strongly disagree to 5 = strongly agree) and other close-ended questions where there is a set of acceptable answers the participant has to choose from to give a response. For example, did the nurse give the patient emergency contraception would be a close-ended questions because a limited number of responses are possible: yes or no. Data in words would be collected by asking people open-ended questions in an interview. The participant is able to answer however they would like. Open-ended questions include, "how do you feel about our new program" or "what should be we do to improve our program?" Generally, numeric data is quicker to analyze. Word data can take longer to analyze, but word data is a good way to get at topics you don't know much about or you want to hear an explanation for the participant's answer.

### How many times to collect data:

You can collect data once or multiple times. Collecting data multiple times allows you to make a comparison between data collected at multiple times points. For example, if you are interested in whether your training increases police officers' knowledge of medical/forensic exams, you could test their knowledge before and after your training. You would compare to see if officer's had greater knowledge after the training.



### When to collect your data:

When collecting data from people rather than from existing records, it is important to consider when to collect your data. You need to consider when you are most likely to have access to people, who are willing to participate, and when it is appropriate to ask people to participate. For example, it may be the easiest to ask a patient to fill out a survey after the medical/forensic exam, but it may be more sensitive to the patients' needs to wait and ask the patient to answer survey questions during a follow-up call.

## **Data Collection**

There are four main techniques for collecting data: surveys, interviews, existing records, and observations. We discuss the disadvantages and advantages of each.

*Surveys-* Surveys are generally quick and easy to fill-out; they don't require much staff time to administer and don't require much time from participants to fill out. You can write your own survey or use already developed questionnaires. Surveys are good for assessing which services patients were interested in, which they received, and how satisfied they were with certain services. You can read a survey to someone or you can have them fill out a pencil and paper survey. It is often easier for participants to be more honest about how satisfied they are with your services if they fill a survey out on their own rather than telling someone from the program how they felt.

*Interviews-* Interviews can be done in-person or over the phone. These require more resources than surveys because someone has to do the interviewing; it is important that interviewers are trained in interviewing skills, such as how to probe for more information. Interviews usually last longer than surveys and require more effort from your participants. Interviews can help you get at topics you don't know much about and can give you more depth of information. It is also important to consider whether you want program staff or someone else to conduct interviews with patients. Patients may have a difficult time telling a nurse that they felt another nurse could have done something better. In any interview, the interviewer needs to assure the participant that the interview will not affect his/her relationship with your program or his/her eligibility for future services and that their confidentiality will be protected.

*Existing Records-* With existing records, you don't have to administer anything or get anyone to participate. However, they can be problematic because they weren't designed for the purposes of evaluation. If you use pre-existing records, it is important that the information in the records was thoroughly and systematically documented throughout all records and answers your evaluation questions. When you have easy access to existing records (e.g., your own program's records) this does not require very many resources; however, trying to access hard-to-get records (such as records protected by HIPAA) can use up a lot of staff time and even money.

*Observations*- Observations can be used when you have a checklist of things you expect to visibly see. For example, after a medical/forensic exam, an advocate could check off what services the nurse provided to the patient. Observations can be fairly quick, don't require many resources, and you don't have to recruit anyone to participate. However, observations aren't appropriate for all types of evaluation questions. It would be difficult to observe client satisfaction or a patient's level of comfort; it would be easier to just ask the client how they felt.

## **Data Analysis**

Keep in mind that data analyses do not have to be complicated. Some of the most commonly used, simple calculations are:

- Frequencies- a count of how many times a certain response is given (e.g., 45 patients received information about rape trauma syndrome.)
- Percentages- a proportion of times that a certain response was given (e.g., 98% of patients strongly agreed that the information about risk of HIV was helpful.)
- Means- an average (e.g., on average, patients seen by the SANE program had three post traumatic stress symptoms, but on average, patients seen in the tradition emergency room had six post traumatic stress symptoms.)

*“Resources for Evaluating Sexual Assault Service Delivery Programs”* (one of the resources listed at the end of this section) gives tips for conducting these types of analyses. There are also tools and trainings out there that can help you to conduct more complicated statistics. If you are going to conduct more difficult analyses, you should consider using a data analysis package such as Excel or SPSS. If you want to conduct complicated analyses and don't have the expertise “in-house” this may be a good place to bring in an outside evaluator or a volunteer with experience in statistics.

There are many different techniques for analyzing open-ended data. Reviewing all the different ways is outside the scope of this Toolkit. However, a quick way is to have two people read your data with an open-mind and look for themes. A theme is a general idea or concept that comes up repeatedly, or a pattern in your data. A good rule of thumb is that an idea or topic is a theme if it comes up three times. For example, if three police officers you interviewed felt that being introduced to SANE nurses they will be working with was a benefit of your training, then it would be considered a theme and you could talk about this as a finding of your evaluation. If one participant said they liked the training because the power point you used was in their favorite colors this would not be a theme and would not be discussed as an evaluation finding. (Further information on analyzing open-ended data is available in the section on thinking about improving sexual assault case progression by conducting focus groups with community stakeholders beginning on page 106.)

## **Maintaining Confidentiality and Privacy Throughout Evaluation**

There are lots of ways to make sure that confidentiality is protected in an evaluation. If you don't need to know who filled out a survey, then set up your data collection procedures so you don't find out. Provide people with a private place where they can fill it out and leave it in a locked box away from program staff. If you have to know who a participant is to conduct an interview with them, that's fine. Remember to tell them that you will keep what they tell you confidential just like you would tell a patient. When you are doing an interview, don't write down any information that would identify who the participant was, like their name or contact information. And always make sure that when patients participate in your evaluations that the person administering an interview or a survey that is read aloud is not the person who provided that patient with services.

Another way to protect confidentiality is to limit who sees your evaluation data. Do all of your staff persons need access to the data? Do your volunteers? Do people outside of your agency need access to the data? Probably not, unless they are working on the evaluation. If you do have information that identifies participants in your evaluation data, keep it separate from your regular program information and get rid of it when you no longer need it. And just like your program files, you need to carefully store and lock up your evaluation data.

## **Using Your Findings**

Throughout your project, it is important to keep the end in sight. While you are making key decisions, ask yourself "how do I want to use this information?" That way at the end of the project you end up with information that is as useful as possible to you.

Some ways to use your evaluation findings:

- Inform the design of new programs and services
- Improve existing services and identifying staff training and supervisory needs
- Inform future evaluation questions
- Use findings to inform your community change efforts and the collaborative work you do with professionals in the community
- Gain community support and recruit volunteers by showing people what your program is doing well
- Increase or maintain funding by sharing your findings with your funder. This can work for both positive and negative findings as long as you provide a plan for how you are going to make improvements for every negative finding you present
- Share with the field by presenting at a conference or publishing your work in a journal

## Helpful Resources on Program Evaluation

### *Resources for Evaluating Sexual Assault Service Delivery Programs*

#### Citation:

Campbell, R., Davidson, W.S., Ahrens, C., Aponte, G., Dorey, H., Grubstein, L., Naegeli, M., & Wasco, S. (1998). *Introduction to Evaluation Training and Practice for Sexual Assault Service Delivery*. Okemos, MI: Michigan Public Health Institute.

Campbell, R., Davidson, W.S., Dorey, H., Grubstein, L., & Naegeli, M. (1999b). *Evaluation Training and Practice for Sexual Assault Service Delivery, Part Two (Data Analysis)*. Okemos, MI: Michigan Public Health Institute.

Campbell, R., Davidson, W. S., Dorey, H., Bennett, K., Hagstrom, J., & Bonter, F. (2000). *Resources for Evaluating Sexual Assault Service Delivery Programs*. Okemos, MI: Michigan Public Health Institute.

#### Description:

This series of manuals provides specific how-to-information on designing and implementing program evaluation, sample measures, and simple step-by-step instruction on conducting data analysis.

Availability: Contact Rebecca Campbell, [rmc@msu.edu](mailto:rmc@msu.edu) (free)

#### Citation:

Sullivan, C.M. & Coats, S. (2000). *Outcome evaluation strategies for sexual assault service programs: A practical guide*. Okemos, MI: Michigan Coalition Against Domestic and Sexual Violence.

#### Description:

This brief, user-friendly manual was co-developed by a researcher and the director of a sexual assault service program to give practitioners the necessary introductory knowledge to conducting program evaluation of victim service programs. The manual also provides tips for programs who are considering working with an outside evaluator or researcher.

Availability: Contact the Michigan Coalition Against Domestic & Sexual Violence, [mcadsv.org](http://mcadsv.org) (\$30 plus \$10 for shipping).

### *Resources for Evaluating Domestic Violence Programs*

#### Citation:

Sullivan, C. M. (1998). *Outcome evaluation strategies for domestic violence programs: A practical guide*. Harrisburg, PA: Pennsylvania Coalition Against Domestic Violence.

#### Description:

This is similar to the Sullivan and Coats manual described above but is tailored to evaluating domestic abuse programs.

Availability: Contact the Pennsylvania Coalition Against Women violence, <http://www.pcadv.net> (\$25)

#### Citation:

Sullivan, C. M., & Alexy, C. (2001). *Evaluating the outcomes of domestic violence service programs: Some practical considerations and strategies*. "Applied Research Forum" document for the National Electronic Network on Violence Against Women. <http://www.vaw.umn.edu/>.

#### Description:

This document gives a brief discussion of specific considerations in evaluating domestic violence programs. The document helps service providers to think about why to evaluate, what outcomes are appropriate to evaluate, and when it is best to evaluate a program's effectiveness. Disadvantages and advantages of utilizing different data collection techniques specific to evaluating domestic violence programs are considered.

#### Availability:

A PDF of this document was available at [http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR\\_evaldv.pdf](http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_evaldv.pdf)

### *Other Resources on Violence Against Women Evaluation & Research*

#### Citation:

Ellsberg, M., and Heise, L. *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington, D.C., United States: World Health Organization; PATH; 2005.

#### Description:

This document was written by the World Health Organization and PATH. It is a comprehensive resource on conducting research and evaluation that also takes into account the special considerations required when doing research and evaluation on violence against women.

Availability:

A PDF file of the manual was available at  
[http://www.path.org/files/GBV\\_rvaw\\_complete.pdf](http://www.path.org/files/GBV_rvaw_complete.pdf)

Citation:

Burt, M. R., Harrell, A. V., Newmark, L. C., Aron, L. Y., Jacobs, L. K. (1997). *Evaluation Guidebook: For projects funded by S.T.O.P. formula grants under the Violence Against Women Act*. Washington, D. C: Urban Institute.

Description:

This document was written by the Urban Institute to help programs funded by S.T.O.P. grants evaluate their work. The manual helps service providers think about what about their programs to evaluate, develop logic models, find an evaluator or conduct an evaluation, and use evaluation findings.

Availability:

A PDF of this document was available at: <http://www.urban.org/url.cfm?ID=407365>

*General Resources on Evaluation*

Citation:

Rossi, P. H., Freeman, H. E., Lipsey, M. W. (2003). *Evaluation: A Systematic Approach* (7<sup>th</sup> Ed.). Thousand Oaks: Sage Publications.

Description:

This textbook provides a thorough, accessible introduction to program evaluation.

Citation:

W.K. Kellogg Foundation (2004). *Logic model development guide*. Battle Creek, MI: Author.

Description:

This guide, developed by the Kellogg Foundation, provides an introduction to the purpose of logic models, examples of different types of models, and takes the reader through a process of creating a logic model to fit their own program and using that logic model to inform an evaluation plan.

Availability:

A PDF of this document was available at:  
<http://www.wkcf.org/Pubs/Tools/Evaluation/Pub3669.pdf>.

### *American Evaluation Association*

The American Evaluation Association is the professional association of evaluators across the United States. Their website provides resources on various types of program evaluation and also allows you to search for an evaluator. Their web address is <http://www.eval.org>.

### *Western Michigan University Evaluation Center*

The evaluation center's website provides a variety of resources for people and programs interested in evaluation. These resources include checklists that outline the key processes and principles of program evaluation and a directory of evaluators. Their web address is <http://www.wmich.edu/evalctr/>.

## **SECTION TWO:**

### **SANE Programs as Agents of Systems Change**



## Defining the Effectiveness of SANE Programs

Because the work of SANE programs is multi-faceted, defining and measuring “success” or “effectiveness” is complex (see Campbell, Patterson, & Lichty, 2005). For example, some SANE programs have made it a goal to improve prosecution of sexual assault cases in their communities, whereas others have noted that the rape prosecution is influenced by many factors, only one of which is the presence and quality of forensic evidence. Therefore, the evaluation of SANE programs must reflect the specific goals and missions of each program, but it may be useful to consider multiple indices of success when evaluating the collective work of SANEs as a reform effort. In this section of the Toolkit, the empirical literature on SANE programs will be examined to evaluate their success in five domains: 1) promoting the psychological recovery of survivors; 2) providing comprehensive and consistent medical care; 3) documenting the forensic evidence of the crime completely and accurately; 4) improving the prosecution of sexual assault cases by providing high quality forensic evidence and expert testimony; and 5) creating community change by bringing multiple service providers together to provide comprehensive care to rape survivors.

### Psychological Effectiveness

Although the forensic and legal aspects of SANEs have been a primary research focus in the literature to date, a fundamental role of forensic nurses includes providing patients with physical and emotional care (ANA, 1997; ENA, 2007; Ledray, Faugno, & Speck, 2001). As Lynch (2006) noted, “As a professional nurse, the SANE’s role encompasses all aspects of the bio-psycho-social needs of all patients, including the survivor of sexual assault” (p. 288). Providing comprehensive medical care and responding to patients’ psychological distress is essential for their long-term emotional well-being. Early intervention is particularly important with sexual assault survivors because most do *not* seek follow-up care (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Resnick et al. 2000). As a result, if sexual assault survivors’ medical and psychological needs are not addressed immediately post-assault, they are at risk for longer-term health problems.

Although emotional care is a primary goal of SANE programs, there have been few studies that have systematically evaluated the psychological impact of SANE programs. In a study of the Memphis SANE program, Solola, Scott, Severs, and Howell (1983) found that 50% of victims in their study were able to return to their usual vocation within one month, and in 3 to 6 months 85% felt secure alone in public areas. After 12 months, more than 90% of the survivors were entirely free of their initial assault-related anxieties and emotional discomposure. Unfortunately, this publication did not provide sufficient details regarding the methodology of this study to assess whether the recovery gains were attributable to the SANE program or to “normal” recovery processes. Other research suggests that, at the very least, rape survivors perceive SANEs as helpful and supportive. In an evaluation of the Minneapolis SANE program, Malloy (1991) surveyed 70 patients in crisis, and found that 85% of the survivors identified the nurses’ listening to them as one thing that helped them the most during their crisis period. Similarly,

Campbell, Patterson, Adams, Diegel, and Coats' (2008) evaluation with 52 sexual assault patients in a Midwestern SANE program found that survivors felt very supported, respected, believed, and well-cared for by their SANE nurses. In a qualitative study with eight survivors treated in a Canadian "specialized sexual assault service," Ericksen et al. (2002) also substantiated that specialized care helps patients feel respected, safe, reassured, in control, informed, and well cared for in their post-assault crisis period.

### **Medical/Health Care Effectiveness**

Many rape survivors treated in hospital emergency departments do not receive needed medical services, which was another problem that SANE programs sought to address. As with the literature on psychological outcomes, there are few published reports documenting rates of medical service delivery in SANE programs, but available data suggest victims treated in SANE programs receive consistent and broad-based medical care. In a national survey of SANE program staff, Ciancone, Wilson, Collette, and Gerson (2000) found that 97% of programs reported that they offer pregnancy testing, 97% provide emergency contraception, and 90% give STD prophylaxis. The SANE program staff indicated that services such as conducting STD cultures, HIV testing, toxicology and ethanol screening are not routinely performed, but are selectively offered to survivors. A larger-scale study by Campbell et al. (2006) substantiated rates similar to those of Ciancone et al., but also found that SANE programs affiliated with Catholic hospitals were significantly less likely to conduct pregnancy testing or offer emergency contraception. In addition, Patterson, Campbell, and Townsend (2006) examined the interrelationships between patient care practices and organizational goals and mission. SANE programs that were highly focused on improving legal prosecution outcomes were *less* likely to provide patient education medical services, such as information on STI risk, safe sex practices with consensual partners, pregnancy risk, emergency contraception, and post-exam assistance. However, in spite of these gaps in service delivery, medical provision is still far more comprehensive than what has been found in studies of traditional ED care (e.g., Amey & Bishai, 2002; Campbell et al., 2001; Rovi & Shimoni, 2002).

In the most comprehensive and methodologically rigorous study to date on medical service delivery in SANE programs, Crandall and Helitzer (2003) compared the services received for sexual assault cases seen at the University of New Mexico's Health Sciences Center for the two years prior to the inception of a SANE program (1994-1996) (N=242) and four years afterwards (1996-1999) (N=715). Statistically significant changes in medical services delivery rates were found from pre- to post-SANE. For example, the rate of pre-SANE pregnancy testing in this hospital was 79%, and increased to 88% post-SANE. Providing emergency contraception was also more common after the SANE program was created (66% to 87%). STD prophylaxis was also more routinely provided in the SANE program as compared to the traditional hospital ED care (89% to 97%). Given the quasi-experimental design of this study, these increases are likely attributable to the implementation of the SANE program, but it is worth noting that the pre-SANE rates of service provision found at this hospital were already substantially higher than what has been found in prior studies of medical service

delivery. For instance, service delivery rates for emergency contraception in hospital EDs are typically 20%-38% and at the University of New Mexico's Health Sciences Center they were 66% before the SANE program even started. Even though this hospital may have already been providing reasonably comprehensive care to rape survivors, their rates of service delivery still significantly increased post-SANE. However, it is not clear whether a SANE program could make such headway in hospitals that had lower rates of service delivery prior to SANE implementation.

## **Forensic Effectiveness**

SANE programs emerged not only because traditional ED care did not pay adequate attention to survivors' emotional and medical health needs, but also because the forensic evidence collection itself needed to be improved. Emergency department physicians receive either no training or only minimal training in forensics, which has raised concern among victim advocates that the evidence of sexual assault is not being adequately documented (Ledray, 1999; Littell, 2001). SANEs sought to address this issue through extensive training and practice in forensic techniques. However, since taking on this new role, SANEs throughout the country have been challenged by the both the medical and legal communities as to whether they were qualified and skilled enough to perform this task (DiNitto et al., 1986; Littell, 2001). The clinical case study literature suggests that SANEs are not only competent in forensic evidence collection, but they are actually better at it because of their extensive training and experience (Cornell, 1998). Yet, clinical case reports, though remarkably consistent in their conclusions, do not provide definitive evidence of the effectiveness of SANEs in forensic evidence collection. Empirical studies that directly compare the evidence collected by SANEs and non-SANE personnel on objective criteria would better inform the debate over whether nurses are competent forensic examiners.

To date, there have been only two such comparative studies conducted in the United States. First, Ledray and Simmelink (1997) reported the findings from an audit study of rape kits sent to the Minnesota Bureau of Criminal Apprehension. Twenty-seven kits conducted by SANEs were compared to 73 kits collected by physicians or non-SANEs with respect to completeness of specimens collected, documentation, and maintenance of chain of custody. Overall, the SANE-collected kits were more thorough and had fewer errors than the non-SANE kits. For example, with respect to completeness of evidence, 96% of the SANE kits vs. 85% non-SANE kits collected the swabs to match the recorded orifice of penetration, 92% of the SANE kits vs. 15% of non-SANE kits contained an extra tube of blood for alcohol and/or drug analysis, and in 100% of the SANE kits vs. 81% of non-SANE kits the blood stain card was properly prepared. In addition, the chain of evidence was broken in some non-SANE kits, but was always maintained in SANE kits. Although these descriptive data suggest that the SANEs' evidence collection was more thorough and accurate, inferential statistics were not reported so it not known whether these differences were statistically significant.

A larger-scale study by Sievers, Murphy, and Miller (2003) explicitly tested differences between SANE and non-SANE kits, and also found support for better evidence collection by SANEs. Specifically, this study compared 279 kits collected by SANEs and 236 by doctors/non-SANEs on ten quality control criteria, and found that in nine of these ten categories, the SANE-collected kits were significantly better. The kits collected by SANEs were significantly more likely than kits collected by physicians to include the proper sealing and labeling of specimen envelopes, the correct number of swabs and other evidence (pubic hairs and head hairs), the correct kind of blood tubes, a vaginal motility slide, and a completed crime lab form. The Sievers et al. study provides the strongest evidence to date that SANEs collect forensic evidence correctly, and in fact, do so better than physicians. However, it is important to note that training and experience, not job title or professional degree, are the likely reasons behind these findings. Further underscoring the link between experience and evidence quality, DiNitto et al. (1986) reported that prosecutors in Florida were “satisfied with evidence collected by nurse examiners, crediting the training of the nurse examiners . . . Prosecutors tended to be more pleased with the quality of a physician’s evidence *when the examiner had conducted many exams and thus had perfected the techniques*” (p. 539, emphasis added). Because SANEs have made it a professional priority to obtain extensive forensic training and practice, it is not surprising that both case study and empirical data suggest they are better forensic examiners than physicians and nurses who have not completed such training.

## **Legal Effectiveness**

SANEs provide law enforcement personnel and prosecutors with detailed forensic evidence documenting crimes of sexual assault. As with the literature on the quality of forensic exams, case studies suggest that SANE programs increase prosecution (Aiken & Speck, 1995; Cornell, 1998; Hutson, 2002; Littel, 2001; Seneski, 1992). For example, there are reports that SANE programs specifically increase the rate of plea bargains because when confronted with the detailed forensic evidence collected by the SANEs, assailants will decide to plead guilty (often to a lesser charge) rather than face trial (Aiken & Speck, 1995; Ledray, 1992; Littel, 2001; Seneski, 1992). Other reports indicate that when cases do go to trial, SANE expert witness testimony is instrumental in obtaining convictions (O’Brien, 1996; Smith, 1996, cited in Ledray, 1999).

Few studies have rigorously tested the hypothesis that SANE programs increase prosecution. Crandall and Helitzer (2003) compared prosecution rates in a New Mexico jurisdiction before and after the implementation of a SANE program. Their results indicated that significantly more victims treated in the SANE program reported to the police than before the SANE program was launched in this community (72% vs. 50%) and significantly more survivors had evidence collection kits taken (88% vs. 30%). Police filed more charges of sexual assault post-SANE as compared to pre-SANE (7.0 charges/perpetrator vs. 5.4). The conviction rate for charged SANE cases was also significantly higher (69% vs. 57%), resulting in longer average sentences (5.1 vs. 1.2 years). However, this New Mexico community may be somewhat atypical in its pre-SANE response to sexual assault survivors.

## **Community Change Effectiveness**

In the only empirical study of the effectiveness of SANE programs in creating community change, Crandall and Helitzer (2003) interviewed 28 key informants from health care, victim services, law enforcement, and prosecution who had been involved in the care of sexual assault survivors both before and after a SANE program was implemented in their community. The informants stated that before the SANE program, community services were disjointed and fractionalized, but afterwards care for survivors was centralized because there was a point of convergence where multiple service providers could come together to help victims. Informants also noted that the SANE program increased the efficiency of law enforcement officers by reducing the amount of time they spent waiting at the medical facility. As a result, officers could spend more time investigating the case. Moreover, the informants believed that police officers were better able to establish positive rapport with survivors, which increased the quality of victim witness statements.

In addition to improving the services provided to survivors, the informants indicated that since the SANE program was implemented, working relationships and communication between medical and legal professionals had improved substantially. For instance, prior to SANE, law enforcement had difficulty communicating with healthcare providers because their working relationship lacked consistency. The SANE program created standardized response protocols and hosted regular inter-agency meetings to review cases and engage in ongoing quality improvement. One important benefit of this direct communication was that officers were able to identify more quickly and accurately trends in similar assaults and perpetrator types, which was instrumental in discovering a pattern rapist in their community.

## **New Findings from the NIJ Study on SANEs and the Mechanisms of Criminal Justice System Impact**

To continue expanding the scientific literature on the effectiveness of SANE programs, in 2005, the National Institute of Justice (NIJ) funded a research project led by Dr. Rebecca Campbell to study the impact of SANE programs on criminal justice system case outcomes. As noted in the section above, there are many ways to define the effectiveness of SANEs, but because previous studies had found that SANE programs may help increase prosecution rates, there was a pressing need for further study of this issue. Two key issues needed to be addressed: would these positive findings be replicated in a larger-scale study with a very strict methodological design, and if so, why is there an increase? How and why do SANE programs contribute to increased prosecution? Researchers, practitioners, and policy makers need to understand the “how’s and why’s” by which SANE programs increase prosecution rates because communities may implement SANE programs with the hopes of achieving higher prosecution rates, but such effects fail to materialize. What are the “critical ingredients” necessary for such changes?

The findings from this large-scale study are summarized on the following pages:

## EXECUTIVE SUMMARY

### A Systems Change Analysis of SANE Programs: Identifying the Mediating Mechanisms of Criminal Justice System Impact

The purpose of this project was to determine whether adult sexual assault cases in a Midwestern community were more likely to be investigated and prosecuted after the implementation of a Sexual Assault Nurse Examiner (SANE) program, and to identify the “critical ingredients” that contributed to that increase. Informed by a systems change theoretical model, the interrelationships between SANEs, legal professionals, victim advocates, and victims/survivors were examined as it is these linkages that may be instrumental to increased prosecution rates. The design of this project combined quasi-experimental quantitative methods to measure objective indices of change with qualitative methods to capture the processes that produce those changes. Police and court records, in addition to in-depth interviews with police, prosecutors, victims/survivors, and forensic nurses, were the data sources for this project.

*The first goal of this study* was to examine whether adult sexual assault cases were more likely to be investigated and prosecuted after the implementation of a SANE program within the focal county. In *Study 1*, we used a rigorous quasi-experimental design to determine whether there was a change in prosecution rates pre-SANE to post-SANE. We collected 156 pre-SANE hospital cases from January 1994 to August 1999, and 141 SANE cases from September 1999 to December 2005 that were equivalent on multiple criteria, except that the pre-SANE cases were examined by hospital emergency department personnel and the post-SANE cases were examined in the focal program. Using longitudinal multilevel ordinal regression modeling, we found that case progression through the criminal justice system significantly increased pre- to post-SANE: more cases reached the “final” stages of prosecution (i.e., conviction at trial and/or guilty plea bargains) post-SANE. These findings are robust after accounting for changes in operation at the focal county prosecutors’ office and seasonal variation in rape reporting.

To understand whether implementation of the SANE program affected criminal justice system case processing, we also needed to explore what factors predict case progression. What makes some cases more or less likely to move further through the system? Therefore, in *Study 2*, we tested a model that compared the predictive utility of victim characteristics (e.g., race, age), assault characteristics (e.g., victim-offender relationship), and forensic medical evidence (e.g., injury, DNA) in explaining case progression in the post-SANE era (141 cases). In the hierarchical ordinal regression models, two victim characteristics were significant: survivors between the ages of 18 and 21 (i.e., younger women in the sample) were significantly more likely to have their cases move to higher case disposition outcomes; and alcohol use by the victim prior to assault significantly decreased the likelihood that the case would be prosecuted. Two assault characteristics were significant: penetration crimes (vs. fondling crimes) and assaults in which the offender was an intimate partner/husband, ex-intimate partner/husband, dating partner, or family member (i.e., stronger relationship bonds between the victim and offender) were more likely to advance to higher disposition levels. After accounting for these victim and assault characteristics, medical forensic evidence could still predict significant variance in case outcomes. The more delay there was between the assault and when the survivor had the medical forensic exam, the less likely the case would progress through the system. Positive DNA evidence significantly increased the likelihood of case progression. With respect to specific injury findings in the medical forensic evidence exam, physical or anogenital redness was associated with increased likelihood of case progression.

*The second goal of this study* was to understand why there was an increase in criminal justice system case progression after the implementation of the SANE program: what are the mediating mechanisms that contributed to these changes? To identify these mechanisms, we conducted in-depth interviews with law enforcement personnel and prosecutors regarding their perceptions of how the emergence of the SANE program affected their work investigating and prosecuting adult sexual assault cases. In addition, we looked for objective, behavioral indicators of changes in law enforcement investigations as a critical gateway into the criminal justice system. We examined whether written police reports for sexual assault cases were substantively different after the emergence of the SANE program, and whether SANE involvement in cases affected the quality of law enforcement investigations.

In *Study 3*, we interviewed 9 law enforcement supervisors from the five largest police agencies within the focal county (these were the same five departments from which the Study 1 and 2 cases were drawn), and all 6 prosecutors in the focal county sex crimes prosecution unit to understand their experiences with the focal SANE program and assess their perceptions of how investigation and prosecution has changed in this community in the post-SANE era. The findings of study indicated that the SANE program has been instrumental in the creation of more complete, fully corroborated cases. With the medical forensic evidence safely in the hand of the SANEs, law enforcement put more investigational effort into other aspects of the case. The training and on-going consultation provided by SANEs often suggested investigational leads that law enforcement could pursue to further develop a case. As a result, the cases that are put forward to prosecutors reflect the collective efforts and expertise of law enforcement and the SANEs, and not surprisingly, the cases *are* stronger. Consequently, prosecutors are more inclined to move forward with charging cases, and over time, the prosecution rates did increase.

These qualitative findings were replicated and triangulated with quantitative data in *Study 4*. We conducted a quantitative content analysis of 352 police reports collected from three of the law enforcement agencies examined in Study 1 and 2. This sample of police files included all reported sexual assaults from 1995-2005 (pre-SANE data from 1994 were not available), so some of these cases had SANE involvement and others did not. Results from the multilevel logistic regression models revealed multiple significant mediated effects indicating that SANE involvement in a case was associated with increased law enforcement investigational effort, which in turn predicted case referral to prosecutors. Specifically, in cases in which the victim had a medical forensic exam, police collected more kinds of *other* evidence to support the case, which was associated with increased likelihood of case referral. In addition, in cases where SANE conducted a suspect exam, police were also more likely to collect other evidence to support the case, and more likely to interview the suspect, both of which were associated with increased likelihood of case referral. In other words, evidence begets more evidence: the medical forensic evidence collected by SANEs may suggest specific leads that law enforcement can follow-up on to obtain more evidence, and/or the efficiency of the SANE program frees up law enforcement time to obtain other evidence. The additive effect of evidence from the SANEs plus the evidence collected by law enforcement created more complete documentation of the crime.

In *Study 5*, we conducted in-depth qualitative interviews with 20 victims/survivors who received post-assault medical forensic exams in the focal SANE program. The vast majority of survivors characterized their experiences at the SANE program as positive, empowering, and healing. The nurses and advocates worked together as a team to help survivors begin the process of reinstating control over their bodies and their lives. The program links survivors to advocacy and support services at the rape crisis center (with which this SANE is organizationally linked) so that they have the resources they need to focus on their own well-being and recovery. This attention to helping survivors heal indirectly affected their willingness to participate in legal prosecution. When survivors are not as traumatized, they are more willing and capable of participating in the prosecution process. In addition, survivors often had questions about the medical forensic exam and the process of criminal prosecution, and when SANE program nurses and advocates provided patients with this information, it gave survivors more hope and confidence about their legal cases, which also indirectly contributed to increased victim participation.

However, positive experiences with the SANE program did not guarantee that survivors would have similarly positive experiences with the legal system. The survivors interviewed in *Study 4* had three distinct patterns of experiences with the criminal justice system. First, there were cases in which the victim wanted the case to be prosecuted, but criminal justice system personnel did *not* prosecute the case, which we termed “*rejected cases*” (n=7). These survivors described their experiences with the legal system as hurtful, disappointing, and disempowering. Second, in some cases, the victims wanted the case dropped, but the criminal justice system personnel forwarded the case despite the victims’ expressed desire to drop (termed “*dragged cases*”) (n=4). These survivors also characterized their contact with the legal system as frustrating, disempowering, and hurtful. It appeared that law enforcement (and the forensic nurses) had serious concerns about potential lethality in these cases, and therefore, did not respect victims’ wishes not to pursue prosecution. Finally, there were cases in which the criminal justice system’s response matched the victims’ wishes (termed “*matched cases*”) (n=9). These survivors had positive experiences with law enforcement, noting that the care and empathy they received from police helped them participate more fully in the investigation and prosecution process.

In the last study in this project, *Study 6*, we interviewed N=6 of the forensic nurses in the focal SANE program regarding their work with their patients and with local law enforcement. This SANE program maintains a philosophy that patient care—not supporting law enforcement or building legal cases—is their primary goal. This SANE program does not pressure their patients to report to law enforcement, and instead they emphasize that it is the survivor’s choice and either way, the forensic nurses will be there to care for them. Therefore, it is entirely consistent with this SANE program’s practice that we did not find a direct link between SANE involvement and victim participation—there should not be. The forensic nurses’ role is to provide care to their patients, and as it turns out, this can have an *indirect* benefit on victim participation in the criminal justice system. In SANEs’ work with law enforcement, the evidence collected from victims and suspects, and all accompanying documentation, was made immediately and easily accessible to law enforcement so that it could be used to inform their investigation. In their on-going case consultations with police, the forensic nurses provided information about medical forensic evidence in general, and injuries in particular, and encouraged law enforcement to conduct a thorough investigation of the case, regardless of the medical forensic evidence findings. These findings are consistent with the *Study 3* and *4* results that SANE involvement in a case is associated with increased investigational effort



In conclusion, this twelve year analysis of criminal justice system case outcomes revealed that more cases were moving through the system to higher levels of disposition (i.e., guilty pleas or guilty convictions) after the implementation of a SANE program. The quasi-experimental design and supplemental data collection used in this project allow us to conclude that these effects are reasonably attributable to the efforts of the SANE program and not due to other changes over time in this community. The SANE programs' work with law enforcement and their patients, though separate and philosophically distinct, is mutually reinforcing and provides instrumental resources for successful case prosecution.

## Why Evaluate SANE Programs' Criminal Justice System Impact?

The positive results from the NIJ study highlight the potential beneficial impact that SANE programs can have on prosecution rates in their communities. However, it's important to keep in mind that there are over 400 SANE programs in existence in the United States and Canada, but only about 10 have been carefully evaluated (with the findings published or shared at professional conferences). We need to know more about the other 300+ SANE programs!

Program evaluation can help SANE programs examine what kind of impact they are having on their local legal communities. If an evaluation shows a positive impact, this can help SANEs to garner support from their community and from funders. If an evaluation shows a lack of impact or a negative impact, this can help the SANE program to identify what needs to be modified in order to make improvements.

Conducting program evaluation on SANE programs and the legal system has several benefits. For one thing, simply documenting how many cases make it to each stages of the criminal justice process (e.g., how many cases are referred by the police to the prosecutor's office, etc.) gives you a basic understanding of where your community is at. Are you happy with how many cases are making it to the final cases of prosecution or do you think that there is something missing in your community that means that too many cases drop out of the system early on?

In addition, documenting *your program's impact* on legal outcomes helps you understand how your program is affecting your community. If it is a programmatic goal to increase the number of sexual assaults cases that are prosecuted you can identify if you have met this goal. If it is not an explicit goal, it is still beneficial to understand how your program is and is not affecting the community around you. If you find that your program is affecting prosecution rates, this can help you to think about what your program is doing well that should be continued and institutionalized.

If you find that prosecution rates haven't been impacted by the presence of your program, or have been negatively impacted by your program, you may want to think about whether there is something missing from the response to sexual assault in your community (e.g., are the evidentiary findings from SANE exams being utilized by the criminal justice system? does the presence of your program lead police and prosecutors to expect evidentiary findings, and in their absence, reject cases as unsubstantiated? do police officers utilize suspect exams?) Again, it is important to keep in mind that while SANEs work may affect legal outcomes, there are also a variety of factors outside

of the control of a SANE program that also affect the processing of a case through the criminal justice system. Are there other parts of the system (besides the work of SANEs) that aren't working optimally? (e.g., detectives need more training on investigating sexual assault; there needs to be more education of juries on the dynamics of sexual assault; victims are afraid to report the assault for fear that they will be blamed for what happened to them).

In other words, program evaluation allows you to step back and reflect on the work that you are already doing, the impact that you are having, and what steps need to be taken next to improve your program's activities and the response to sexual violence in your community. The remainder of this Toolkit is designed to help you achieve this type of reflection. In the next section we take you through a step-by-step guide to evaluating the impact of your program on how far sexual assault case progress through the criminal justice system. We conclude with ideas for utilizing the findings of your evaluation to inform your work in your community.

## **SECTION THREE:**

# **Evaluating a SANE Program's Impact on Sexual Assault Case Progression Through the Criminal Justice System**

## **STEP ONE: WHERE DO I BEGIN?**

### **Objectives:**

- ☆ To review how sexual assault cases progress through the criminal justice system
- ☆ To focus the evaluation and develop evaluation questions

Sexual assault cases go through multiple stages in the criminal justice system. Your program may have affected one or more of these stages, which could ultimately affect how far cases progress through the system in your community. Each stage is described in Table 1.

### **Purpose of the Evaluation:**

To understand how many cases made it to each stage in the process of prosecution. Or, put another way, to understand how far cases are progressing through the criminal justice system.

Finding that most cases make it to the final stages of prosecution would be encouraging. Finding that many cases drop out of prosecution early in the process would be an indication that something is not working. Evaluation will help you discover the “somethings” that are not working as well.

You will need to examine each of these stages in order to evaluate if and how your program has affected the progression of sexual assault cases through the criminal justice system in your community. It may seem difficult or overwhelming to evaluate each of these stages, but we have developed a streamlined evaluation process to make it much easier.

Table 1 on the next page provides a summary of the criminal justice system process and sample **evaluation questions** that are appropriate for each stage.

**Evaluation questions** are the questions that you want your evaluation to be able to answer. They reflect the focus of an evaluation.

## **Why Evaluate Each Stage of the Criminal Justice System Process?**

Answering each of these evaluation questions will help you to track how many cases reach each stage in the process. This information is important to help you pinpoint exactly where there may be problems in the criminal justice system process.

**Table 1: Stages of the Criminal Justice System and Corresponding Evaluation Questions**

<b>Stage:</b>	<b>What this involves:</b>	<b>Evaluation Questions:</b>
<b>Warranting aka: Authorizing or Charging</b>	<p>A prosecutor decides whether or not to bring formal criminal charges against the suspect, based on the evidence of the case.</p> <p>In some communities, this is referred to as <b>authorizing</b> or <b>charging</b> a case.</p>	<p>How many cases were warranted by the prosecutor's office?</p> <p>How many were <u>not</u> warranted?</p>
<b>Dismissal</b>	<p>After warranting, the judge may determine that <b>probable cause</b> (a reasonable belief that the defendant has committed a crime) does not exist and dismiss the case.</p> <p>The prosecutor may also decide to dismiss the case for various reasons, including the victim requesting to no longer participate in prosecution.</p>	<p>How many cases were dismissed after warranting?</p> <p>How many continued on in the legal process?</p>
<b>Plea Bargaining</b>	<p>A plea bargain is a negotiated agreement between the defense and the prosecution. Typically the defendant agrees to plea guilty to a specified charge(s) in exchange for a lower sentence.</p>	<p>How many cases ended with a plea bargain?</p> <p>How many went to trial?</p>
<b>Trial</b>	<p>During the trial, the prosecution and defense provide evidence to support their case. A judge or jury considers the evidence and reaches a decision of guilty (termed <b>conviction</b>) or not guilty (termed <b>acquittal</b>). Sometimes jurors cannot reach a decision (termed <b>hung jury</b>) and the case is resolved through a plea bargain, dismissal, or second trial.</p>	<p>How many cases were acquitted?</p> <p>How many were convicted?</p>

**Looking ahead:**

In step 3 you will learn how to obtain the information needed to answer these evaluation questions.

## **STEP TWO: HOW DO I DESIGN THE EVALUATION?**

### **Objectives:**

- ☆ To explain the two different ways that the evaluation can be designed
- ☆ To discuss the resources that will be needed for each of the evaluation design options
- ☆ To help you choose the design that is best for your program

There are many different ways you could design an evaluation project to figure out whether your program has affected the progression of sexual assault cases through the criminal justice system. This Toolkit provides step-by-step directions for two of the most common and easiest evaluation designs:

### **1) Pre-SANE/ Post-SANE Design**

Compares the proportion of cases that make it to each stage in the criminal justice system process in your community BEFORE (pre) your SANE program was implemented to AFTER (post) the implementation of your program.

### **2) Post-SANE Only Design**

Compares the proportion of cases that make it to each stage in the criminal justice system to published national norms.

In this Toolkit, we will outline the advantages and disadvantages of each design option so that you can select the design that best fits your resources and your program needs. Both designs will help you figure out what kind of impact your program is having by making an appropriate comparison.

## **Why Make A Comparison?**

Making a comparison allows you to find out if your program has improved the proportion of sexual assault cases that are successfully prosecuted. To be able to say that your program has improved the progression of cases, you need to be able to say that the number of cases that make it to each step in the system is different now that your program is in place. In the end, if your evaluation does find a difference, you will want to be as certain as possible that the difference was because of your program.

The two evaluation designs that we offer in this Toolkit are based on two different ways to make these comparisons. Both comparisons are useful, but the pre-SANE/post-SANE gives you more certainty that the change was due to your program.

### **The pre-post-SANE comparison**

If you choose the pre-SANE/post-SANE design, you will find out from your local prosecutor's office how many of your patients' cases made it to each stage in the criminal justice system. You will also need to "go back in time" to find out what happened to victims who were assaulted before your program was implemented. In most communities, "pre-SANE" meant that victims were treated in hospital emergency rooms by non-SANE personnel. In this evaluation design, you need to find out what happened in the prosecution of those cases.

You will find out how many of the pre-SANE hospital's patients' cases (from before your program was implemented) made it to each stage. By using a fairly straightforward statistical analysis, you will test whether the proportion of cases that make it to each stage is different before and after the implementation of your program. Because you are comparing case progression before your program started and after your program was up and running, you can be more certain that if you find a change, it is due to your program. You can't be 100% certain that your program *caused* the change, since time has passed and some things that may affect the criminal justice system in your community may have changed.

For example, as more people learn about sexual assault, juries may be more likely to convict defendants. However, because you are comparing progression of cases in your community to progression of cases in your community a few years later, there are fewer explanations, other than the presence of your program, as to why prosecution may rates may have changed. Therefore, the pre-post design gives you more certainty that any change in how far cases progress in the system that you find is due to your program.

### **The post-SANE only comparison**

If you choose the post-SANE design, you will find out from your local prosecutor's office how many of your patients' cases made it to each stage in the criminal justice system process. You do not track down what happened to victims who were assaulted before the implementation of your SANE program. However, you still need to find a basis of comparison for your program. Researchers throughout the United States have conducted studies on how sexual assault cases progress through the criminal justice system. In this Toolkit, we will provide those results so that you can use them as a benchmark to see how your community's rates compare. Finding that more cases make it to the final stages of prosecution would be encouraging. Finding that, in comparison, more cases drop out of the criminal justice system early in the process would be an indication that something is not working in your community.

Unfortunately, in this design, you won't be able to conclude that your program *caused* a change in how far cases make it in the criminal justice system process. There are many explanations for why your community's and the nation's rates may be different, besides the presence of your SANE program. For example, you may have an exceptionally good prosecutor that gives sexual assault cases a high priority.

## Choosing the Design For Your Evaluation

There are advantages and disadvantages to each design and there is no one “right” way. The following tables and figures can help you decide which design is best for your evaluation. Table 2 below summarizes the strengths and weaknesses of the two designs.

**Table 2: Comparing the Designs**

	<b>Pre-SANE/Post-SANE</b>	<b>Post-SANE Only</b>
<b>What is it?</b>	Compares how far cases progress in the criminal justice system in your community <i>before and after</i> the implementation of the SANE program.	Compares how far cases progress in the criminal justice system <i>in your community</i> after implementation of the SANE program to published <i>national norms</i> (national norms are provided in Appendix A of this Toolkit).
<b>How would you do the evaluation?</b>	<ol style="list-style-type: none"> <li>1) Identify cases from hospital records before your program was implemented (pre-SANE) and your own records (post-SANE).</li> <li>2) Look up the cases in the prosecutor’s office to find out how many cases made it to each stage in each group.</li> <li>3) Using statistical analyses compare the two groups.</li> </ol>	<ol style="list-style-type: none"> <li>1) Identify cases from your program’s files.</li> <li>2) Look up the cases in the prosecutor’s office to find out how many cases made it to each stage(SANE).</li> <li>3) Compare these to published national norms of sexual assault case progression through the criminal justice system (non-SANE).</li> </ol>
<b>Advantages</b>	Because the comparison is the same community—before and after the SANE program was implemented—you can be more certain that the differences in how far cases progress are due to your SANE program.	Requires fewer resources.
<b>Limitations</b>	Requires more resources.	Because you are comparing your community’s rates to national rates, you cannot be certain that the differences in how far cases progress are due to your program.

Now that you have had a brief introduction to the two designs, it is time to consider the resources required for each option. Table 3 outlines what each type of evaluation would involve. How to complete each task will be presented in much greater detail later on in the Toolkit.



**Table 3: Implementation and Resources Needed to Conduct Each Design**

Implementation and Resources needed for each Task	For the Pre-SANE/ Post-SANE Design:	For the Post-SANE Only Design:
<p><b>TASK:</b> Select individual cases to include in the evaluation</p>	<p>Identify cases from your program’s records (post-SANE) <i>and from hospital records before your program was implemented</i> (pre-SANE).</p> <p>Write down information that identifies these cases (patient’s first and last name and date of the exam or assault).</p>	<p>Identify cases from your program’s records.</p> <p>Write down information that identifies these cases (patient’s first and last name and date of the exam or assault).</p>
<p><b>YOU NEED:</b></p>	<ul style="list-style-type: none"> <li>▪ Your program’s patient files <i>and hospital files from sexual assault victims examined before the implementation of your program</i>. Both files will need to have documented the patients’ names and the dates of their forensic exams and/or their assaults.</li> <li style="text-align: center;"><i>and</i></li> <li>▪ Access to the information in the hospital’s records (in compliance with HIPAA).</li> <li>▪ Staff time to copy hospital records.</li> <li>▪ You may need money for copying hospital records.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Your patient files. You will need to have documented the patients’ names and the dates of their forensic exams and/or their assaults.</li> </ul>
<p><b>TASK:</b> Collect information about how far cases made it in the process of prosecution.</p>	<p>Look up the cases in the prosecutor’s office to find out cases’ outcomes.</p> <p>This tells you how far cases progress in the system <i>from before and after the implementation of your program</i>.</p>	<p>Look up the cases in the prosecutor’s office to find cases’ outcomes, which will tell you how far cases progress in the system in your community (SANE).</p>

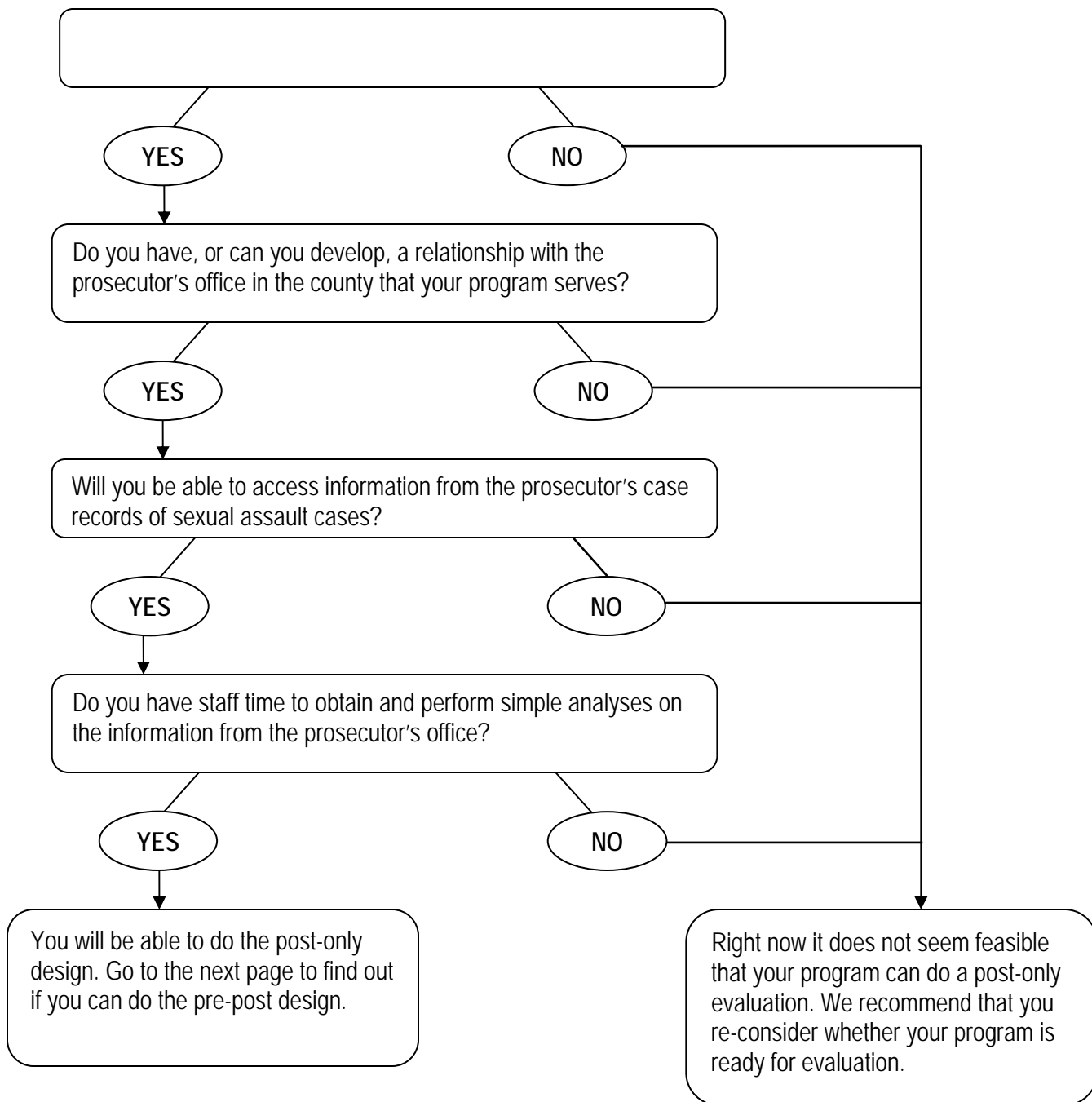
**Looking ahead:**

More information on how to do the evaluation will be provided once you have chosen a design.

<p><b>YOU NEED:</b></p>	<ul style="list-style-type: none"> <li>▪ A relationship with the prosecutor’s office.</li> <li>▪ Access to the information in the prosecutor’s case records.</li> <li>▪ Prosecutor records that detail cases’ outcomes (that is if the case was warranted, dropped after warranting, ended in a plea bargain, or went to trial and was convicted or acquitted).</li> </ul>	<ul style="list-style-type: none"> <li>▪ A relationship with the prosecutor’s office.</li> <li>▪ Access to the information in the prosecutor’s case records.</li> <li>▪ Prosecutor records that detail cases’ outcomes (that is if the case was warranted, dropped after warranting, ended in a plea bargain, or went to trial and was convicted or acquitted).</li> </ul>
<p><b>TASK:</b> Calculate and compare how many cases made it to each stage.</p>	<ul style="list-style-type: none"> <li>▪ Calculate how many cases made it to each stage in the criminal justice system process.</li> <li>▪ <i>Using an online calculator, conduct statistical analyses</i> to compare how far cases progressed in the system pre-SANE and post-SANE.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Calculate how many cases made it to each stage in the criminal justice system process.</li> <li>▪ Compare these rates to published national rates (non-SANE).</li> </ul>
<p><b>YOU NEED:</b></p>	<ul style="list-style-type: none"> <li>▪ Staff time to obtain, and analyze the information from the prosecutor’s office.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staff time to obtain and analyze the information from the prosecutor’s office.</li> </ul>

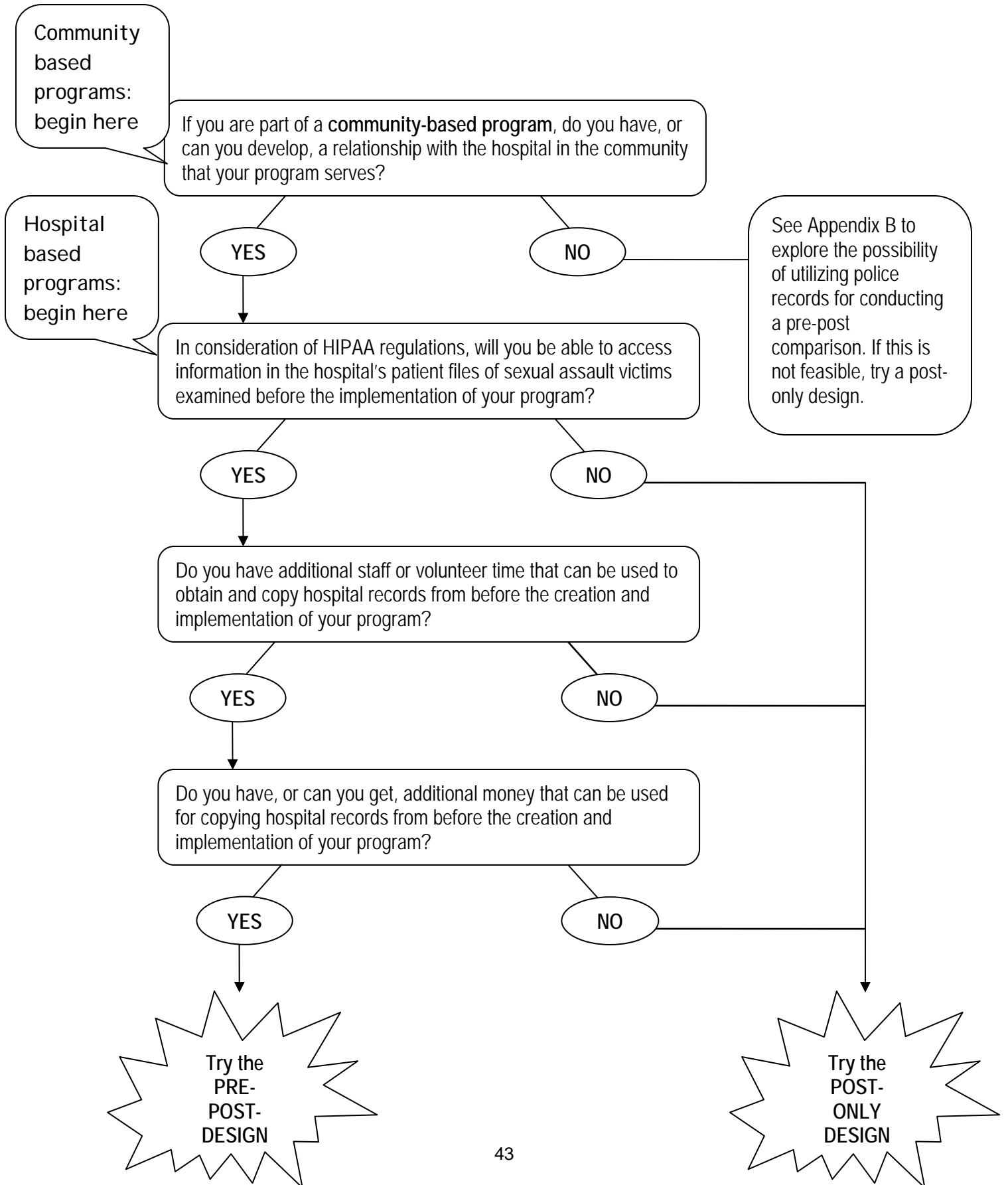
The decision tree on the next page will help you to decide if you will be able to do the post-only evaluation, the design that requires the least resources.

**Figure 1: Decision Tree—Can You Conduct the Post-Only Evaluation?**



If you have the resources to do the Post-SANE Only design, but are unsure about whether you could do the Pre-SANE/Post-SANE design, the decision tree on the next page will help you to decide if you are able to meet the *additional* resources needed to conduct the pre-post evaluation.

**Figure 2: Decision Tree—Can You Conduct the Pre-Post Evaluation?**



## **TO DO**

### **Choose Your Design: Pre-Post or Post-Only?**

#### **If neither design is feasible: Reconsider your evaluation**

If both designs require more resources than you have available, you should reconsider your evaluation. You may want to consider partnering with other agencies in your community and sharing the financial and time burden. If lack of time is the only issue, you may want to consider hiring an independent evaluator (see tips for collaborating with outside evaluators in Appendix B).

If neither of these options is feasible, you may want to conduct an evaluation of a different aspect of your program and postpone evaluating your program's impact on how sexual assault cases progress through the criminal justice system until more resources are available.

#### **If only the post-only design is feasible: Choose the post-only design**

The post-only allows you to compare your community's rates to a good benchmark, national rates of sexual assault criminal justice system progression. In Appendix A of this Toolkit, you will find a summary of national rates that you can use as the basis of your comparison. If your community's rates are higher than national rates, this would suggest that your community is moving in the right direction, BUT you cannot conclude that this is absolutely because of your program. If the rates in your community are not higher than national rates, this information can help inform efforts to affect the progression of cases through the criminal justice system.

#### **If both designs are feasible: Choose the pre-post design**

If it is feasible for your program to meet the additional requirements of the pre-post design, you should choose this option. This design is more resource-intensive, but it does a better job helping you figure out if any changes in how far cases progress in the criminal justice system were because of your program. If your results show there has been a change, your conclusion that this was an impact of your program is stronger than if you used the post-only design. Again, because you are comparing the same community before and after the implementation of the SANE program, you can be more certain that any changes or differences that you find are attributable to your program.

#### ***WHAT'S NEXT?***

The next step, "How do I Begin the Evaluation?" applies to both designs. At the end of that step, you will skip to the section that applies to the design you chose.

### **STEP THREE: HOW DO I BEGIN THE EVALUATION?**

#### **Objectives:**

- ☆ To help you reach an agreement with the prosecutor's office about accessing their case records
- ☆ To provide tips/guideline for approaching a prosecutor's office about an evaluation.

The next step is to work with the prosecutor's office to reach a mutually agreeable approach for accessing the information you need from their records. The prosecutor's office should have files or a computer database that stores information about all of the criminal cases that were prosecuted in the county. Most likely, the database or files will contain information about case progression through the legal system. This is the information you need to answer your evaluation questions.

## **TO DO**

When approaching a prosecutor's office about an evaluation project, we recommend the following process:

- If you don't have an established relationship, introduce yourself and your program;
- Introduce and explain the evaluation;
  - Communicate that your goal is to evaluate the SANE program, not the prosecutor's performance.
  - Help the prosecutor understand that evaluation efforts can help SANEs to improve their programs and possibly access more funding.
- Give examples of other evaluation projects your program has been involved in;
  - Discuss how these projects have been helpful to your program and the population you serve.
- Determine if you can get the information that you need from the prosecutor's office.
  - Do their case records have the information you need to answer your evaluation questions (for example, if cases were warranted, went to trial, etc.?)
  - Will the prosecutor's office grant you access to the case files or database? If not, are they willing to give you the information that you need from their files/database?

#### **Looking ahead:**

In the next step, you will decide exactly which cases you will need to look up at the prosecutor's office. If you feel you need more information before working with the prosecutor, you can read ahead.

- Be prepared to discuss confidentiality and privacy of the information you wish to obtain
  - The prosecutor's database may contain information regarding the defendant that is confidential. If you or someone from your program is looking up case information, you will need to assure the prosecutor that you are only interested in what happens to cases and will not document any of the other information. You may need to offer to sign a confidentiality agreement.
  - If the prosecutor's office looks up the case information, you may want to ask them to agree to keep the names of your patients confidential by only allowing the person who is searching the database access to their names.

### ***WHAT'S NEXT?***

From here on, the steps for each design are separated into two different sections. The steps are fairly similar, but there are important differences between the two designs. The post-only evaluation begins on the next page and the pre-post evaluation comes after the post-only section.

*Learn how to conduct the post-only evaluation on page 47.*

*Learn how to conduct the pre-post evaluation on page 70.*

## **SECTION THREE A: Conducting the Post-Only Evaluation**



## **POST-ONLY STEP FOUR: WHAT CASES SHOULD I LOOK UP AT THE PROSECUTOR'S OFFICE?**

### **Objectives:**

- ☆ To introduce the concepts of sampling cases
- ☆ To provide guidelines for choosing sampling criteria

To answer your evaluation questions, you will need to look up individual sexual assault cases and find out how far these cases made it in the criminal justice system. This step will help you to decide which cases to include in your evaluation. This process is known as **sampling**. Sampling helps you limit the number of cases you include in your

**Sampling** is the process of choosing which cases to include in your evaluation.

evaluation so that the process is feasible for both your program and the prosecutor's office. In the end, the cases that are included in an evaluation, collectively, are known as a **sample**.

Because you are trying to figure out whether your program has had an impact on case progression through the system, you want to choose cases that were examined by your SANE program (as opposed to exams conducted by non-SANE personnel). BUT, not all of the patients treated in your program may be in your evaluation sample.

Should you find that you have too many cases to go through (e.g., you are a SANE program from a large, urban jurisdiction that has been in operation for decades), you may need to first choose a random sample of cases to make the project more manageable. A random sample allows every case within this population (in this instance all the cases on file) an equal chance of being selected. You can use a random number table to pick a subset of cases for your project.

Table 4 on the next two pages provides a set of criteria to help you to determine which cases treated by your program should be included in your evaluation. We recommend using all of these criteria, but you can eliminate or adapt some of them as needed so that they are suitable for your program and your community.

**Table 4: Post-Only Design Sampling Criteria**

<b>Criterion</b>	<b>Rationale for this criterion</b>
<p>Choose a time period:</p> <p>(1) Exclude cases from just after your program was implemented.</p> <p>(2) Don't include cases that haven't gone through the entire criminal justice system process.</p>	<p>(1) You need to give your program some “up &amp; running time” and give it a chance to affect how far cases progress in the criminal justice system. For example, if your program launched in January 2000, it is unlikely that you would see immediate changes in case progression through the system. 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.</p> <p>(2) This will depend on how long it takes to prosecute sexual assault cases in your community. You may want to ask the prosecutor's office about the length of the process. If it takes a year for cases to complete prosecution, don't include patients examined in the past year because you won't be able to find out what happened to their cases.</p>
<p>Choose an age subgroup: children, adolescents, or adults.</p>	<p>The factors that influence criminal justice system process decisions vary among age groups. If you combine these three age groups into one evaluation sample, it may make it more difficult to see changes or differences in how far cases progress in the system.</p> <p>Use your state's legal definitions to determine the age range of the group you chose.</p>
<p>The patient reported the assault to the police.</p>	<p>Because you want to know if your program affected progression in the criminal justice system, patients that did not report should NOT be included in your evaluation sample—they never entered the criminal justice system in the first place because the patient chose not to report to the police.</p>
<p>The patient had a full forensic exam.</p>	<p>Patients who declined a forensic exam may be less likely to report to the police and/or participate in the criminal justice process. If you include patients who did not have an exam in your evaluation sample, you could underestimate the impact of your program.</p>

<p>The person was assaulted in the county that your program primarily serves.</p>	<p>You will have to look up prosecutor records for each case in your evaluation sample. It's a lot easier if all of the cases are from the same county and therefore would be at the same prosecutor's office. It would take much more time to obtain information from multiple counties prosecutor's offices.</p> <p>If your program serves multiple counties, you may want to conduct separate evaluations for each county. It is possible that one county may show an improvement, but another county didn't. If you combined information from both counties into one evaluation sample, it would underestimate the beneficial impact of your program (because the lack of improvement in one county would "cancel out" the improvement in the other county).</p>
<p>Exclude post-mortem cases.</p>	<p>Homicide cases (even if they involve sexual assault) are likely to be prosecuted differently than sexual assault cases. Therefore, including post-mortem cases could make it harder to find differences in how far sexual assault cases progress in the criminal justice system. Or, including post-mortem cases could cause you to find changes or differences that are due to changes in prosecution of homicide, not sexual assault.</p>

## **TO DO**

Select the sampling criteria that are appropriate and feasible for your program. We recommend that you follow all of these criteria but realize that each program and county is unique. For example, if your patient files don't document what county the patient was assaulted in, you would not be able to use this criterion. Next, you will compare each of your patient files to this list of criteria to find out which patients' information to include in the evaluation.

We have created Table 5 as an example of a table that you can use when deciding which patients meet evaluation criteria. (A blank copy of the table is available in Appendix C.)

Insert the specific criteria you have chosen into the columns of the table. For each case, document whether or not they meet each criterion, and finally, whether or not the case is eligible. You can make sure that you sampled accurately if you have someone else do the same, and check that you have the same results- you came up with the same patients being eligible.

**Table 5: Selecting Cases That Meet Criteria**

e.g. 18 and over

Year Criteria _____		Age Criteria _____					
County _____							
Patient	Year Criteria:	Age Criteria:	Reported?	Full Exam?	County:	Not homicide?	Is the case eligible?
1001	Y	Y	Y	Y	N	Y	No
1002	Y	N	Y	Y	Y	Y	No
1003	Y	Y	Y	Y	Y	Y	Yes
1004	N	Y	N	Y	Y	Y	No

e.g. 1999-2005

**TO DO**

Using the table, pull program files for patients that meet your criteria. In the next steps you will find out how far each of these cases made it in the criminal justice process.

**POST-ONLY STEP FIVE: HOW SHOULD I COLLECT THE INFORMATION FROM THE PROSECUTOR'S OFFICE?**

**Objectives:**

- ☆ To define case outcomes
- ☆ To show what specific information you need from the prosecutor's office
- ☆ To provide a table for documenting the information that you will collect

The next step is to collect the information you need from the prosecutor's office. Depending upon your arrangement with the prosecutor, they may grant you access to their case records or they may prefer to look up the information for you. (See Step 3).

Although there are many ways to answer your evaluation questions and find out how many cases were warranted, how many cases were convicted at trial, etc., we recommend documenting the final **outcome** of each of your cases. A **case outcome** is the end result the case reaches in the criminal justice system. Documenting case outcomes streamlines the processing of collecting information. Later on, you will still be able to use this information to find out how many cases made it to each step in the process. Table 6 (on the next page) will be useful to help record each case's outcome as accurately as possible. You can use this table "as is" or modify as needed for your project. A blank copy of the table is available in Appendix D.

**Case outcome-**  
the end result of a case.

Insert identifying information about the cases you pulled from your files into the first four columns.

Put an X next to the final case outcome for each case.

**Table 6: Information Collection Table**

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

**Looking ahead:**  
 In the next step, you will analyze the information that you collect in this table by doing some simple calculations.

**How to fill out the table:**

Before going to the prosecutor's office, you would fill out identifying information in the first four columns for each of the patients whose files you pulled from your records. Next, put an X next to the final outcome of each case. Prosecutors' files may be easier to search by suspect name, so it may be useful to record this information for every case that it is available.

### **How to determine a case outcome**

To review, often cases will reach multiple stages in prosecution. A case that is convicted at trial was also warranted. The case outcome is the *final* result the case reaches in the criminal justice system. Therefore, in this instance, conviction at trial is the case outcome- conviction, not warranting.

The important thing is to remember that cases go through many stages; a case may go through plea bargaining but that is not necessarily its outcome. If a bargain was not reached and the defendant did not plea to a charge, the case would have gone to trial. Either conviction or acquittal at trial would be the final outcome. Reviewing the order of the stages of the criminal justice system process may also help you to identify final case outcomes.

You may need help from someone at the prosecutor's office to read some of the legal terms that they use to designate case outcomes. Also, you will need to decide whether you want to include cases where the sexual assault cases were dismissed because the defendant pled to a lower (non-sexual assault) charge as dismissed (because of the sexual assault charge) or as pled guilty (because they were still convicted of a crime). Either is fine. It is most important that you make a decision, know how you classified the cases when you are interpreting and reporting your findings, and do so consistently.

### **What do I do when cases are missing information?**

We have included "unknown" as an option in case you find there is not enough information in the prosecutor's database to identify a particular case outcome. By having an answer choice for "unknown" information, if you find any places that have not been filled out, you know that you accidentally skipped these cases and you can go back and fix the errors.

### **Case Examples**

Case examples are given below; Table 7 shows how these cases could be documented using the "Information Collection Table."

#### **Examples**

- Case number 0001 was warranted, but later the judge dropped the case.
- Case 0002 was acquitted at trial.
- The prosecutor warranted case 0003. The defendant pled to lesser charges in ordered to receive a lighter sentence.
- Case 0004 was sent to the prosecutor, but never warranted.

## **TO DO**

Next, you or someone at the prosecutor's office can fill out the information collection table, using the prosecutor's case records.

**Table 7: Examples Completed in the Information Collection Table**

Patient's Last Name	Patient's First Name	Complaint Number (if known)	Date of Exam	Case Outcome
Doe	Jane	05-0001	01/01/06	<input type="checkbox"/> Not warranted <input checked="" type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Smith	Mary	05-0002	01/01/06	<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input checked="" type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Brown	Suzy	05-0003	01/01/06	<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input checked="" type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Johnson	Elizabeth	05-0004	01/01/06	<input checked="" type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown



## **POST-ONLY STEP SIX: HOW DO I CALCULATE ANALYSES ON THE INFORMATION I HAVE COLLECTED?**

### **Objectives:**

- ☆ To provide simple steps for calculating frequencies and percentages

In order to use the information you collect to answer your evaluation questions, you will need to do some simple analyses. These computations are straightforward enough that you can do them “by hand” with a calculator. This step will take you step-by-step through calculating frequencies and percentages by hand. If you would prefer to calculate the percentages by using a Excel see Appendix E for more information; however, this is likely to be more time-consuming than calculating by hand.

**Frequencies** are a count of how many times something happens. In this evaluation, they are a count of the number of cases that had a certain outcome. An example of a frequency count is: “25 cases were dismissed after warranting.” A frequency is used to calculate a percentage.

**Frequency-** a count of how many times something occurs.

**Percentages** are proportions. In this evaluation, they are the proportion of cases that had a certain outcome. This is calculated by:

The frequency of that outcome with that outcome / the total number of cases  $\times 100 = \%$  of all cases with this outcome.

Example: 25 out of 250 cases were dropped after warranting.

The percentage =  $25 / 250 \times 100 = 10\%$  of all cases were dropped after warranting.

**Percentage-** a proportion; how many times something occurs divided by a total.

Percentages are often more useful than frequencies because they give a proportion. Reporting that 25 cases were dropped by the prosecutor may be useful, but reporting that 25 out of 25 cases (100%) or 25 out of 250 cases (10%) were dropped after warranting gives more meaningful information.

## Calculating Frequencies and Percentages by Hand

### Preparation

#### **TO DO**

Make a copy of your completed information collection table. Lock up your original copy to protect confidentiality and keep your information and patients' names secure. The second copy will be used as your working copy for analyses. This way, if you choose to make any markings on it, or the document gets damaged, you still have your information and don't have to collect it again. Remove your patients' names from your copy of the information collection table. This helps to protect patients' confidentiality. You can remove that column from your paperwork and shred it, or use a permanent black marker or white out to cover their names. If you use a marker to remove identifying information, photocopy the de-identified version, place it in a secure file, and use the photocopy because you can still read the identifying information through the marker.

#### **TO DO**

### Calculating Frequencies

Here are the steps for calculating frequencies.

- 1) Keep track of your results in Table 8 below. You will need them to conduct percentages. A blank copy of the table is provided in Appendix F.
- 2) Count the total number of cases that you collected information about.
- 3) Choose a case outcome (not warranted, warranted but later dismissed, pled/plea bargain reached, trial/acquittal, trial/conviction, or unknown).
- 4) Count up the number of cases with that outcome.
- 5) Repeat this for each outcome, including "unknown" cases.
- 6) Check your work by adding up the frequencies for each outcome. If you counted correctly, this number should be equal to the total number of cases that you collected information about.

**Table 8: Frequency Results**

Final Case Outcome	Number of Cases
Not warranted	
Warranted but later dismissed	
Pled/ Plea bargain reached	
Trial/ Acquittal	
Trial/ Conviction	
Unknown	
Total Number of Cases	

**Calculating Percentages**

Again, percentages are proportions. Although there are multiple ways that you can calculate a proportion using the information that you collected, we recommend calculating percentages based on the total number of cases that were included in your evaluation. This percentage is useful because it tells you where cases are dropping out of the system. For example, you may find that 50% of cases are not warranted, 25% are warranted but later dismissed, 23% are plea bargained, 1% are acquitted at trial and 1% are convicted at trial.

Turn to Appendix E if you prefer to use Excel to calculate percentages

This percentage is equal to the frequency of a certain outcome divided by all the cases that you have information about. The cases that had an unknown outcome cannot be included in your calculations.

- $Percentage = Frequency / \# \text{ of cases}$

## TO DO

### Steps to Calculate a Percentage

- 1) Using your frequency results, add up the number of cases that you have information about.
  - $\# \text{ of cases} = \text{Total \# of cases} - \# \text{ of unknown cases}$
- 2) Choose one of the case outcomes. Using your frequency results, divide the frequency for that outcome by the number of cases that you have information about.
  - $= \text{Frequency} / \# \text{ of cases}$
- 3) Multiply by 100 and add a percent sign (%). This gives you your percentage for that outcome.
  - $= (\text{Frequency} / \# \text{ of cases}) \times 100\%$
- 4) Repeat for each outcome.
- 5) Check your work by adding up all of your percentages. They should add up to 100% unless you rounded. If they don't, check your calculations.

### Example Percentage Calculation

Below we repeat these instructions and go through an example percentage calculation step-by-step. Here are the frequency results for this example. .

Final Case Outcome	Number of Cases
Not warranted	50
Warranted but later dismissed	30
Pled/ Plea bargain reached	20
Trial/ Acquittal	2
Trial/ Conviction	18
Unknown	10
Total Number of Cases	130

Check your work:  
 $50 + 30 + 20 + 2 + 18 + 10 = 130$

1) Using your frequency results, add up the number of cases that you have information about.

○  $\# \text{ of cases} = \text{Total \# of cases} - \# \text{ of unknown cases}$

Final Case Outcome	Number of Cases
Not warranted	50
Warranted but later dismissed	30
Pled/ Plea bargain reached	20
Trial/ Acquittal	2
Trial/ Conviction	18
Unknown	10
Total Number of Cases	130
Number of Cases that you have information about	<b>120</b>

130 - 10 = 120

2) Choose one of the case outcomes. Using your frequency results, divide the frequency for that outcome by the number of cases that you have information about.

○  $= \text{Frequency} / \# \text{ of cases}$

Final Case Outcome	Frequency/ Number of Cases	Divide by number of cases that you have information about (120)
Not warranted	50	<b>.42</b>
Warranted but later dismissed	30	
Pled/ Plea bargain reached	20	
Trial/ Acquittal	2	
Trial/ Conviction	18	

= 50 / 120  
= 0.41666

3) Multiply by 100 and add a percent sign (%). This gives you your percentage for that outcome.

○  $= (\text{Frequency} / \# \text{ of cases}) \times 100\%$

Final Case Outcome	Frequency/ Number of Cases	Divide by number of cases that you have information about (120)	Multiply by 100
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30		
Pled/ Plea bargain reached	20		
Trial/ Acquittal	2		
Trial/ Conviction	18		

$= 0.42 \times 100 = 42\%$

4) Repeat for each outcome.

Final Case Outcome	Frequency/ Number of Cases	Divide by number of cases that you have information about (120)	Multiply by 100
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30	.25	<b>25%</b>
Pled/ Plea bargain reached	20	.17	<b>17%</b>
Trial/ Acquittal	2	.02	<b>2%</b>
Trial/ Conviction	18	.15	<b>15%</b>

$= 50 / 120 = .42$   
 $.42 \times 100 = 42\%$

$= 30 / 120 = .25$   
 $.25 \times 100 = 25\%$

$= 20 / 120 = .17$   
 $.17 \times 100 = 17\%$

$= 2 / 120 = .02$   
 $.02 \times 100 = 2\%$

$= 18 / 120 = .15$   
 $.15 \times 100 = 15\%$

5) Check your work by adding up all of your percentages. They should add up to 100% unless you rounded. If they don't, check your calculations.

Final Case Outcome	Frequency/ Number of Cases	Divide by number of cases that you have information about (100)	Multiply by 100
Not warranted	50	.42	42%
Warranted but later dismissed	30	.25	25%
Pled/ Plea bargain reached	20	.17	17%
Trial/ Acquittal	2	.02	2%
Trial/ Conviction	18	.15	15%
Check your work/Totals			<b>101%</b>

A blank copy of this table is provided in Appendix G for you to use when calculating percentages.

**Check your Work**

Ask someone else to calculate the frequencies and percentages again. If your results don't match, you can recalculate to find out where there error was made.

= 42% + 25% + 17% +  
2% + 15% = 101%  
Since we rounded in  
steps 2 and 4, it's ok  
that this doesn't add up  
to exactly 100%.

## A Few More Calculations by Hand

The percentages you just calculated give you a good way to communicate to others (e.g., community partners, funders, etc.) how many SANE cases make it to each stage in the criminal justice system in your community. However, it may also be helpful to make a comparison between the data you collected, and what other studies/evaluations have found with regard to criminal justice system case progression and outcomes (i.e., are we doing better, worse, or about the same as what has been found in other evaluations?). In Appendix A, we provide a table that lists the rates that have been found in previous studies/evaluations. Because different studies lump together different stages in the criminal justice system, you will have to conduct a few more simple calculations by hand, so that you can compare your results with the national data presented in Appendix A.

These calculations will allow you to compare your results to two different rates that are reported in national studies of sexual assault case progression:

1. The percentage of cases that are warranted vs. not warranted
2. The percentage of cases that are successfully prosecuted, i.e., resulted in a guilty plea or conviction at trial vs. the percentage of cases that were not successfully prosecuted.

## TO DO

To be able to make these comparisons, you will have to compute some totals. A set of tables is provided in Appendix H for you to use to keep track of the totals you compute. You will have to compute totals based on the percentage tables you just filled out

### 1. Not Warranted vs. Warranted

You already have the percentage of cases pre-SANE and post-SANE that were *not warranted* in your frequency tables.

Compute the total percentage of cases that *were warranted*, i.e., their case outcome was warranted but later dismissed, or one of the outcomes that represents progressing farther in the criminal justice system.

*Total % of cases that were warranted = % of cases that were dismissed + % of cases that resulted in a plea bargain + % of cases that were acquitted at trial + % of cases that were convicted at trial*



<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (120)</b>	<b>Multiply by 100</b>
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30	.25	<b>25%</b>
Pled/ Plea bargain reached	20	.17	<b>17%</b>
Trial/ Acquittal	2	.02	<b>2%</b>
Trial/ Conviction	18	.15	<b>15%</b>

*Percentage of not warranted cases =42%*

*Percentage of warranted cases =25%+17%+2%+15%=59%*

Enter into the appropriate table provided in Appendix H.

## 2. Not Prosecuted vs. Prosecuted

First, compute the total percentage of cases that *were not prosecuted*, i.e., their case outcome was not warranted or warranted but later dismissed.

*Total % of cases that were not prosecuted = % of cases that were not warranted + % of cases that were warranted but later dismissed.*

<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (120)</b>	<b>Multiply by 100</b>
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30	.25	<b>25%</b>
Pled/ Plea bargain reached	20	.17	<b>17%</b>
Trial/ Acquittal	2	.02	<b>2%</b>
Trial/ Conviction	18	.15	<b>15%</b>

*Percentage of not prosecuted cases =42%+25%=67%*

Next, compute the total percentage of cases that *were prosecuted*, i.e., their case was not dismissed and made it to plea bargaining or trial.

*Total % of cases that were prosecuted = % of cases that resulted in a plea bargain + % of cases that were acquitted a trial + % of cases that were convicted at trial.*

<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (120)</b>	<b>Multiply by 100</b>
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30	.25	<b>25%</b>
Pled/ Plea bargain reached	20	.17	<b>17%</b>
Trial/ Acquittal	2	.02	<b>2%</b>
Trial/ Conviction	18	.15	<b>15%</b>

$$\text{Number of prosecuted cases} = 17\% + 2\% + 15\% = 34\%$$

Enter these totals into the appropriate table provided in Appendix H.

3. **Not Successfully Prosecuted vs. Successfully Prosecuted**

First, compute the total percentage of cases that *were not successfully prosecuted*, i.e., their case outcome did not result in a plea bargain or conviction at trial.

*Total % of cases that were not prosecuted = % of cases that were not warranted + % of cases that were warranted but later dismissed + % of cases that were acquitted a trial.*

<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (120)</b>	<b>Multiply by 100</b>
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30	.25	<b>25%</b>
Pled/ Plea bargain reached	20	.17	<b>17%</b>
Trial/ Acquittal	2	.02	<b>2%</b>
Trial/ Conviction	18	.15	<b>15%</b>

*Percentage of not successfully prosecuted cases = 42% + 25% + 2% = 69%*

Then, compute the total percentage of cases that *were successfully prosecuted*, i.e., their case resulted in a guilty plea or conviction at trial.

*Total % of cases that were successfully prosecuted = % of cases that resulted in a plea bargain + % of cases that were convicted at trial.*

<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (120)</b>	<b>Multiply by 100</b>
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30	.25	<b>25%</b>
Pled/ Plea bargain reached	20	.17	<b>17%</b>
Trial/ Acquittal	2	.02	<b>2%</b>
Trial/ Conviction	18	.15	<b>15%</b>

*Percentage of successfully prosecuted cases = 15% + 17% = 32%*

Enter into the appropriate table provided in Appendix H.

## **Compare Your Results to National Rates**

Using the table in Appendix A, compare your results with national studies of the progression of sexual assault cases through the criminal justice system. Cases progressing further would mean a higher percentage of cases are warranted and a higher percentage of cases are prosecuted successfully (i.e., end in conviction at trial and plea bargains). Hopefully your community will have more cases make it further in the criminal justice system than studies of communities without a SANE program. The data on communities with SANE programs is limited, so don't base your success solely on whether your percentages are as high as prior evaluations of SANE programs.

There is no right or wrong amount of difference in the number of cases who made it to a certain step. Just use this table as a benchmark to get a feel for how you are doing compared to other communities. Go to the next section on page 100, where you will be able to use this information to work on improving your community's response to sexual assault.

## **SECTION THREE B:**

### **Conducting the Pre-Post Evaluation**

## **PRE-POST STEP FOUR: WHAT CASES SHOULD I LOOK UP AT THE PROSECUTOR'S OFFICE?**

### **Objectives:**

- ☆ To introduce the concepts of sampling cases
- ☆ To provide guidelines for choosing sampling criteria

To answer your evaluation questions you will need to look up individual sexual assault cases and find out how far these cases made it in the criminal justice process. This step will help you to decide which cases to include in your evaluation. This process is known as **sampling**. Sampling helps you to limit the number of cases you include in your evaluation so that the process is feasible for your program, the hospital, and the prosecutor's office. In the end, the cases that are included in an evaluation, collectively, are known as a **sample**.

**Sampling** is the process of choosing which cases to include in your evaluation.

Because you are trying to figure out whether your program has had an impact on case progression through the system in your community, you want to compare cases that were examined by your SANE program to cases that were examined by the hospital before the implementation of your program. From

here on, these will be referred to as SANE and pre-SANE patients or cases respectively.

BUT, not all of these patients may be in your evaluation sample. By not including certain patients and their cases, you can be more likely to find a difference in how far cases progress in the criminal justice system that is due to your program and less likely to find a difference that is caused by something other than the presence of your program.

If you find that you have too many cases to go through (e.g., you are a SANE program from a large, urban jurisdiction that has been in operation for decades), you may need to first choose a random sample of cases to make the project more manageable. A random sample allows every case within this population (in this instance all the cases on file) an equal chance of being selected. You can use a random number table to pick a subset of cases for your project.

If multiple hospitals provided medical/forensic services to patients prior to the implementation of your program, you would want to include cases from each of these hospitals. If this is not feasible, it would be best to work with the hospital or hospitals that saw the most patients.

Table 9 on the next page provides a set of criteria to help you to determine which cases treated by your program should be included in your evaluation. We recommend using all of these criteria, but you can eliminate or adapt some of them as needed so that they are suitable for your program, the hospital, and your community.

**Table 9: Pre-Post Design Sampling Criteria**

<b>Criterion</b>	<b>Rationale for this criterion</b>
<p>Choose a time period for the SANE sample</p> <p>(1) Exclude cases from just after your program was implemented.</p> <p>(2) Don't include cases that haven't gone through the entire criminal justice system process.</p>	<p>(1) You need to give your program some “up &amp; 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.</p> <p>(2) This will depend on how long it takes to prosecute sexual assault cases in your community. You may want to ask the prosecutor's office about the length of the process. If it takes a year for cases to complete prosecution, don't include patients seen in the past year because you won't be able to find out what happened to their cases.</p>
<p>Choose a time period for the pre-SANE sample</p>	<p>The length of the time period that you choose for your pre- SANE sample should be the same as the length of the time period that you just established for the SANE sample. For example, if you were going to select 5 years of cases for your SANE sample from January 2001 through December 2006, your pre-SANE sample should also include 5 years of hospital files.</p> <p>The pre-SANE sample time period should end at the implementation of your program. So, if your program began in 2000 and you are including 5 years of cases in your pre-SANE sample, you should select hospital cases from January 1995 through December 1999.</p>
<p>The patient reported the assault to the police.</p>	<p>Because you want to know if your program affected how cases progress through the system, patients that did not report 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.</p>
<p>Choose an age subgroup: children, adolescents, or adults.</p>	<p>The factors that influence criminal justice system processes vary among age groups. If you combine these three age groups into one evaluation sample, it may make it more difficult to see changes or differences in case progression through the system.</p>



	Use your state’s legal definitions to determine the age range of the group you chose.
The patient had a full forensic exam.	Patients who declined a forensic exam may be less likely to report to the police and/or participate in the criminal justice process. If you include patients who did not have an exam in your evaluation sample, you could underestimate the impact of your program.
The person was assaulted in the county that your program primarily serves.	<p>You will have to look up prosecutor records for each case in your evaluation sample. It’s a lot easier if all of the cases are from the same county and therefore would be at the same prosecutor’s office. It would take much more time to obtain information from multiple counties’ prosecutor’s offices.</p> <p>If your program serves multiple counties, you may want to conduct separate evaluations for each county. It is possible that one county may show an improvement, but another county didn’t. If you combined information from both counties into one evaluation sample, it would underestimate the beneficial impact of your program (because the lack of improvement in one county would “cancel out” the improvement in the other county).</p>
Exclude post-mortem cases.	Homicide cases (even if they involve sexual assault) are likely to be prosecuted differently than sexual assault cases. Therefore, including post-mortem cases could make it harder to find differences in how far sexual assault cases progress in the system. Or, including post-mortem cases could cause you to find changes or differences in case progression that are due to changes in prosecution of homicide, not sexual assault.

## **TO DO**

Select the sampling criteria that are appropriate and feasible for your program. We recommend that you follow all of these criteria but realize that each program and county is unique. For example, if your patient files don’t document what county the patient was assaulted in, you would not be able to use this criterion.

## **TO DO**

Create a list of all the criteria that you will use for your evaluation and for now, set it aside. In the next step, we will discuss getting access to the hospital’s files from before the implementation of your program. Then, you will pull cases from your files and the hospital’s files using your list of criteria so that you can find out how far each of these cases made it in the criminal justice system process.

## **PRE-POST STEP FIVE: HOW DO I COLLABORATE WITH THE HOSPITAL?**

### **Objectives:**

- ☆ To help you reach an agreement with the hospital about accessing case records from before (pre) the implementation of your program
- ☆ To provide tips/guidelines for approaching hospital personnel about an evaluation

The next step is to come to an agreement with the hospital about getting the information you need from their records. For hospital-based programs, this may be a relatively simple task. On the other hand, it may present more of a challenge for community-based programs.

You will need to go through the appropriate channels to get access to the hospital's information because they are subject to HIPAA regulations. Many hospitals have their own Institutional Review Board (IRB). (An IRB is a board that is responsible for reviewing and approving any evaluation/research projects and making sure that ethical standards are met. If the hospital you are collaborating with does not have an IRB, you do not need to apply for IRB approval if you are only intending to use this project for evaluation purposes. If you do need IRB approval, the hospital should be able to provide you with instructions and guidelines and any training. The Federal Office for Human Research Protection also has resources available at <http://www.hhs.gov/ohrp/education/#materials> ). Or, the hospital may have a HIPAA committee. Contacting either of these entities would be a good place to start.

## **TO DO**

When approaching the hospital, or someone within the hospital about an evaluation project, we recommend the following process:

- Introduce and explain the evaluation;
  - Communicate that your goal is to evaluate the SANE program, not the hospital.
  - Help them to understand that evaluation efforts can help SANEs to improve their programs and possibly access more funding.
- Give examples of other evaluation projects your program has been involved in;
  - Discuss how these projects have been helpful to your program and the population you serve.
- Determine if you can get the information that you need from the hospital's case files from before your program started;
  - Discuss specifically which files you need to access- the files that meet your sampling criteria.

- Discuss the information that you will need from each file:
  - The patient's first and last name
  - Date of the exam or the assault
  - Police complaint number, if known
- Discuss how information will be retrieved from the files.
  - Who will go through patient files and select the cases that meet your criteria?
    - We recommend that someone from your program selects the files that you need because they will be more familiar with your sampling criteria; however, to protect the privacy of patients that don't meet your criteria, it may be preferable to the hospital that they select the appropriate files for you.
  - How will you get the information that you need from each file?
    - We recommend that you make copies of the pages in the hospital file that you need. This will prevent potential errors in writing down the information by hand. However, the hospital may ask you to only write down the minimal information that you need or the hospital may choose to write down the requested information from the files for you. That way, you don't see any more of the patients' information than is necessary.
- Be prepared to discuss how you will protect patients' confidentiality and privacy;
  - Once you have the hospital's patients' names, who within your program and within the prosecutor's office will have access to them?
    - This will depend upon your arrangement with the prosecutor's office, but generally it is preferable to have as few people as possible have access to patients' names.
  - Storage and destruction of evaluation files containing patients' names
    - We recommend storing patients' names in a locked file cabinet and limiting access to the key.
    - When the evaluation is over, we recommend shredding any identifying information as long as it is no longer needed.
- Be prepared to discuss compensation for the hospital;
  - Will you reimburse the hospital for any expenses related to copying the files for your evaluation?
  - Will you reimburse the hospital for staff time if they are responsible for pulling files and writing down case information?

## TO DO

Using the list of criteria you created in step four, pull cases that meet criteria from your SANE files and from the hospital's pre-SANE files. Make sure that you use the same criteria for selecting all cases. Also, keep your program's files and the pre-SANE files separate. It is very important to be able to distinguish which cases came from your program and which came from the hospital.

Select the sampling criteria that are appropriate and feasible for your program. We recommend that you follow all of these criteria, but realize that each program and county is unique. For example, if your patient files don't document what county the patient was assaulted in, you would not be able to use this criterion. Next, you will compare each your patient files to this list of criteria, to find out which patients to include in the evaluation.

We have created Table 10 as an example of a table that you can use when deciding which patients meet evaluation criteria. (A blank copy of the table for you to copy and use is available in Appendix C.) Make sure to have one table for your pre-SANE cases and one table for your post-SANE cases, and label them clearly.

Insert the specific criteria you have chosen into the columns of the table. For each case, document whether or not they meet each criterion, and finally, whether or not the case is eligible. You can make sure that you sampled accurately if you have someone else do the same, and check that you have the same results- you came up with the same patients being eligible.

**Table 10: Selecting Cases that Meet Criteria**

Year Criteria _____		Age Criteria _____					
County _____							
Patient	Year Criteria:	Age Criteria:	Reported?	Full Exam?	County:	Not homicide?	Is the case eligible?
1001	Y	Y	Y	Y	N	Y	No
1002	Y	N	Y	Y	Y	Y	No
1003	Y	Y	Y	Y	Y	Y	Yes
1004	N	Y	N	Y	Y	Y	No

e.g. 18 and over

e.g. 1999-2005

Using the table, pull program files for patients that meet your criteria. In the next steps you will find out how far each of these cases made it in the process of prosecution.

**PRE-POST STEP SIX: HOW SHOULD I COLLECT THE INFORMATION FROM THE PROSECUTOR’S OFFICE?**

**Objectives:**

- ☆ To define case outcomes
- ☆ To show what specific information you need from the prosecutor’s office
- ☆ To provide a table for documenting the information that you will collect

The next step is to collect the information you need from the prosecutor’s office. Depending upon your arrangement with the prosecutor, they may grant you access to their case records or they may prefer to look up the information for you. (See Step 3)

To make sure the information is as complete and accurate as possible, we have created a table for recording information about each case. Although there are many ways to answer your evaluation questions and find out how many cases were warranted, how many cases were convicted at trial, etc., we recommend documenting the final **outcome** of each of your

**Case outcome-**  
the end result of a case.

cases. A **case outcome** is the end result the case reaches in the criminal justice system. Documenting case outcomes streamlines the information you have to collect. Later on, you will

still be able to use this information to find out how many cases made it to each step in the process. We have provided Table 11 on the next page for you to use when documenting cases’ outcomes. You can use this table “as is” or modify as needed for your project. (A blank copy of the table is available in Appendix D.)

**Important Note:** We recommend using one copy of the table for cases from your program and one copy for cases seen by the hospital and labeling them accordingly. It is very important to be able to distinguish which cases came from which program.

Insert into the first four columns identifying information about the cases you pulled from your files into one table and information about the cases you pulled from the hospital's files into another table.

Put an X next to the final case outcome for each case.

**Table 11: Information Collection Table**

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

## **How to fill out the table:**

Before going to the prosecutor's office, you would fill out identifying information in the first four columns for each of the patients whose files you pulled from your records. This will allow you to look up the cases in the prosecutor's database. Next, you or someone from the prosecutor's office would put an X next to the final outcome of each case. Prosecutors' files may be easier to search by suspect name, so it may be useful to record this information in the table as well for every case that it is available.

## **How to determine a case outcome**

To review, often cases will reach multiple stages in prosecution. A case that is convicted at trial was also warranted. The case outcome is the *final* result the case reaches in the criminal justice system. Therefore, in this instance, conviction at trial is the case outcome- conviction, not warranting.

The important thing is to remember that cases go through many stages; a case may go through plea bargaining but that is not necessarily its outcome. If a bargain was not reached and the defendant did not plea to a charge, the case would have gone to trial. Either conviction or acquittal at trial would be the final outcome. Reviewing the order of the stages of the criminal justice system process may also help you to identify final case outcomes.

You may need help from someone at the prosecutor's office to read some of the legal terms that they use to designate case outcomes. Also, you will need to decide whether you want to include cases where the sexual assault cases were dismissed because the defendant pled to a lower (non-sexual assault) charge as dismissed (because of the sexual assault charge) or as pled guilty (because they were still convicted of a crime). Either is fine. It is most important that you make a decision, know how you classified the cases when you are interpreting and reporting your findings, and do so consistently.

## **What do I do when cases are missing information?**

We have included "unknown" as an option in case you find there is not enough information in the prosecutor's database to identify a particular case outcome. By having an answer choice for "unknown" information, if you find any places that have not been filled out, you know that you accidentally skipped these cases and you can go back and fix the errors.

## **Case Examples**

Case examples are given below; Table 12 illustrates how these cases could be documented using the "Information Collection Table."

- Case number 0001 was warranted, but later the judge dropped the case.
- Case 0002 was acquitted at trial.
- The prosecutor warranted case 0003. The defendant pled to lesser charges in ordered to receive a lighter sentence.
- Case 0004 was sent to the prosecutor, but never warranted.

**Table 12: Examples Completed in the Information Collection Table**

Patient's Last Name	Patient's First Name	Complaint Number (if known)	Date of Exam	Case Outcome
Doe	Jane	05-0001	01/01/06	<input type="checkbox"/> Not warranted <input checked="" type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/ Conviction <input type="checkbox"/> Unknown
Smith	Mary	05-0002	01/01/06	<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input checked="" type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/ Conviction <input type="checkbox"/> Unknown
Brown	Suzy	05-0003	01/01/06	<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input checked="" type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/ Conviction <input type="checkbox"/> Unknown
Johnson	Elizabeth	05-0004	01/01/06	<input checked="" type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/ Conviction <input type="checkbox"/> Unknown



## **TO DO**

Next, you or someone at the prosecutor's office can fill out the information collection table, using the prosecutor's case records.

## PRE-POST STEP SEVEN: HOW DO I CALCULATE ANALYSES ON THE INFORMATION I HAVE COLLECTED?

### **Objectives:**

- ☆ To provide simple steps for calculating frequencies and percentages

Now that you have collected your information, you may be wondering about what statistics are going to be involved. In order to use this information to answer your evaluation questions, you will need to do some simple analyses. These computations are straight-forward enough that you can do them “by hand” with a calculator. We will take you step-by-step through calculating frequencies and percentages by hand. If you would prefer to calculate the percentages by using a Excel see Appendix F for more information, however, this is likely to be more time-consuming than calculating by hand.

**Frequencies** are a count of how many times something happens. In this evaluation, they are a count of the number of cases that had a certain outcome. An example of a frequency count is: “25 cases were dismissed after warranting.” A frequency is used to calculate a percentage.

**Frequency-** a count of how many times something occurs.

**Percentages** are proportions. In this evaluation, they are the proportion of cases that had a certain outcome. This is calculated by:

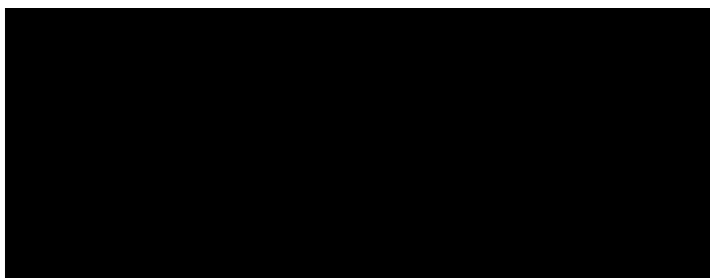
The frequency of that outcome with that outcome / the total number of cases x 100 = % of all cases with this outcome.

Example: 25 out of 250 cases were dropped after warranting.

**Percentage-** a proportion; how many times something occurs divided by a total.

The percentage =  $25 / 250 \times 100 = 10\%$  of all cases were dropped after warranting.

Percentages are often more useful than frequencies because they give a proportion. Reporting that 25 cases were dropped by the prosecutor may be useful, but reporting that 25 out of 25 cases (100%) or 25 out of 250 cases (10%) were dropped after warranting gives more meaningful information.



## Calculating Frequencies and Percentages By Hand

### Preparation

#### **TO DO**

Make a copy of your completed information collection tables. Lock up your original copies to protect confidentiality and keep your information and patients' names secure. The second copy will be used as your working copy for analyses. This way if you choose to make any markings on it, or the document gets damaged, you still have your information and don't have to collect it again.

#### **TO DO**

Remove your patients' names from your copies of the information collection table. This helps to protect patients' confidentiality. You can remove that column from your paperwork and shred it, or use a permanent black marker or white out to cover their names. If you use a marker to remove identifying information, photocopy the de-identified version, place it in a secure file, and use the photocopy because you can still read the identifying information through the marker.

#### **TO DO**

### Calculating Frequencies

Here are the steps for calculating frequencies. First calculate frequencies for your pre-SANE cases.

- 1) Keep track of your results in Table 13 below. You will need them to conduct percentages. A blank copy of the table is provided in Appendix F.
- 2) Count the total number of cases that you collected information about.
- 3) Choose a case outcome (not warranted, warranted but later dismissed, pled/plea bargain reached, trial/acquittal, trial/conviction, or unknown).
- 4) Count up the number of cases with that outcome.
- 5) Repeat this for each outcome, including "unknown" cases.
- 6) Check your work by adding up the frequencies for each outcome. If you counted correctly, this number should be equal to the total number of cases that you collected information about.

**Table 13: Frequency Results**

Final Case Outcome	Number of Cases
Not warranted	
Warranted but later dismissed	
Pled/ Plea bargain reached	
Trial/ Acquittal	
Trial/ Conviction	
Unknown	
Total Number of Cases	

**Calculating Percentages**

Again, percentages are proportions. Although there are multiple ways that you can calculate a proportion using the information that you collected, we recommend calculating percentages based on the total number of cases that were included in your evaluation. This percentage is useful because it tells you where cases are dropping out of the system. For example, you may find that 50% of cases are not warranted, 25% are warranted but later dismissed, 23% are plea bargained, 1% are acquitted at trial and 1% are convicted at trial.

This percentage is equal to the frequency of a certain outcome divided by all the cases that you have information about. The cases that had an unknown outcome cannot be included in your calculations.

- $Percentage = Frequency / \# \text{ of cases}$

Turn to Appendix F if you prefer to use Excel to calculate percentages

## **TO DO**

**First, calculate percentages for your pre-SANE cases.**

### ***Steps to Calculate a Percentage***

- 1) Using your frequency results, add up the number of cases that you have information about.
  - $\# \text{ of cases} = \text{Total \# of cases} - \# \text{ of unknown cases}$
- 2) Choose one of the case outcomes. Using your frequency results, divide the frequency for that outcome by the number of cases that you have information about.
  - $= \text{Frequency} / \# \text{ of cases}$
- 3) Multiply by 100 and add a percent sign (%). This gives you your percentage for that outcome.
  - $= (\text{Frequency} / \# \text{ of cases}) \times 100\%$
- 4) Repeat for each outcome.
- 5) Check your work by adding up all of your percentages. They should add up to 100% unless you rounded. If they don't, check your calculations.

This gives you the proportion of cases with that outcome, out of all the cases you have information about.

### ***Example Percentage Calculation***

Below we repeat these instructions and go through an example percentage calculation step-by-step. Here are the frequency results for this example.

Final Case Outcome	Number of Cases
Not warranted	50
Warranted but later dismissed	30
Pled/ Plea bargain reached	20
Trial/ Acquittal	2
Trial/ Conviction	18
Unknown	10
Total Number of Cases	130

Check your work:  
 $50 + 30 + 20 + 2 + 18 + 10 = 130$

1) Using your frequency results, add up the number of cases that you have information about.

- o  $\# \text{ of cases} = \text{Total \# of cases} - \# \text{ of unknown cases}$

Final Case Outcome	Number of Cases
Not warranted	50
Warranted but later dismissed	30
Pled/ Plea bargain reached	20
Trial/ Acquittal	2
Trial/ Conviction	18
Unknown	10
Total Number of Cases	130
Number of Cases that you have information about	120

$130 - 10 = 120$

- 2) Choose one of the case outcomes. Using your frequency results, divide the frequency for that outcome by the number of cases that you have information about.

○ =  $Frequency / \# \text{ of cases}$

Final Case Outcome	Frequency/ Number of Cases	Divide by number of cases that you have information about (120)
Not warranted	50	.42
Warranted but later dismissed	30	
Pled/ Plea bargain reached	20	
Trial/ Acquittal	2	
Trial/ Conviction	18	

=  $50 / 120$   
= 0.41666

- 3) Multiply by 100 and add a percent sign (%). This gives you your percentage for that outcome.

○ =  $(Frequency / \# \text{ of cases}) \times 100\%$

Final Case Outcome	Frequency/ Number of Cases	Divide by number of cases that you have information about (120)	Multiply by 100
Not warranted	50	.42	42%
Warranted but later dismissed	30		
Pled/ Plea bargain reached	20		
Trial/ Acquittal	2		
Trial/ Conviction	18		

=  $0.42 \times 100 = 42\%$

4) Repeat for each outcome.

Final Case Outcome	Frequency/ Number of Cases	Divide by number of cases that you have information about (120)	Multiply by 100
Not warranted	50	.42	42%
Warranted but later dismissed	30	.25	25%
Pled/ Plea bargain reached	20	.17	17%
Trial/ Acquittal	2	.02	2%
Trial/ Conviction	18	.15	15%

$= 50 / 120 = .42$   
 $.42 \times 100 = 42\%$

$= 30 / 120 = .25$   
 $.25 \times 100 = 25\%$

$= 20 / 120 = .17$   
 $.17 \times 100 = 17\%$

$= 2 / 120 = .02$   
 $.02 \times 100 = 2\%$

$= 18 / 120 = .15$   
 $.15 \times 100 = 15\%$

5) Check your work by adding up all of your percentages. They should add up to 100% unless you rounded. If they don't, check your calculations.

Final Case Outcome	Frequency/ Number of Cases	Divide by number of cases that you have information about (100)	Multiply by 100
Not warranted	50	.42	42%
Warranted but later dismissed	30	.25	25%
Pled/ Plea bargain reached	20	.17	17%
Trial/ Acquittal	2	.02	2%
Trial/ Conviction	18	.15	15%
Check your work/Totals			<b>101%</b>

A blank copy of this table is provided in Appendix G for you to use when calculating percentages.

$= 42\% + 25\% + 17\% + 2\% + 15\% = 101\%$   
 Since we rounded in steps 2 and 4, it's ok that this doesn't add up to exactly 100%.



## **Repeat Calculations for Post-SANE Cases**

Now calculate frequencies and percentages for your post-SANE cases. Make sure that you label your frequency and percentage tables so that you can tell which are your pre-SANE rates, and which are post-SANE rates.

## **Check Your Work**

Ask someone else to calculate the frequencies and percentages again. If your results don't match, you can recalculate to find out where there error was made.

## **Testing for Pre-Post Change**

The percentages you just calculated give you a good way to communicate to others (e.g., community partners, funders, etc.) how many cases make it to each stage in the criminal justice system. However, often it is useful to know if there was a **“significant”** change pre to post. In this situation, it may be useful to test whether you did or did not find a significant change in case progression through the criminal justice system. While it may be possible for you to compare rates from pre-SANE and post-SANE by “eyeballing it” and deciding whether or not rates improved “enough,” evaluators, and people who rely on evaluation findings (e.g., funders) tend to rely on whether a change is “significant.” Significance, as we are using it, means that it is unlikely to have occurred by chance. **“A statistically significant difference”** means there is statistical evidence of a difference. Significance, again, as we are using it, does not mean large, important, or other words commonly associated with the traditional meaning of significance.

In order to find out if there is a statistically significant difference in prosecution rates from pre-SANE to post-SANE, you have to conduct further analyses. Again, they do not require any pre-existing statistical expertise; they will be conducted by hand and by using an online calculator. These analyses will tell you whether you can conclude that there is a low likelihood that any change in prosecution rates is due to chance fluctuation.

The analyses we will guide you through will answer three specific ways of examining whether cases were more likely to progress farther in the criminal justice post-SANE:

1. Was there a significant difference in the number of *cases that were warranted* from pre-SANE to post-SANE?
2. Was there a significant difference in the number of *cases that were prosecuted* (i.e. cases that made it to trial or plea bargain) from pre-SANE to post-SANE?
3. Was there a significant difference in the number of *cases that were successfully prosecuted* (i.e., cases that were resulted in a guilty plea or conviction a trail) from pre-SANE to post-SANE?

## A Few More Calculations by Hand

To be able to make these comparisons, you will have to compute some totals. A set of tables is provided in Appendix I for you to use to keep track of the totals you compute. You will need to compute these totals twice, once for the pre-SANE cases and once for the post-SANE cases. You will have to compute totals based on the frequency and percentage tables you just filled out for each of the three questions above.

# TO DO

## 1. Not Warranted vs. Warranted

### *Frequencies*

You already have the number of cases pre-SANE and post-SANE that were *not warranted* in your frequency tables.

For the pre-SANE cases, compute the total number of cases that *were warranted*, i.e., their case outcome was warranted but later dismissed, or one of the outcomes that represents progressing farther in the criminal justice system.

*Total # of cases that were warranted = # of cases that were dismissed + # of cases that resulted in a plea bargain + # of cases that were acquitted at trial + # of cases that were convicted at trial*

<b>Final Case Outcome</b>	<b>Number of Cases</b>
Not warranted	50
Warranted but later dismissed	30
Pled/ Plea bargain reached	20
Trial/ Acquittal	2
Trial/ Conviction	18
Unknown	10
Total Number of Cases	130

*Number of not warranted cases =50*

*Number of warranted cases =30+20+2+18=70*

**Percentages**

You already have the percentage of cases pre-SANE and post-SANE that were *not warranted* in your frequency tables.

For the pre-SANE cases, compute the total percentage of cases that were *warranted*, i.e., their case outcome was warranted but later dismissed, or one of the outcomes that represents progressing farther in the criminal justice system.

*Total % of cases that were warranted = % of cases that were dismissed + % of cases that resulted in a plea bargain + % of cases that were acquitted at trial + % of cases that were convicted at trial*

<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (120)</b>	<b>Multiply by 100</b>
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30	.25	<b>25%</b>
Pled/ Plea bargain reached	20	.17	<b>17%</b>
Trial/ Acquittal	2	.02	<b>2%</b>
Trial/ Conviction	18	.15	<b>15%</b>

*Percentage of not warranted cases =42%*

*Percentage of warranted cases =25%+17%+2%+15%=59%*

Repeat for the post-SANE cases and enter into the appropriate table provided in Appendix I.

**2. Not Prosecuted vs. Prosecuted**

**Frequencies**

For the pre-SANE cases, compute the total number of cases that were *not prosecuted*, i.e., their case outcome was not warranted or warranted but later dismissed.

*Total # of cases that were not prosecuted = # of cases that were not warranted + # of cases that were warranted but later dismissed.*

<b>Final Case Outcome</b>	<b>Number of Cases</b>
Not warranted	50
Warranted but later dismissed	30
Pled/ Plea bargain reached	20
Trial/ Acquittal	2
Trial/ Conviction	18
Unknown	10
<b>Total Number of Cases</b>	<b>130</b>

*Number of not prosecuted cases = 50+30=80*

For the pre-SANE cases, compute the total number of cases that *were prosecuted*, i.e., the case was not dismissed and made it to plea bargaining or trial.

*Total # of cases that were prosecuted = # of cases that resulted in a plea bargain + # of cases that were acquitted a trial + # of cases that were convicted at trial.*

<b>Final Case Outcome</b>	<b>Number of Cases</b>
Not warranted	50
Warranted but later dismissed	30
Pled/ Plea bargain reached	20
Trial/ Acquittal	2
Trial/ Conviction	18
Unknown	10
<b>Total Number of Cases</b>	<b>130</b>

*Number of prosecuted cases = 20+2+18=40*

### **Percentages**

For the pre-SANE cases, compute the total percentage of cases that were *not prosecuted*, i.e., their case outcome was not warranted or warranted but later dismissed.

*Total % of cases that were not prosecuted = % of cases that were not warranted + % of cases that were warranted but later dismissed.*

<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (120)</b>	<b>Multiply by 100</b>
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30	.25	<b>25%</b>
Pled/ Plea bargain reached	20	.17	<b>17%</b>
Trial/ Acquittal	2	.02	<b>2%</b>
Trial/ Conviction	18	.15	<b>15%</b>

*Percentage of not prosecuted cases = 42%+25%=67%*

For the pre-SANE cases, compute the total percentage of cases that were *prosecuted*, i.e., case was not dismissed and made it to plea bargaining or trial.

*Total % of cases that were prosecuted = % of cases that resulted in a plea bargain + % of cases that were acquitted a trail + % of cases that were convicted at trial.*

<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (120)</b>	<b>Multiply by 100</b>
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30	.25	<b>25%</b>
Pled/ Plea bargain reached	20	.17	<b>17%</b>
Trial/ Acquittal	2	.02	<b>2%</b>
Trial/ Conviction	18	.15	<b>15%</b>

*Number of prosecuted cases = 17%+2%+15%=34%*

Repeat for the post-SANE cases and enter into the appropriate table provided in Appendix I.

### 3. Not Successfully Prosecuted vs. Successfully Prosecuted

#### ***Frequencies***

For the pre-SANE cases, compute the total number of cases that *were not successfully prosecuted*, i.e., their case outcome did not result in a plea bargain or conviction at trial.

*Total # of cases that were not prosecuted = # of cases that were not warranted + # of cases that were warranted but later dismissed + # of cases that were acquitted a trial.*

<b>Final Case Outcome</b>	<b>Number of Cases</b>
Not warranted	50
Warranted but later dismissed	30
Pled/ Plea bargain reached	20
Trial/ Acquittal	2
Trial/ Conviction	18
Unknown	10
Total Number of Cases	130

*Number of not successfully prosecuted cases = 50+30+2=82*

For the pre-SANE cases, compute the total number of cases that *were successfully prosecuted*, i.e., the case resulted in a guilty plea or conviction at trial.

*Total # of cases that were successfully prosecuted = # of cases that resulted in a plea bargain + # of cases that were convicted at trial.*

<b>Final Case Outcome</b>	<b>Number of Cases</b>
Not warranted	50
Warranted but later dismissed	30
Pled/ Plea bargain reached	20
Trial/ Acquittal	2
Trial/ Conviction	18
Unknown	10
<b>Total Number of Cases</b>	<b>130</b>

*Number of successfully prosecuted cases = 20+18=38*

### **Percentages**

For the pre-SANE cases, compute the total percentage of cases that *were not successfully prosecuted*, i.e., their case outcome did not result in a plea bargain or conviction at trial.

*Total % of cases that were not prosecuted = % of cases that were not warranted + % of cases that were warranted but later dismissed + % of cases that were acquitted a trial.*

<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (120)</b>	<b>Multiply by 100</b>
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30	.25	<b>25%</b>
Pled/ Plea bargain reached	20	.17	<b>17%</b>
Trial/ Acquittal	2	.02	<b>2%</b>
Trial/ Conviction	18	.15	<b>15%</b>

*Percentage of not successfully prosecuted cases = 42%+25%+2%=69%*

For the pre-SANE cases, compute the total percentage of cases that were *successfully prosecuted*, i.e., the case resulted in a guilty plea or conviction at trial.

*Total % of cases that were successfully prosecuted = % of cases that resulted in a plea bargain + % of cases that were convicted at trial.*

<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (120)</b>	<b>Multiply by 100</b>
Not warranted	50	.42	<b>42%</b>
Warranted but later dismissed	30	.25	<b>25%</b>
Pled/ Plea bargain reached	20	.17	<b>17%</b>
Trial/ Acquittal	2	.02	<b>2%</b>
Trial/ Conviction	18	.15	<b>15%</b>

*Percentage of successfully prosecuted cases = 15% + 17% = 32%*

Repeat for the post-SANE cases and enter into the appropriate table provided in Appendix I.

### **Check your Work**

Have someone else double check the percentage and frequency totals that you calculated and entered into the tables in Appendix J.

### **Testing for a Statistically Significant Difference from Pre- to Post-SANE**

In this step, you will use an online calculator to test whether there is a statistically significant difference in: 1) the number of cases that were warranted vs. not warranted 2) the number of cases that were prosecuted vs. not prosecuted; and 3) the number of cases that were successfully prosecuted vs. not successfully prosecuted from pre- to post-SANE.

Note that these analyses will tell you whether there was a statistically significant difference from pre-SANE to post-SANE. They do not tell you whether case progressed further or dropped out sooner in the criminal justice system post-SANE. Look at the percentage totals you just entered into the table from Appendix J. For each question, examine whether the percentage of cases with the “better” outcome (i.e., warranted, prosecuted, or successfully prosecuted) is higher post-SANE than pre-SANE. If the



proportion of cases with the better outcome is lower post-SANE, or post-SANE and pre-SANE are equal, then case progression in the criminal justice system did not improve in that way. If that's what happened in your situation, it may not be useful to you to test for a statistically significant difference, but you can use the steps that follow to do so if you wish. If there are not increases in any of the three questions, you do not need to conduct any further analyses unless you wish to do so. Instead, you can skip ahead to page 99 to discuss how to utilize these findings, as there was not an increase in how far cases make it in the criminal justice system.

If there are a higher proportion of cases with the better outcome post-SANE for any of the three questions, then there was some increase in how far cases made it in the criminal justice system. Now it is time to determine whether the increase was statistically significant: whether the increase was enough to suggest that the improvement was related to your program, rather than chance fluctuation in case progression. Remember to only test for significance on the questions where you find a higher percentage of cases with the better outcome post-SANE.

## TO DO

The online calculator is located at:

<http://www.graphpad.com/quickcalcs/contingency1.cfm>

To answer each of the three questions, you will use the default calculator that comes up on the webpage. Under "which test" choose the Fisher's exact test, and select one-tailed. Although the website recommends two-tailed, we recommend one-tailed for this specific evaluation because you are only conducting this if more cases made it farther in the system post-SANE.

### **1. Was there a significant difference in the number of cases that were warranted from pre-SANE to post-SANE?**

- In place of Group 1, enter pre-SANE and in place of group 2, enter post-SANE. In place of outcome 1, enter not warranted and in place of Outcome 2 enter warranted.
- Enter the corresponding numbers from the appropriate table you filled out in Appendix J. Make sure to use the number/frequency table, not the percentage table.
- Click calculate.

On the results screen, it will give you the “p-value.” The p-value tells you how likely it is that the difference between pre-SANE and post-SANE is due to chance fluctuations. The higher the difference between pre-SANE and post-SANE, the lower the likelihood that the difference between pre-SANE and post-SANE is due to chance, and therefore the lower the p-value. A p-value of 0.05 means that there is a 5% chance that the difference pre-SANE to post-SANE was due to chance fluctuation in case progression through the criminal justice system. The established standard for statistical significance is  $p < .05$ . This means, if your p-value is less than 0.05, there is a statistically significant difference from pre-SANE to post-SANE. If your p value is equal to 0.05 or greater, there is not a statistically significant difference from pre-SANE to post-SANE. The website also tells you in words whether or not there was a statistically significant difference.

- Record the p-value and whether or not there was a statistically significant difference from pre-SANE to post-SANE underneath the appropriate table.

Repeat this for questions 2 and 3. See below.

**2. Was there a significant difference in the number of cases that were prosecuted (i.e., cases that made it to trial or plea bargain) from pre-SANE to post-SANE?**

- In place of Group 1, enter pre-SANE and in place of group 2, enter post-SANE. In place of outcome 1, enter not prosecuted and in place of Outcome 2 enter prosecuted.
- Enter the corresponding numbers from the appropriate table you filled out in Appendix J. Make sure to use the number/frequency table, not the percentage table.
- Click calculate.

**3. Was there a significant difference in the number of cases that were successfully prosecuted (i.e., cases that were resulted in a guilty plea or conviction a trail) from pre-SANE to post-SANE?**

- In place of Group 1, enter pre-SANE and in place of group 2, enter post-SANE. In place of outcome 1, enter not successfully prosecuted and in place of Outcome 2 enter successfully prosecuted.
- Enter the corresponding numbers from the appropriate table you filled out in Appendix J. Make sure to use the number/frequency table, not the percentage table.
- Click calculate.

## Interpreting Your Results

When interpreting these results, it is important to keep two key things in mind. First, the fact that there is a statistically significant difference does not mean that prosecution rates increased pre-SANE to post-SANE. *You* had to have examined the percentage totals and determined whether there was a higher proportion of cases that were warranted (or prosecuted or successfully prosecuted) and a lower proportion of cases that were not warranted (or not warranted or not successfully prosecuted) post-SANE when compared to pre-SANE.

Second, we should re-iterate that statistical significance does not mean practical significance. It is up to your program and your community to determine whether the increase in prosecution rates, and for matter, the post-SANE prosecution rates are “good enough.”

## **SECTION FOUR:**

### **Taking Stock—Now That We Know What’s Happening in Our Community, Where Do We Go From Here?**

This section is intended to provide you with ideas for utilizing your evaluation findings to inform your community work. We provide ideas for working with community partners to further address the systemic response to sexual assault.

Go to page 101 if you did not find any significant improvements or you are not satisfied with the changes you found in case progression through the criminal justice system.

Go to page 120 if you are satisfied with the significant improvements you found in case progression through the criminal justice system.

## **SECTION FOUR A:**

### **If You Did Not Find A Significant Improvement In Case Progression Through The Criminal Justice System**

## Overview

If you did not find a significant improvement in case progression through the criminal justice system, you may be disappointed, but remember that there may be a variety of factors that contribute to these findings. In every community, a variety of stakeholders, processes, and other factors play into the prosecution of a sexual assault case. For a sexual assault case to be prosecuted successfully, each part of this complex system must be working. SANEs are only one part of this system, so do not feel discouraged if your evaluation did not show the impact of your program on sexual assault case progression through the criminal justice system. Fortunately, you can use your evaluation results to inform your next steps:

**In your evaluation, it is possible that you identified a clear “breakdown” in the system.** Go back and look at your percentages. Is there one step where the vast majority of cases are dropping out of the system? For example, you may find that over 75% of cases are *not* warranted. This suggests that there might be problems affecting referrals of cases to the prosecutor or prosecutors’ warranting of cases.

If you feel that your evaluation findings show one clear-cut breakdown in the system, you should strategically focus your community change efforts on factors that will be related to that particular problem. In the example of too few cases being warranted, you may want to make sure that rape kits are being submitted to the crime lab and the chain of evidence is properly maintained so that evidence can be utilized in police and prosecutors’ decisions to refer and warrant cases. (Although we recommend focusing on the problem area identified by your evaluation findings, if you are interested, you can read on for strategies to “diagnose” ways that the system might not be operating as well as you would like it to.)

**It is also possible that your evaluation findings are not so clear cut.** It could be that a number of cases drop out of the system at each step and ultimately too few cases make it to the final stages of prosecution. If this is the case, you will need to look for multiple places where the system might not be functioning properly.

In this section, we will help you to pinpoint specifically what might not be working in *your* community. By working in collaboration with other stakeholders, you can “diagnose” what might not be working optimally in order to focus and inform your efforts to create community change around the criminal justice system response to sexual assault.

## Conducting Focus Groups to Understand a “Breakdown” in the System

There are a variety of methods that you could use to understand why your system is not functioning optimally. We recommend focus groups because they are a great way to bring together people with diverse perspectives to discuss an issue and to systematically investigate what people believe is and is not working in your community.

Focus groups can be used for two main purposes: planning and evaluation. You can utilize a focus group to plan the next steps that you and other community stakeholders should take in order to improve the response to sexual assault in your community. Or you can use a focus group to evaluate how well the system is working. Given that you have just completed an evaluation of your program’s impact on legal outcomes, we suggest that you utilize this as an opportunity to inform your future efforts, but this section also provides information for conducting focus groups for evaluation purposes.

### **STEP ONE: PREPARATION FOR CONDUCTING FOCUS GROUPS**

#### **Objectives:**

- ☆ To help you plan what needs to be done before you are ready to conduct your focus groups

#### *Invite community stakeholders to be a part of the group*

Invite the key systems players who you feel should be a part of this discussion. This may include police, prosecutors, the victim’s witness unit in your prosecutor’s office, advocacy groups for sexual assault victims (e.g., local rape crisis center), any other medical professionals that respond to sexual assault, and you may even want to consider inviting someone from the crime lab that analyzes evidence from your community’s sexual assault cases.

#### *Decide on how many focus groups you need to conduct*

We recommend that your focus groups only consist of 6-8 persons. If you think that more people should be a part of the discussion, then you should consider conducting more than one group. Generally, once more than 6-8 people are part of the group, certain individuals’ opinions may not be heard. You can have mixed groups with many types of stakeholders present in one group (e.g., one group would have a police officer, a prosecutor, a SANE nurse etc.) If you have a lot of people that you want to be involved, you can hold separate focus groups, one for each type of stakeholder (e.g., one group of just police officers, one group of just SANE nurses). Unless you are worried that people will be afraid to discuss these issues with other types of stakeholders, we suggest having a mixed group. Having separate focus groups will mean more groups to conduct and more data to analyze, whereas having mixed groups encourages community dialogue around these issues.



### *Get a commitment from participants that they will be part of the focus group*

It is important that participants clearly state that they will participate in the group. If someone is unwilling to make this commitment, then it is unlikely that they will be there.

### *Send follow-up letters to participants*

After participants agree to be involved in a focus group, if you need to, ask for their mailing or email address. Explain that you will use it only to send any additional information about the focus group.

Within a couple of days after a person agrees to participate in your group, you should send a follow-up letter. Make sure to include a general description of the reason you want to hold the focus group, directions to the focus group, and a reminder of the date, time, location, and incentive (e.g., opportunity to improve how our community responds to sexual assault).

### *Consider making a reminder call to all participants the day before the focus group*

This reminder call will help to make sure you have enough participants for your focus group. In addition to reminding participants of the time and location of the group, you can also answer any questions or address any concerns they might have.

### *Design a focus group guide*

Think about what topics you want to cover during the focus group and what types of questions will help generate discussion about these issues. Questions may range from more general (e.g., what do we think should be improved about our response to sexual assault?) to more specific parts of the system that you think should be discussed (e.g., are there any barriers to utilizing the evidence that SANE programs collect?). Here are some tips for designing questions for your focus group guide:

- General questions are a good way to stimulate conversation. Open with your more general questions and save the more specific questions for last (they may cover these topics when answering your general questions).
- You may want to ask more specific questions about the major ways the system can break down in responding to sexual assault (see list below). Ask questions to see if these problems are occurring in your community, and if so, what can be done to change them.
  - Evidence is not sent to the crime lab
  - Cases are not referred to the prosecutor's office
  - Cases are not being warranted
  - Poor evidence quality or analysis
  - Victims are not engaging in the criminal justice process (e.g., they don't report the assault to the police, don't go to the SANE program, or don't participate in prosecution).

- Ask open-ended questions (i.e., questions that can't simply be answered with a yes/no). For example,

#### Close-ended Question

You: Is our system responding well to sexual assault victims?

Participant 1: Not really

Participant 2: Yes, for the most part.

#### Open-ended Question

You: How well do you think our system is responding to sexual assault victims needs?

Participant 1: I don't think we are responding very well because many victims are still afraid to report the assault.

Participant 2: That's true, but I think that something we are doing well is providing victims with information about reporting while they are at the SANE program. I think we are doing well because victims are receiving medical care more quickly now that we have a SANE program.

Open-ended questions will elicit more meaningful answers to help you identify places to improve your system's response to sexual assault.

- Create a safe atmosphere with the types of questions that you prepare. You have to continue to work with the participants once the focus group is over, so keep it professional and comfortable.
  - Don't just ask negative questions about things that you think are problems. Remember the focus group is about learning what others believe is going on with the system, not to point fingers and not to get others to agree with your own perspective.
  - Ask neutral questions (How well are police, prosecutors, advocates, and medical personnel, able to coordinate their efforts?)
  - Ask questions about what is not working well in a positive way (e.g., What can we improve about our case review process vs. what is not going well with case review?)
  - Balance negative questions with a positive question. (If you need to ask what is not going well, also ask what is going well that should happen more often).
- Prioritize! You shouldn't plan on your focus group lasting any longer than 2 hours. Think about what is most important and what topics can fit in this time frame.

- Design a guide, not a script. You want the conversation to flow fairly naturally. While there will need to be someone to moderate the focus group (more on this later) and keep the discussion on topic, you want to have some flexibility. Don't feel the need to ask the questions exactly as you wrote them, but rather use them as a guide for what topics you want to make sure get covered at some point during the discussion.
- Have someone else look over your guide (but not someone who you hope will be a participant). Find out if any questions seem unclear or would be difficult to answer.

### *Decide who will moderate the focus group*

If you are designing the focus group guide, it is likely that you are also planning on facilitating the focus group. However, keep in mind that your role as a moderator means that you have to be neutral. The moderator does not get to participate and answer questions like the others in the room do. Choose a focus group moderator who will be able to act neutrally and help guide the conversation so that people participate and the conversation stays on topic. They should have enough knowledge about the topic of the focus group so they know when to ask participants to provide more detail or to clarify their answers. Some people also have an assistant moderator who also plays a neutral role by assisting the moderator and taking notes during the discussion.

### *Plan out the logistics*

Where should it be held? When? Do we have equipment to record the conversation?

## **STEP TWO: CONDUCTING THE FOCUS GROUPS**

### **Objectives:**

- ☆ To provide information about the role of the moderator and assistant moderator in conducting the focus groups

### **The moderator should:**

#### *Arrive early to check the room set-up*

Tables and chairs should be arranged so that all participants can see and hear each other.

#### *Test the recording equipment*

Set your tape recorder in the middle of the room, start recording, and walk around the room talking. Then rewind the tape and make sure everything you said was recorded and understandable.

#### *Prepare mentally before the group begins*

Go to another room where it is quiet and you can think over the questions and how you envision the focus group unfolding.

#### *Greet the participants as they arrive*

It is important that each participant feel comfortable with the moderator and the other participants. Consider having snacks available at this time. The assistant moderator can also greet participants if the moderator is busy.

#### *Start the group at the scheduled time*

To make participants feel more comfortable, arrange place cards with participants' first names at seats around the table. This will keep participants from trying to figure out who to sit next to and will also give you the most control over initial group dynamics.

It is useful for the moderator to have the names of participants visible during discussion. If you are concerned about having participants' first names visible to the rest of the group, you can create a seating chart for just the moderator and assistant moderator. Having the names of participants will help the assistant moderator take notes.

### *Deliver a prepared welcome and introduction*

The introduction should include information on the purpose of the focus group, an overview of the topics to be discussed, how the results will be used, and the ground rules for the group.

Some common ground rules include:

- Respect all participants. The intent of the group is to hear as many opinions as possible and not to convince others or reach an agreement.
- Everything said during group should not be discussed outside the group (especially if sensitive information may be discussed or disclosed). Stay focused on the topic of discussion.

During the introduction, encourage the participants to ask questions. Remind the participants, once the group begins, that any questions asked during the focus group time itself may distract from the topics you are there to discuss and as such should be held until the end of the session.

### *Immediately after the introduction, ask your opening question*

#### *Ask questions in the order that you have prepared and probe when necessary*

When necessary, ask probing questions for more information or to clarify a statement. Knowing when to ask a probing question is a skill developed through experience. Asking too many probing questions will result in excessive detail on minor issues. Asking too few probing questions will lead to a lack of information to draw from in your analysis.

The moderator must consider many factors when deciding whether or not to ask a probing question.

- The importance of the information to the purpose of the focus group
- The time needed to respond to the probe versus the time needed for other scripted questions
- The possibility of disrupting the group's dynamics

One suggestion is to ask probing questions early in the focus group to let participants know the amount of detail for which you are looking. In addition, pausing after a comment is made by a participant will give that participant time to expand on their initial thought or will allow another group member to speak. This will reduce your number of probing questions and also help the flow of conversation.

*Remain aware of group dynamics throughout the process.*

Be aware of problematic participants and how to manage their behavior.

Examples include:

- Someone who believes his/her answers are “correct” and belittles those who disagree
  - For this participant, emphasize that everyone’s opinion is valid and that participants do not need to agree with each other
- Someone who dominates the conversation
  - Limiting eye contact with this person may help curb the frequency of their comments
- Someone who is shy and/or unwilling to contribute to the discussion
  - Establish eye contact with this participant and specifically ask them for a response to a questions
- Someone who continues talking for several minutes on topics not closely related to your purpose
  - Limiting eye contact with this person may help curb the frequency of their comments. If they continue, interrupt and remind the group of your limited time and the need to hear from everyone.

Also, be aware of any existing relationships among participants. When possible, make sure that participants who are closely acquainted with each other sit separately because this can lead to side conversations. If acquaintances share a set of assumptions about the discussion topic that they take for granted, make sure to ask probing questions that require these assumptions to be explained to the rest of the group.

*Remain aware of your behavior*

Remember to limit head nodding and short verbal responses that indicate approval or acceptance because participants need to believe that you are impartial. Remember to listen and not talk, just probe to understand the participants responses.

*End the focus group on time*

It is important that you keep an eye on the clock for the entire group so that all questions are asked and discussed.

*If necessary, ask participants to each complete a Post-Discussion Comment Sheet*

Post-Discussion Comment Sheets can be used to collect additional data from participants. This can include demographic data, satisfaction data, and additional qualitative data that were not collected during the focus group. These should be completed by each participant at the end of the group and returned to the moderator or assistant moderator. This activity should take place during the allotted time for the focus group and the moderator should plan accordingly.

*Debrief with the assistant moderator immediately following the session*

It is important that you debrief while details of the conversation are fresh in your memory. Even waiting until the next day might mean forgetting important details and information. Consider recording this conversation on the same tape as the focus group. If a Post-Discussion Comment Sheet was completed by each participant, review these and discuss this data as well during group debriefing. For more information, see “Analyzing & Reporting Focus Group Data.”

**The assistant moderator should:**

*Help the moderator with any preparation*

The moderator and assistant moderator should discuss their roles and responsibilities prior to the focus group. It is important that they both know and understand each other’s responsibilities. This will ensure that tasks are not overlooked or forgotten.

*Greet any participants who arrive after the group has started*

Before the group starts, discuss this possibility with the moderator and decide if late arrivals will be allowed to join the group. If you decide to allow late arrivals, greet them at the door and take them outside the room to provide a summary of the welcome and information provided to the rest of the group. Then bring this individual back to the room and direct them to their assigned seat.

*Take comprehensive notes of the group*

While a tape recorder can catch everything that is said, a recording can not indicate who was speaking or the body language of the participants. While you need to record key phrases and comments, it’s also important to note which participants were speaking.

Also, it can be valuable to record noticeable changes in body language throughout the group when a point is made. This can tell you if participants agree or disagree with the statement, even if they never give their opinion verbally.

Make sure you record the number of participants in the group and the stakeholder group each participant belongs to (e.g., police, prosecutor, etc.).

### **Final logistical considerations for planning and conducting the focus groups**

- Have you selected a moderator who has the necessary moderating skills?  
The Social Sciences Department at a local college and/or university should be able to put you in touch with a professor or researcher familiar with qualitative research. Though this contact may not have the time available to be a moderator themselves, they would most likely be able to refer you to someone who would be qualified and who would better meet your organizational needs.
- Have you identified times and locations appropriate for your target population(s)?
- Did you send follow-up letters with directions to the focus group to confirmed participants?
- Do you have a list of questions prepared?
- Have you tested your questions to see if they are clear?
- Is the room for the focus group set up in an appropriate way?
- Do you have the equipment necessary to record the session?
- Do the moderator and assistant moderator understand their own and the other's responsibilities?



### **STEP THREE: ANALYZE THE DATA FROM YOUR FOCUS GROUPS**

#### **Objectives:**

- ☆ To provide the skills to analyze qualitative focus group for planning and evaluation purposes

The analysis of focus group data can range from simple to complex. Focus groups yield great amounts of qualitative data (i.e., data in the form of words, not numbers).

**Qualitative data analysis** involves examining, synthesizing, comparing, contrasting, and interpreting meaningful patterns and themes. In focus group research, the person responsible for analyzing the data is usually the moderator or the assistant moderator. However, an individual who was not present at the group could analyze the data using a full transcript of the discussion.

Qualitative analysis differs from *quantitative* data analysis (data in the form of numbers). There are no statistical formulas to apply to the data. The products of the qualitative analysis of focus groups are summaries of themes, interpretations of what findings mean, and supporting quotations.

Whether your analysis is simple or complex, there is a continuum of activities for analyzing focus group data: collecting raw data, description, interpretation, and recommendation. There are no clear boundaries between these activities and an analyst may float between activities freely. Nevertheless, this distinction is helpful in seeing the big picture of analysis.

In this continuum an analyst, the individual analyzing the data, starts with raw data that may include everything that has been gathered relating to the focus group (notes, tapes, transcripts, etc.). A system is used to draw out themes and quotations to describe these data. The analyst then must interpret what the findings mean in relation to the goals and objectives or research questions. Usually, more than one interpretation is presented. An analyst then looks at the description and interpretation of the findings as well as the context of the program and resources in order to offer recommendations for action.

There are challenges to working with focus group data that should be noted and considered during each step of the analysis and reporting process. Participants answer questions in their own words and from their own frame of reference. Two people can use completely different words to mean the exact same thing. Furthermore, focus groups provide the unique opportunity for people to consider their own views in the context of other people's views, and their opinions can change over the course of the discussion. For these reasons, it is important for qualitative analysts to do everything they can to try to interpret what a participant truly means-putting aside their own opinions and biases as much as they can. This is a skill of a good qualitative analyst and must be practiced at every step of analysis. Throughout the following steps, tips will be provided that may help you maintain this objectivity.

The steps that follow are to be used as a guide in the analysis and reporting of focus group findings. They are not rigid procedures and can overlap.

### *Begin analysis during the focus group discussion*

Whether your overall analysis will be simple or complex, the analysis process begins *during* a focus group. It is always important for the moderator to listen for inconsistent, vague, or cryptic comments and follow them up with probing questions. The moderator should be sure to keep an open mind and probe beyond what she/he expects or would like to hear. When you begin to actually analyze and interpret comments, you will be thankful if the information is clear, meaningful, and related to the questions asked. It is also important for the moderator and assistant moderator to take notes on their observations of participants' body language, tone of voice, and intensity of comments. This information will help in the interpretation of findings.

### *Conduct a debriefing*

Immediately following a focus group, it is a good idea to conduct a debriefing that includes the moderator and assistant moderator. Before the debriefing begins, spot check the recording device to be sure that the focus group was recorded well. If there is a problem with the recording, you will want to immediately reconstruct as much of the conversation as you can from memory. Use the recording device or a notepad to record a brief summary of the group, your impressions of the group, and any themes that emerged. If possible, compare and contrast the group with other focus groups you may have already conducted on your topic.

### *Decide on an analysis plan*

Generally, if the purpose of the focus group is to gather information that will help in program planning, analysis can be less complex. (This would be the path to take if you want to plan how to improve your community's response to sexual assault). If a focus group is being used to evaluate the effectiveness of a program, a higher level of complexity is usually necessary. (This would be the path to take if you want to systematically evaluate how well your system is operating according to the systems players). With this in mind, we have made distinctions in several of the steps that follow that are based on the purpose of the focus group: planning or evaluation.

Table 14 (next page) presents four analysis choices: memory based, note based, tape based, and transcript based. These techniques can be used for any focus group. However, note based analysis is generally used most often when a focus group is conducted for planning purposes and tape-based analysis is used most often for evaluative purposes.

**Table 14: Analysis Choices**

ANALYSIS TYPE	Memory Based Analysis	Note Based Analysis	Tape Based Analysis	Transcript Based Analysis
DESCRIPTION	Moderator analyzes based on memory and gives an oral debriefing to the people who need the information	Analyst prepares a brief written description based on summary comments, notes, and selective review of tapes	Analyst prepares a written report based on an abridged transcript after listening to tapes plus notes and moderator debriefing	Analyst prepares written report based on complete transcript. Some use notes and moderator debriefing.
REPORTING	Usually oral report only	Usually oral and written report	Usually oral and written report	Usually oral and written report
ANALYSIS TIME REQUIRED PER GROUP	Very Fast Within minutes following the discussion	Fast Within 1-3 hours per group	Fast Within 4-6 hours per group	Slow About 2 days per group
PERCEIVED LEVEL OF RIGOR	Minimal	Moderate	Moderate to High	High
RISK OF ERROR	High	Moderate (depends on the quality of field notes)	Low	Low
TYPICALLY USED FOR	Planning	Planning	Evaluation	Evaluation

### Memory based analysis

Memory based analysis is almost exclusively used in marketing research when the sponsors are able to watch a focus group from behind a one-way mirror. This type of analysis is conducted by the moderator and is typically only done if a sponsor/funder requests it.

### Note based analysis

In note based analysis, the tape of the discussion is used only to verify quotes and the moderator debriefing is the only thing that is transcribed. The quality of this type of analysis depends heavily upon the quality of the field notes. This level of analysis may be sufficient for most **planning purposes**.

### Tape based analysis

In this type of analysis, the tape is listened to by the moderator and comments that directly relate to the research questions are transcribed verbatim, yielding an abridged transcript that could range anywhere from 3-15 pages. Rather than creating a true abridged transcript, some analysts will listen to the focus group tape while their notes are in front of them on a computer screen and augment their notes with quotations that relate to the questions. This type of analysis is usually sufficient for most program **evaluation purposes**.

### Transcript based analysis

A full transcript is used for this type of analysis. Usually a focus group dialogue is transcribed verbatim into an electronic format with a word processing program. One focus group can yield up to 50 pages of verbatim transcript. Full transcript based analysis is the best option if the analysis is going to be done by someone other than the moderator or assistant moderator.

### *Return to the goals and objectives/research questions of the focus group*

If you decide to use a note, tape, or transcript based analysis, a process should be followed in order to analyze and interpret your findings. First, it is important to return to the original agreed upon goals and objectives to guide you in the analysis process. The way you bring order to your raw data will depend on the goals of the analysis.

### *Skim the raw data for main ideas, themes, and patterns*

Gather all of the raw data you have accumulated. The data you have gathered may vary depending on the purpose of your focus group. Table 15 lists the data that you will most likely be working with for planning and evaluative purposes.

**Table 15: Raw Data**

	For Planning Purposes	For Evaluative Purposes
Raw Data	Notes	Notes
	Tapes (to verify quotations)	Tapes
	Debriefing forms/notes	Debriefing forms/notes
		Post-discussion comment sheets
		Abridged transcripts

Skim the raw data and begin thinking of ways to identify main ideas, themes, or ideas that go together. Think of ways of indexing what you see in a way that will make answering your research questions easier. Most people refer to the process of labeling their raw data as **coding**. Coding brings order to your data and is a creative process dependent upon your goals and objectives/research questions.

*Create codes to label your raw data*

Codes can be words, phrases, or abbreviations. As you skim the data, start jotting down a list of codes that you may want to use to identify your data.

“Codes are organizing principles that are not set in stone. They are our own creations in that we identify and select them ourselves. They are tools to think with. They can be expanded, changed, or scrapped altogether as our ideas develop after repeated interaction with the data. Starting to create categories is a way of beginning to read and think about data in a systematic way.”

*Code chunks of raw data*

The level of detail you look for in your data depends on your needs and resources. Coding for planning purposes may be as simple as recognizing the major themes from the discussion, labeling them, and organizing them based on your goals and objectives. Return to your raw data and begin to assign these key words to data chunks so that the information can be organized, summarized, and interpreted. Write the codes in the margins of the transcript of notes.

Coding for evaluation purposes may be more involved than just finding the main themes. A more detailed picture may be needed because you will be using this information to determine the effectiveness of your program. Looking at an abridged focus group transcript may be necessary to get this level of detail. When analyzing focus group data for evaluation, if time and resources allow, it is always best to have two or more people independently code the same raw data. When this is done, differences and discrepancies between codes should be discussed and resolved. This will help improve the objectivity of the findings.

### *Organize coded data*

After the raw data is coded, it should be organized so it can be easily described. This can involve physically cutting and pasting coded data chunks. Data can be organized by focus group question, by research question or objective, by theme/big idea, category, or a combination of those. Furthermore, data *within* these categories can be organized by respondent type if you have conducted more than one group (youth, parents, teachers, etc.), or points of view. The idea is that organizing your data helps you answer your research questions in a comprehensive and accurate way that is systematic and replicable.

### *Describe and interpret findings*

Once findings have been organized, you will need to describe and interpret what you have gathered. Describing your data involves synthesizing what you have organized into summary statements and verbatim quotations. The purpose of describing the data is to reduce it and simplify it for your audience- a description does not include every response. Depending on the needs of the primary audience, some analysts will stop the analysis after they have described the data.

Some analysts will go beyond just describing the data to trying to consider what it means. This may be done by only the analyst or by a team of people. For planning purposes, consider the following questions while keeping in mind the resources available for a potential program or service and the environment in which the program or service will be operating.

- What do your findings mean for improving your system?
- What strategies do you propose based on the findings?
- What are the potential outcomes of these strategies?

Going beyond a description of the data is particularly important when you are using a focus group for evaluation purposes. The analyst, or a team of people, must look at the data and decide what it is saying about the strengths and weaknesses of their program. Consider the following questions when trying to interpret evaluative focus group data.

- In what ways did your findings support and/or refute your goals and objectives?
- Is there more than one way to interpret your findings?

### *Create a report*

Besides sharing the report with the other systems players, you may wish to share it with other audiences such as funders, or the general public. The type of report you generate depends on the information needs of your audience. Generally, a report generated from a planning focus group will need to be less detailed than one from an evaluation focus group.

The primary goal of any focus group report should be to make the explicit link between the findings of the focus group and your specific goals and objectives for that group. A report should provide new information and strive to enlighten the audience.

It is important to use verbatim quotations to enhance the main points in your report. However, remember to adhere to the promises of confidentiality that were made to participants. Do not provide any potentially identifying information about your focus group participants in a report. It is usually okay to use some non-identifying information when it is enlightening (female, male, school teacher, high school student, parent, community leader, etc.).

Consider the following questions as you write a report:

- What was known and then confirmed or challenged by the focus group data?
- What was suspected and then confirmed or challenged by the focus group data?
- What was new that wasn't previously suspected?

One way that has been suggested to help analysts be sure they are reflecting the correct themes of a group is to involve the participants in reviewing drafts of a report. While involving participants in reviewing the report does take additional time, it can be very helpful when an accurate depiction of what was learned is otherwise difficult to create.

### *Create an action plan*

Using your findings from the focus group, get stakeholders together and develop an action plan to improve your community's response to sexual assault. This is a great time to re-visit the National Sexual Violence Resource Center's SART manual and consider how the strategies they recommend may address the "breakdowns" in your system.

As you create your action plan, consider the following things:

- What strategies will be the most likely to affect positive change?
- What resources do we have in our community to help us accomplish our goals?
- What are feasible short-term goals to accomplish now?
- What are long-term goals that we want to work toward even if we can't reach them right away?
- To accomplish each goal, what tasks need to be carried out? When do they need to be carried out? Who needs to carry them out?
- Finally, consider how you will know when you have reached our goal. Part of your action plan may mean that you need to conduct further evaluations to document the progress you have made. For example, you may want to use this Toolkit to conduct the same evaluation several years down the road to see if you have made any improvements after implementing your action plan.

## **Summary Checklist**

- Spot check the recording device before the debriefing.
- Conduct a debriefing with the moderator, assistant moderator, and the analyst.
- Decide on an analysis plan.
- Gather your raw data together.
- Skim raw data for main ideas, themes, and patterns.
- Make a list of codes you may use to identify your data.
- Write codes in the margins of your transcript or notes.
- Organize your coded data chunks so that they can be easily described.
- Describe your data by creating summary statements and pulling verbatim quotations.
- Interpret your findings. Decide what the findings mean for your program or service.
- Create a report for your audience (funder, program staff, public).



## **SECTION FOUR B:**

### **If You Did Find A Significant Improvement In Case Progression Through The Criminal Justice System**

## Overview

Congratulations, you have been able to document your program's impact on legal outcomes! This remaining section is designed to help you *utilize* the information you have acquired to continue to improve your community's response to sexual assault.

Keep in mind that your program (and its impact) is one small part of an entire system that responds to sexual assault in your community. To keep it so that sexual assault cases continue to make it to the final stages of prosecution, all parts of the system need to be working smoothly. The findings from your evaluation show you that the system's parts are working well for now.

But the work SANEs do is ever-changing and so are the communities they work within. This step requires you to think about whether the improvements that have been made are sustainable. Will these positive legal outcomes last or will they start to fade away over time? What can be done to maintain these positive changes in your community? Consider what would happen to your community's response to sexual assault if some of the key leaders left the community. What would happen if there was turnover at one of the agencies that is critical to keeping the system running smoothly? Or, what if gradually, people start to slide back into their old habits? What if resources are allocated differently? Turnover and other changes are unavoidable, but you can work to make sure that the system continues to work smoothly even when changes occur. Consider the following strategies to help you increase sustainability.

## Documentation: Policies and Memorandums of Understanding

A key way that many communities make sure that their system's work will be sustainable is to institutionalize the response to sexual assault in their community. In other words, they create paperwork that documents what the appropriate response to sexual assault is for each agency/organization. That way, organizations ensure the appropriate response is taken, rather than one person or a few key people who must eventually leave the system.

For some communities, this paperwork takes the form of an overarching policy or protocol that lays out the various responsibilities and actions to be taken by each stakeholder group. Other communities develop "memorandums of understanding" that state how each agency/organization agrees to respond. The form that this paperwork takes doesn't make a great deal of difference. What matters is putting down on paper and agreeing to adhere to a response that has been developed by the different systems players. That way, when a new staff person takes another's place, they too are bound by these agreements and understand what the expectations are for responding to sexual assault in this community. Or, when an agency starts to "slip" and not respond as they once did, there is a paper trail that can be used to remind them of the appropriate response that has been agreed upon by the entire community.

## **Building and Strengthening Your Relationships With Community Partners**

Another way to keep the system working well is to build and strength your own relationships with other members of the system. By increasing your interactions and communication and using each other as a resource, you build positive, trusting relationships with other systems players. These positive relationships are a resource to be called upon when working together to make sure that no cases “fall through the cracks”.

Some ideas that may be used to strengthen your community partnerships:

- Conducting cross-trainings where different stakeholder groups train each other about their work as it pertains to sexual assault
- Attending conferences together helps you to learn more about the issue and about each other’s work
- Sharing program evaluation findings with other stakeholders to show them how your program operates and how it is impacting the community.

## **Developing Ongoing Evaluation Processes**

Finally, the last strategy that we present for increasing the sustainability of your community’s response to sexual assault is continuous evaluation. Think of further evaluation as “check ups” to make sure the system is running smoothly. If you conduct regular evaluation, you can identify and address problems more quickly, before they become major crises. You can see if cases continue to make it to the final stages of the prosecution process or if they tend to drop out more quickly and if they drop out, you can identify why.

One way to work program evaluation into routine SANE operation is to conduct the evaluation in this Toolkit on a regular basis. By adding cases and their outcomes every year or two years and reanalyzing the information you have collected, you can keep an eye out for further changes in prosecution rates. Another way that some programs conduct continued evaluation is to work with volunteers or an outside evaluator to design future evaluation efforts that would be particularly useful to your program in monitoring and understanding the impact of your community’s response to sexual assault.

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## **APPENDICES**

**APPENDIX A:**  
**NATIONAL PUBLISHED RATES OF SEXUAL ASSAULT CASE**  
**PROGRESSION THROUGH THE CRIMINAL JUSTICE SYSTEM**

	Studies of Communities Without a SANE Program	Studies of Communities With a SANE Program
Percentage of Cases Warranted Out of All Reported Cases	34% (Campbell et al., 2008)	42% (Campbell et al., 2008) (Note that this community also had higher rates before the SANE program was implemented)
Percentage of Cases Prosecuted Out of All Reported Cases	16% (Frazier & Haney, 1996) 17% (Galvin & Polk, 1982) 18% (Chandler & Torney, 1981) 38% (Crandall & Helitzer, 2003)*	50% (Crandall & Helitzer, 2003)* (Note that this community also had higher rates before the SANE program was implemented)
Percentage of Cases Successfully Prosecuted Out of All Reported Cases	7% (Galvin & Polk, 1982) 12% (LaFree, 1980) 12% (Frazier & Haney, 1996) 17% (Chandler & Torney, 1981) 24% (Campbell et al., 2008)	29% (Campbell et al., 2008) (Note that this community also had high rates before the SANE program was implemented.)

\* Crandall & Helitzer reported on the number of cases that were presented to grand jury and presented to district court, which we classified as the number of cases that were prosecuted.

## **APPENDIX B:** **TIPS FOR WORKING WITH AN OUTSIDE EVALUATOR/RESEARCHER**

A good evaluator should:

- understand the dynamics of rape
- understand the work of SANE programs
- share your values/philosophy/perspective on the issue (e.g., treating survivors with dignity and respect, believing in the importance of empowerment, etc.)
- care about the well-being of survivors and have ideas for protecting their safety and privacy
- have a plan to obtain Institutional Review Board (IRB) approval when appropriate. (IRB approval is not required for some internal evaluations but may be required if you and the evaluator want to present, publish, or disseminate your findings).
- value the perspective and participation of survivors in the evaluation of your program
- be willing to plan and adapt an evaluation/research project in such a way that it will be useful to your program
- encourage your involvement (and the involvement of other community partners as appropriate) in the evaluation/research project
- value your feedback on the evaluation plan and take your recommendations seriously
- provide you with information about the evaluation process
- have a plan for sharing the findings of the evaluation with your program
- be willing to work with your program to utilize the findings of the evaluation
- offer you the opportunity to provide feedback and give approval for any grant applications, conference presentations, and publications
- offer you shared authorship on conference presentation and organizations
- protect the privacy/confidentiality of your organization



**APPENDIX D: INFORMATION COLLECTION TABLE**

Patient's Last Name	Patient's First Name	Complaint Number (if known)	Date of Exam	Case Outcome
				_____ Not warranted _____ Warranted, but later dismissed _____ Pled/Plea Bargain reached _____ Trial/Acquittal _____ Trial/Conviction _____ Unknown
				_____ Not warranted _____ Warranted, but later dismissed _____ Pled/Plea Bargain reached _____ Trial/Acquittal _____ Trial/Conviction _____ Unknown
				_____ Not warranted _____ Warranted, but later dismissed _____ Pled/Plea Bargain reached _____ Trial/Acquittal _____ Trial/Conviction _____ Unknown

## **APPENDIX E:** **ENTERING DATA AND CONDUCTING PERCENTAGES IN EXCEL**

### **Entering your Data**

Entering your data involves two steps:

- 1) Assigning each of your cases a unique identification number to replace their names. This process is necessary to protect survivors' confidentiality and will remove their names from your lists.
  
- 2) Next comes **coding**. **Coding** is the process whereby you transform your information (currently in word form) into numbers so that it can be entered into a database and analyzed by a computer program.

#### **1) Assigning identification numbers**

Assigning an ID number removes your patient's name from the tables you are working with. This helps to protect patients' confidentiality and privacy. This way, you don't need to enter patients' names into your computer database. However, if you ever need to check the information that has been entered into your database, you still have a link between cases in the database and their case information in your information collection table.

### **TO DO**

On a separate piece of paper or in a new electronic file, enter the names of all the patients included in the evaluation, using your information collection table. Next to each name, assign a distinct ID number that is different from their patient record number. It helps if the ID number you assign is meaningful. For example, you may want to use the last four numbers of the patient's case number or the last four numbers of their social security number.

Once you are done with this ID list, it needs to be stored separately and locked up. If you created a computer file, print a copy, and delete the electronic version. Again, this helps to protect the confidentiality of your clients. Only those people with access to both files will be able to link their names with case information in your database.

#### **2) Coding**

To code the information you have collected, you need a **codesheet**. In a **codesheet**, you assign a numerical value to every possible response to an evaluation question. Then, you record the code, or the number that corresponds to the information you collected for each case. We have provided a codesheet for you to use for this evaluation at the end of this section (see page 139).

## TO DO

Using your information collection table and your ID list, enter each case into the codesheet. Enter the cases' ID number and the codes that correspond to that case's outcome. If you are conducting the pre-SANE post-SANE evaluation, complete one codesheet for pre cases and one for post cases.

### **Check your Work**

If your program has the time and resources, have another person separately code approximately 30% of your cases. Then compare their coding to the original coding; make sure that each case has the same code selected for each case in both codesheets. If you find any discrepancies, check your original information collection table to find out which response is correct. Fix any errors in your original codesheet. If you find a lot of errors and are concerned about the accuracy of your original coding, you should check more than 30%, perhaps all of your cases, again correcting errors as you find them. The original codesheet will still be the one that is used during analyses. The secondary coding is only used to ensure accuracy.

### ***Creating a Database***

If you are unfamiliar with using Excel, here are directions for creating a database. These tips were created based on MS Excel (99-2003). The steps may differ slightly if you are using a different version of Excel.

#### **a) Save and name your file.**

Open Microsoft Excel>>

File>>

Save As>>

Choose a location for your file (for example, My Documents or the Desktop.)>>

Enter a name in the File Name box (for example, prosecution\_rates)>>

Save.

#### **b) Password Protect your file.**

File>>

Save As>>

Tools>>

General Options>>

Enter a password in "password to open">>

Re-enter your password>>

Save>>

If "replace existing file" comes up, choose yes.

Make sure you keep track of your password. The computer will ask you for this password every time you open the file and you won't be able to open the file without it.

**c) Label your columns.**

- Your first row will be used to label your columns. Each subsequent row will be the data for one case.
- Type ID into the first column in the first row
- Type case outcome into the second column in the first row

**d) If you are doing the pre-SANE/post-SANE evaluation:**

- Each Excel file has multiple worksheets. They are represented by tabs that say "Sheet 1", "Sheet 2" and "Sheet 3". Right click on Sheet 1 and Label that PreSANE. Right click on Sheet 2 and Label PostSANE. Repeat steps a-c in the PostSANE worksheet.

**e) Using your codesheet, enter one case at a time into the database.**

- Enter your first case's ID number in the first column of the second row (labeled ID). Then, using your codesheet, enter the code for that case's outcome in the second column.
- So that you don't lose any of your work, you should save frequently. (Go to File>>Save) It is also recommended that you save your database in another place (for example, on another computer or on a zip or floppy disk that you lock up). This way, if your computer crashes, you don't lose all of your work
- If you are using the pre-SANE/post-SANE design, enter the pre-SANE cases into the PreSANE worksheet and the post-SANE cases into the PostSANE worksheet.

**f) Check your work for errors.**

This step helps you check how accurate you were when you entered your information from your codesheet into your database. Go through your database and look for numbers that don't belong, that is, numbers other than the ones you used as codes. In our codesheet, only 1-5 and 99 are numbers that were used as codes. If you find a 6 or an 11, you would need to go back to your codesheet to find the correct value and enter the correct number into the database.

If you have the staff time, you may want to have someone else (other than the person who did the original entering) take your codesheet and check the accuracy of approximately 30% of the cases in your database. If you find any errors, correct them in the database. If you find a lot of errors, you may want to check more of the cases, perhaps all of them. This is a strategy to make sure that your information was entered correctly.



#### **g) Remove cases whose outcome was unknown**

Generally, it is most useful to calculate percentages based on the total number of cases that have a known outcome. Therefore, save your working file as a new file again (e.g., “prosecution rates\_analyses\_no unknowns”) and delete all of the cases that have a code for unknown, in our codesheet, all of the 99’s.

### **Calculating Percentages**

#### **Step 8a: Creating a Working Database**

Soon, you will be able to conduct frequencies and percentages in Excel, using the information that you entered into your database. First, to protect your work, you will want to begin by creating a working database. A working database is a duplicate database that you will use solely for conducting analyses. Having a separate database for conducting your analyses protects the integrity of your work. If you accidentally change your working database during analyses, you can always go back to your original database to find the correct information rather than having to re-enter information from your codesheet.

Here are the steps for creating a working database:

- 1) Open your original file
- 2) Save as a new file name  
File>>  
Save As>>  
Enter a *different* name in the file name box (for example, prosecution\_rates\_analyses)>>  
Save

#### **Step 8b: Prepare your database for analyses.**

- 1) Download the Excel Analysis ToolPak  
Go to Tools>>  
Add-Ins>>  
Make sure the “Analysis ToolPak” box is checked>>  
Select “OK.”
- 2) Insert a “bin” column. This tells the computer the possible codes for each evaluation question.
  - Label the third column in your database “bin” (that is, type “bin” into the first cell of each of your new columns.)
  - In this column, type all the possible codes, one code per cell. For this example, you would type 1,2,3,4, and 5.
  - Note the location of your bin column. This is denoted by the letter of the column and the numbers of the rows that contain the values you entered.

If your bin column is C, and the codes are in rows 2 through 6, you would note C2:C6.

- If you conducting the pre-SANE/post-SANE evaluation, complete this step in both worksheets.

## **Step 8c: Conducting Frequency and Percentage Analyses**

**Chart a Histogram.** (A histogram is used to display frequencies.)

Go to Tools>>

Data Analysis>>

Under “Analysis Tools” scroll down and select Histogram>>

Select “OK”.

A histogram box will appear.

*Under “Input”:*

- In the input range enter the location of the information for the question you want to analyze, in this evaluation, the location of the case outcome data>>
  - This is denoted by the letter of the column and the row number of the first and last cell that contains case information for that question. (For example B2:B98)
- In the output range enter the location of the values in your bin column, which you wrote down in the previous step>>
  - If you used our codes, it would be C2:C7.
- Leave labels blank.

*Under “Output options”:*

- Select New Worksheet Ply. (Selecting New Worksheet Ply will place your histogram in a new worksheet within the same file.)>>
- Select “Cumulative Percentages.”>>
- Select “OK.”

### **Label your Output (Aka your results)**

- You may need to increase the width of your columns in order to view all of your results.
- Insert a new column at the beginning of the worksheet containing your histogram results.
- In the first cell of the new column, type case outcome.
- Beneath this label, type the responses that correspond to each of the codes in the bin column (for example, next to 1 type in not warranted, next to 2 type in warranted, but later dismissed, etc.)
- This output gives you cumulative percentages- it does not give you your final results. Each cell shows you what percentage of cases had that outcome or any of the outcomes in the rows below. The next section enables you to calculate for each response, the actual percent of cases with that response.

### **Calculate Percentages**

- In the same worksheet, go to the next blank column and type “percent” in the first row.
- Copy the first value from “cumulative percent” into the first cell under the new percent column.
- The next cell, C2 is it’s actual percentage, so it should be left alone. In next cell, C3 type “=B3-B2” and hit enter on your keyboard. This is the actual percentage for this row.
- Click in this cell again. Click on the small black box in the bottom right corner of the cell, and drag it down through the all of the remaining cells, except the last cell. These give you the percentages for the remaining rows. The second cell should still be left alone, the next should be B3-B2, the next should read B4-B3 and so on.

### **Check your work**

Click in the last row. Highlight the percentages that you have calculated. On the toolbar, choose the sigma symbol ( $\Sigma$ ), which stands for sum. If your work has been correct, your percents should add up to 100. If not, you need to go back and check your work for errors.

### **Name, Save, and Interpret your Results**

- Name your worksheet. We suggest using percentages or results. Save your database.
- If you are conducting the pre-SANE/post-SANE evaluation, complete this step for the pre-SANE worksheet, then again for the post-SANE worksheet. Make sure to label your results so that you can tell which are pre-SANE and which are post-SANE.
- Return to the body of the toolkit to compare your results to national norms or to compare pre-SANE and post-SANE data.



**Table 16: Codesheet**

ID	Case Outcome Code
	<p>_____ Not warranted = 1</p> <p>_____ Warranted, but later dismissed = 2</p> <p>_____ Pled/Plea Bargain reached = 3</p> <p>_____ Trial/Acquittal =4</p> <p>_____ Trial/Conviction =5</p> <p>_____ Unknown = 99</p>
	<p>_____ Not warranted = 1</p> <p>_____ Warranted, but later dismissed = 2</p> <p>_____ Pled/Plea Bargain reached = 3</p> <p>_____ Trial/Acquittal =4</p> <p>_____ Trial/Conviction =5</p> <p>_____ Unknown = 99</p>
	<p>_____ Not warranted = 1</p> <p>_____ Warranted, but later dismissed = 2</p> <p>_____ Pled/Plea Bargain reached = 3</p> <p>_____ Trial/Acquittal =4</p> <p>_____ Trial/Conviction =5</p> <p>_____ Unknown = 99</p>

### **APPENDIX F: FREQUENCY TABLE**

<b>Final Case Outcome</b>	<b>Number of Cases</b>
Not warranted	
Warranted but later dismissed	
Pled/ Plea bargain reached	
Trial/ Acquittal	
Trial/ Conviction	
Unknown	
Total Number of Cases	

<b>Final Case Outcome</b>	<b>Number of Cases</b>
Not warranted	
Warranted but later dismissed	
Pled/ Plea bargain reached	
Trial/ Acquittal	
Trial/ Conviction	
Unknown	
Total Number of Cases	

**APPENDIX G: PERCENTAGE TABLE**

<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (100)</b>	<b>Multiply by 100</b>
Not warranted			
Warranted but later dismissed			
Pled/ Plea bargain reached			
Trial/ Acquittal			
Trial/ Conviction			
Check your work/Totals			

<b>Final Case Outcome</b>	<b>Frequency/ Number of Cases</b>	<b>Divide by number of cases that you have information about (100)</b>	<b>Multiply by 100</b>
Not warranted			
Warranted but later dismissed			
Pled/ Plea bargain reached			
Trial/ Acquittal			
Trial/ Conviction			
Check your work/Totals			

**APPENDIX H: POST-ONLY TOTALS TO BE COMPARED TO RATES FROM NATIONAL STUDIES**

1. Percentage of Cases Not Warranted vs. Warranted.

**Percent of Cases**

	Not Warranted	Warranted
Your Totals	%	%

2. Percentage of Cases Prosecuted vs. Not Prosecuted

**Percent of Cases**

	Not Prosecuted	Prosecuted
Your Totals	%	%

3. Percentage of Cases Not Successfully Prosecuted vs. Successfully Prosecuted

**Percent of Cases**

	Not Successfully Prosecuted	Successfully Prosecuted
Your Totals	%	%

**APPENDIX I: COMPARING YOUR RATES FROM PRE- TO POST-SANE**

1. Was there a significant increase in the number of *cases that were warranted* from pre-SANE to post-SANE?

**Number/Frequency of Cases**

	Not Warranted	Warranted
Pre-SANE		
Post-SANE		

p-value \_\_\_\_\_

Statistically significant difference? \_\_\_\_\_

**Percent of Cases**

	Not Warranted	Warranted
Pre-SANE	%	%
Post-SANE	%	%

2. Was there a significant increase in the number of *cases that were prosecuted* (i.e., cases that made it to trial or plea bargain) from pre-SANE to post-SANE?

**Number/Frequency of Cases**

	Not Prosecuted	Prosecuted
Pre-SANE		
Post-SANE		

p-value \_\_\_\_\_

Statistically significant difference? \_\_\_\_\_



**Percent of Cases**

	Not Prosecuted	Prosecuted
Pre-SANE	%	%
Post-SANE	%	%

3. Was there a significant increase in the number of cases *that were successfully prosecuted* (i.e., cases that were resulted in a guilty plea or conviction a trail) from pre-SANE to post-SANE?

**Number/Frequency of Cases**

	Not Successfully Prosecuted	Successfully Prosecuted
Pre-SANE		
Post-SANE		

p-value \_\_\_\_\_

Statistically significant difference? \_\_\_\_\_

**Percent of Cases**

	Not Successfully Prosecuted	Successfully Prosecuted
Pre-SANE	%	%
Post-SANE	%	%