NIJ

JULY 04

A Resource for Evaluating Child Advocacy Centers

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NCJ 192825

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Acknowledgments

I would like to thank Jeremy Travis and Christy Visher for providing me with the opportunity to pursue work on this guidebook as a Visiting Fellow at the National Institute of Justice. I would also like to thank the Violence and Victimization Division within the National Institute of Justice, which includes Bernie Auchter, Leora Rosen, Cynthia Mamalian, Angela Moore Parmley, and Richard Titus, for their support of this project. I would also like to thank Debra Whitcomb, a former visiting fellow at NIJ, Marylouise Kelley in the Office for Victims of Crime, and the staff of the Office of Juvenile Justice and Delinquency Prevention for their substantive comments on earlier drafts of this document. I would also like to thank my husband, Thomas Hafemeister, and our son, Jackson Hafemeister, for hours of discussion regarding the guidebook and facilitating my commitment to this work. And I would like to thank my parents for their continued commitment to me. Additionally, I would like to thank Benjamin Murray and Nancy Chandler for their enthusiasm and commitment to this project. Finally, and perhaps most importantly, I would like to thank the Child Advocacy Center Directors, who contributed their valuable time and thoughtful perspectives on CACs. I am deeply grateful to them.

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Funding for this project is provided by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.

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Chapter 1: Introduction

Administrators of Child Advocacy Centers (CACs) must possess a number of skills, including knowing how to conduct an evaluation. This resource book, written expressly for CAC administrators, is designed to give administrators who have varying amounts of evaluation experience the knowledge they will need to conduct either one-time or ongoing evaluations. This manual can also be used by those who contract with an external evaluator; it will be helpful in educating external evaluators about the issues surrounding a CAC evaluation.

Evaluation is essential. It is the only way to ensure that a program is benefiting, not harming, the people it is designed to help (Thompson and McClintock 1998). There was a time when reducing the number of interviews to one was the ultimate goal of a CAC. Research has shown, however, that it is sometimes beneficial and necessary to interview children more than once (for example, by using the extended forensic assessment) (Carnes 2001; Carnes, Wilson, and Nelson-Gardell 1999; Myers, Saywitz, and Goodman 1996).

Some directors have said that creating an evaluation resource applicable to all CAC administrators would be unlikely because each center is unique. Indeed, some researchers have argued that when programs such as CACs are widely diverse, it is impossible to conclude from an evaluation of a sample of projects whether the program's concept is effective (Rossi, Freeman, and Lipsey 1999).

"We get focused on serving people and forget to step back and look at our program. You have to evaluate. It's not ethical not to evaluate."

CACs conduct their operations differently, but that does not preclude the development of a general evaluation manual. Indeed, results of a telephone interview with program directors revealed vast similarities among their centers' core components (Jackson 2004).

The evaluations presented in this book focus on the National Children's Alliance membership standards, excluding organizational structure. (CACs vary in their protocols regarding these standards.) These standards encompass seven core components (among others):

- Child-friendly facility.
- Multidisciplinary team.
- Child investigative interview.
- Medical examination.
- Mental health services.
- Victim advocacy.
- Case review.

One benefit of a CAC evaluation resource is that it introduces standard procedures and instruments, thereby producing consistency across evaluations. A standardized evaluation system, if adopted, would

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allow CAC administrators to do the following:

- Learn from each other about how to implement the various evaluation protocols.
- Learn from each other about which systems are working effectively for whom and under what conditions.
- Customize their evaluation.

"You need to be able to defend yourself. We need a way to answer against the backlash."

What Is Program Evaluation?

Definition

The term "evaluation" means different things to different people (Gunn 1987). This manual will use the definition outlined by Rossi and Freeman (1993, 5): "The systemic application of social science research procedures for assessing the conceptualization, design, implementation, and utility to answer basic questions about a program."

Types of evaluation

Three major types of evaluations are covered in this manual: program monitoring evaluation, outcome evaluation, and impact evaluation. Other types of evaluations not covered in the manual are described in appendix A: Brief Descriptions of Other Types of Evaluations.

Program monitoring evaluation. Program monitoring evaluation is the systematic documentation of key aspects of program performance that indicate whether the program is functioning as intended or according to some appropriate standards. For example, a program monitoring evaluation would be used to determine whether procedures for a child interview were appropriate.

Outcome evaluation. An outcome evaluation determines whether the program has met its goals. For example, an outcome evaluation will help determine the number of children receiving a child-friendly investigative interview.

Impact evaluation. An impact evaluation addresses the question: What is the effectiveness of the program? For example, an impact evaluation could determine what effect the child-friendly investigative interview process has had on children. Typically, impact evaluations must answer the question, "Compared to what?"

A comprehensive evaluation generally encompasses all three of these evaluation methodologies (U.S. Department of Health and Human Services 1996). Large-scale evaluations are not necessarily better than scaled-back evaluations (Scriven 1993).

Although it is possible to use one of these evaluations alone, evaluation methods are often combined. For example, to examine outcomes, a program's procedures will need to be evaluated to demonstrate that the program is providing services that are influencing outcomes. In fact, a program monitoring evaluation is essential for understanding and interpreting both outcome and impact evaluation results. Without program monitoring information, there is no way of knowing which aspects of the program were fully and properly implemented.

Evaluation steps

A typical evaluation will follow these general steps:

1. Select the evaluation team.

2. Decide on evaluation questions.

3. Decide on evaluation design.

4. Plan the evaluation.

5. Recruit participants.

6. Collect data.

7. Analyze data.

8. Write the evaluation report.

Evaluation is often thought of as a one-time event, but the evaluation process may need to be repeated to be sure any changes in the program are benefiting and not harming clients. Although potentially time consuming and costly, repeating an evaluation is the most effective method for determining if program changes are achieving their goal. Understanding programmatic change is vital. The following steps assist in determining the effects of changes made to the program:

1. Identify a problem.

2. Conduct an evaluation.

3. Interpret the results.

4. Make the necessary changes in the program.

5. Conduct an evaluation of the changed program.

6. Interpret the results.

7. Determine whether additional changes are necessary.

Repetition of this cycle may be needed to isolate the effect of change. Initial weak results in early findings may not necessarily indicate that the program's performance is poor. Rather, it may be an indication that further information is needed to determine why there is a problem in a particular area of the program.

How to Use This Resource Book

This resource book is designed to meet the general needs of all CAC administrators. Because the evaluation needs of CAC administrators vary widely, some sections and chapters in this volume may not be applicable for all users.

A telephone interview with CAC directors (see appendix B) found that 80 percent of the responding directors had never used an assessment manual. (Those directors who had used an evaluation manual had used manuals from evaluations conducted by Philadelphia's CAC, the United Way, court-appointed special advocates programs, and several other lesser known evaluation manuals). Yet 95 percent of directors believe an evaluation manual would be useful; 85 percent of interviewed directors reported elements they would like to see in an evaluation manual. The ideas suggested by directors served as the basis for this evaluation resource book.

> **"We need evaluation because the first thing everyone asks is 'How do you know it [the CAC model] works?' We need to have proof that it works."**

- Chapter 1 introduces evaluation concepts.
- Chapter 2 discusses the importance of evaluation and addresses benefits, barriers, and ways to overcome barriers to evaluation.
- Chapter 3 discusses the need for and how to assemble an evaluation team.

- Chapters 4, 5, and 6 provide detailed information on the three most common types of program evaluations: program monitoring evaluations, outcome evaluations, and impact evaluations.
- Chapter 7 discusses issues related to recruiting and retaining participants in an evaluation.
- Chapter 8 outlines essential issues to address before implementing an evaluation.
- Chapters 9 and 10 provide information on data collection and analysis.
- Chapter 11 discusses the primary components of an evaluation report.

The appendixes are designed to complement these chapters:

- Appendix A briefly describes other types of evaluations.
- Appendix B presents the findings from a telephone interview with CAC administrators.
- Appendix C contains sample measures to use in a program monitoring evaluation.
- Appendix D contains sample measures to use in an outcome evaluation.
- Appendix E contains sample measures and other resource information to use in an impact evaluation.
- Appendix F contains all the exhibits referenced in chapters 1–11.
- Appendix G is a glossary of terms used in this manual.
- Appendix H contains a list of scholarly references and other valuable resources for conducting an evaluation.

Directors who are conducting their first evaluation may want to start by selecting one specific topic before moving to more complex evaluations. Do not expect the first evaluation to be perfect. Many unforeseen obstacles will arise. The first evaluation will serve as a reference point for future evaluations.

This manual explains the evaluation process and how to plan it, and what to do with the data. It includes an array of forms and instruments that can be adapted by individual centers.

Administrators who need further information or who are unsure how to proceed can consider contacting their local university for assistance (see "Community and university partnerships," chapter 3).

Chapter 2: The Importance of Evaluation

Change often occurs in reaction to social problems. Changes within Child Advocacy Centers (CACs) are no exception. During the 1980s, a dramatic increase in the reported number of child sexual abuse (CSA) cases occurred, and the public became aware of the problem through the highly publicized McMartin Preschool case and other similar cases. The public viewed CSA investigations as another form of abuse, albeit system-induced abuse. In direct response to the criticism, the first CAC was developed in Huntsville, Alabama, in the mid-1980s. The Huntsville CAC and other new CACs attempted to redress the inadequacies of conventional case processing.

> **"I see our center benefits children and families, but there are doubters, so we have to be able to say this is what we do and the benefits we produce."**

In about 15 years, the number of CACs has grown tremendously—more than 400 CACs are now established and 211 more are in the planning stages.[1] Continuous funding by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) since 1993, as authorized by the Victims of Child Abuse Act, has contributed to the growth of CACs nationwide. In addition, the CAC network has become increasingly coordinated. The National Children's Alliance (NCA) (formerly the National Network of Children's Advocacy Centers) coordinates efforts among the CACs, provides resources, and produces national guidelines for the centers.

One of the goals of NCA is to reduce the amount of system-induced trauma children experience as a result of an investigation. For example, NCA recommends limiting the number of interviews to which children are exposed.

CACs are established to realize these goals, but whether they are succeeding has never been empirically tested.[2] A formal interview of CAC directors and an extensive literature search found only one published CAC outcome evaluation (Jenson et al. 1996). However, OJJDP has funded a national CAC evaluation, which is currently being conducted by the Crimes Against Children Research Center at the University of New Hampshire.

> **"Our major problem with evaluation was the response rate. We got back maybe 25 percent of the surveys, which gives us a biased perspective. It's really not very useful."**

Although most centers are not conducting formal evaluations, they are evaluating their programs informally. Informal evaluations may include personal client data, such as letters from children and parents who have used CAC services. This type of evidence suggests that the center is meeting the needs of the children. The

danger in relying on informal evidence exclusively is that it fails to reveal the effects of the center on the rest of the client population. Similarly, many centers are administering client satisfaction questionnaires in an effort to evaluate their program, but the low response rate of these surveys renders the results unreliable.

The Benefits of Evaluation

A CAC evaluation can benefit programs in numerous ways. An interview with CAC administrators found that 56 percent of directors believe evaluation can help them improve their program; 40 percent believe that an evaluation would be useful in documenting how they are doing; and 33 percent said it would help them obtain funding.

CAC directors identified the following benefits of evaluations:

- **Meeting children's needs.** Directors believe that serving children is their primary goal. The best way to determine how well children are being served is to ask them. An evaluation that includes children's responses helps assess how well the CAC is meeting its goal.
- **Promoting the program.** An evaluation can identify specific accomplishments that can be used to promote the program's public image in the community. Furthermore, promotions help to inform the community of the mission, how it is carried out, and the benefits from services provided.
- **Obtaining funding.** Evaluations show results, and these results can place a CAC in a better position to obtain funding. Data from evaluations can be used in grant proposals and presentations to funding agencies. This information is also useful in guiding annual budgets and justifying resource allocations.
- **Improving staff morale.** Staff members seldom hear from clients or others about their performance. An evaluation is an opportunity to provide feedback to staff and enhance staff morale.
- **Improving the program.** An evaluation identifies strengths and weaknesses and can suggest effective strategies for correcting weaknesses. In addition, evaluation information can help improve the staff's work performance by providing direction, identifying training and technical assistance needs, and recruiting talented staff and volunteers. Furthermore, evaluation information can be used to support annual and long-range program planning. The following examples illustrate how directors have used evaluation to improve their program:

  "We were looking at barriers to therapy. We found the main barrier was transportation, so we changed our protocol to include transportation."

  "We thought our center was child friendly, but we found out it was congested; it looked like a daycare center sometimes."

  "Through focus groups and interviews, some negative systemic problems were illuminated, which angered many people. The child abuse unit in the police department had never had a sergeant, but after the results of the study were disseminated, they got their own sergeant."

  "We were having trouble getting the team to case review each week. We did an evaluation and found we needed to modify our protocol. For example, we reintroduced the written agenda and that seems to have worked well to solve the problem."

- **Stimulating the community to make changes.** Evaluations are helpful in convincing a community to make changes. Holding an open house provides an opportunity to display evaluation results for the community to learn about program activities and the effectiveness of a program.

- **Enhancing interagency cooperation.** Illustrating a program's effectiveness can make the program more attractive to other regulatory agencies and can be used to bring aboard new partner agencies.

- **Deriving broader societal benefits.** Data obtained from individual evaluations may benefit the human services field in general. However, it is essential that the public be made aware of evaluation results to accomplish this goal.

- **Increasing organizational capability.** Evaluation information is also useful to focus the attention of board members and other stakeholders on programmatic issues.

- **Improving outcome measurement systems.** Evaluation reports are useful not only for outside funding agencies and community leaders, but also as tools for improving the program itself. Evaluation results may reduce the time and cost of ongoing program monitoring activities, such as data collection procedures and instruments, training of data collectors, and data entry procedures.

- **Enhancing accountability.** The Government Performance and Results Act of 1993 requires Federal agencies to identify the goals of their programs and report the degree to which those goals were achieved. Indeed, many Federal (and some State) block grants require performance measurement and reporting. In addition, nonprofit agencies such as the United Way are requiring performance measurement reports. This resource book gives CACs access to materials developed specifically for CAC administrators to facilitate accountability.

- **Meeting the challenges of a changing organization.** Incorporating the evaluation process into a program structure from the beginning gives the program flexibility, which in turn facilitates organizational survival. Some centers experience "growing pains" during early development years and may require considerable adjustment. An evaluation during a program's first year can be helpful in identifying problem areas. When a center has been fully operational for some time, the need to reexamine its goals and objectives is important. An evaluation at this stage of organizational development may be helpful in identifying what is working well and what needs adjusting.

Evaluation Motivators

The interview with CAC administrators (see appendix B) found that 53 percent of directors are conducting some type of program evaluation. Among these directors, 47 percent were conducting evaluations to improve their program; 22 percent were required by either a parent organization or their board to conduct an evaluation; and 20 percent were conducting evaluations to fulfill funding or grant requirements.

Directors identified several factors that would motivate them to independently begin an evaluation: 56 percent cited program improvement as a motivator for beginning an evaluation; 40 percent stated that an evaluation would be a means to document how the center is doing; and 33 percent said that conducting an evaluation would facilitate obtaining funding.

Evaluation Barriers and Responses

For a variety of reasons, many program directors are reluctant to begin an evaluation. The interviews revealed that directors believed a number of significant barriers exist to conducting program evaluations. Forty percent of the directors believed time was a major factor for not conducting an evaluation. Skill or knowledge of the evaluation process was a detractor for 22 percent of the directors. Lack of money, fear of results, and widespread lack of cooperation represented a barrier for 21 percent of the directors.

The following is a list of commonly noted barriers to conducting an evaluation, with rebuttals designed to alleviate concerns directors might have with conducting an evaluation:

- **Evaluations may make the program look bad.** Problems that are revealed by an evaluation should not be viewed as evidence of program failure, but should be taken as an opportunity to learn what needs to be changed to improve the program.

- **Evaluations divert resources away from the program.** Because evaluations provide information on what does and does not work, an important purpose for conducting an evaluation is to determine which aspects are economically feasible in light of the program options.

- **Evaluations cost too much.** There are four levels of evaluation costs. Low-cost evaluations typically involve frequency counts and satisfaction outcomes, but do not indicate success in attaining outcome objectives. Low- to moderate-cost evaluations involve changes in participants' knowledge, attitudes, and behaviors, but the evaluation cannot attribute changes to the program because a control or comparison group is not used. Moderate- to high-cost evaluations typically involve the use of a comparison or control group, but are limited to short-term participant outcome changes. High-cost evaluations include all of the above data, as well as knowledge of long-term outcomes (e.g., after participants have left the program).

  Money spent on evaluations is generally viewed as an investment in the program because knowledge is gained as to whether the program is benefiting the participants. Experts suggest that on average, an evaluation costs between 10 and 20 percent of the program's total budget. Limited funds do not preclude an evaluation. Costs incurred by conducting an evaluation may have to be offset through alternative funding methods.

- **Evaluations increase the burden for program staff.** The burden for conducting an evaluation should be evenly distributed. Indeed, evaluations provide useful feedback that can be used to learn about the needs of the program and participants, improve staff performance, and validate staff successes.

> "Evaluation comes across as an eight-legged beast."

- **Evaluations are too complicated.** The complexity of an evaluation depends on the type of evaluation being conducted. Program monitoring evaluations are relatively simple and systematize what most CAC administrators already do. Impact evaluations, on the other hand,

are complex and may require the assistance of evaluation professionals.

- **Performance standard setting is too difficult.** Evaluations make it possible to set standards of performance. Without evaluation information, performance standards are completely arbitrary.

Notes

1. Benjamin Murray, personal communication, April 3, 2002.

2. A multisite evaluation project has been implemented by the Crimes Against Children Research Center at the University of New Hampshire under the direction of Dr. David Finkelhor.

Chapter 3: The Evaluation Team

The most effective evaluations obtain input from a variety of sources (e.g., clients, staff, administrators), and this variety of input should be reflected in the diversity of the assembled evaluation team (Burt et al. 1997). An evaluation team should be formed prior to beginning an evaluation.

> "The way the information was revealed didn't empower anyone; people got defensive. I would do things differently next time by convening an Evaluation Advisory Committee."

Evaluation teams consist of individuals who will assist in planning and carrying out the evaluation and are involved in determining the following:

- What the purpose is of the evaluation.
- What type of evaluation will be conducted.
- Who will participate.
- When to conduct the evaluation.
- Where to conduct the evaluation.
- How to implement the evaluation.
- How to analyze and interpret results.
- How to produce evaluation reports.

> "Our staff has been cooperative because the clinical supervisor walked through the proposal with everyone and addressed their concerns right away."

Because of the variety and scope of duties involved, considerable thought should be given to selecting team members. United Way of America (1996) recommends that an evaluation team consist of five to seven individuals because a larger team may impede decisionmaking by having too many diverse opinions. A team that is smaller than this recommended size may become autocratic in its decisionmaking.

Because evaluations require expertise in several disciplines, it is helpful to create a working group of individuals with specialized training and experience, as well as members who will fill other specific evaluation roles. Such teams may be created from the following possibilities:

- **Someone with strong subject-matter background.** Directors with a background in child sexual abuse or in the multidisciplinary team approach.
- **Someone with quantitative competence.** A social scientist, perhaps the lead evaluator, with demonstrated quantitative skills.
- **Multidisciplinary team representative.** One of the multidisciplinary team members to provide agency representation.

- **Staff.** A staff member to be involved as early and as frequently as possible in evaluation planning, and provide input and cooperate with the project.

> "We have a volunteer research advisory board that provides consultation, guidance, and support services. Then we incorporate this information into our best practices."

- **Data collection personnel.** Individuals to act as liaison between the participants and the team. An assigned data collector could function in this role.
- **Persons to represent the qualitative and non-social-science aspects of evaluation.** Both primary and secondary users of the evaluation need to be considered, such as the board of directors, chief executive officer, program director, funding agent, staff, community groups, participants, other organizations, legislators, parents of victims, and task force members.

When it is decided to include an evaluation audience member, identify individuals who have the greatest interest in the evaluation results and identify what their interest might be. Representatives of this group must have been part of the evaluation design to ensure that the evaluation results are considered legitimate by the audience.

Because some Child Advocacy Centers (CACs) are funded by the legislature or have the support of prominent community and political leaders, many directors indicated concerns about the political ramifications of an evaluation. When this is a concern, it may be useful to include individuals from these groups in evaluation proposal discussions or as evaluation team members.

Internal Versus External Evaluator

Any evaluation leader, whether internal or external, should possess evaluation expertise. Center discretion may be used to decide whether the evaluation team will be created before or after the team's leader has been selected.

The majority (71 percent) of administrators who are conducting evaluations indicated that they are conducting their own evaluation. However, 27 percent of the administrators interviewed would prefer that an external evaluator (e.g., university faculty) conduct the evaluation, and an additional 45 percent would prefer a combination of internal and external collaborators to conduct the evaluation. These percentages reflect a recognition of the need to consider including an external evaluator in the evaluation process. Exhibit 3.1 lists advantages and disadvantages of internal and external evaluators.

> "We prefer both an internal and an external evaluator. We would be able to include the questions that we believe are important. The outside person would have a different perspective and maybe think of things we didn't think of."

Ideally, evaluations are objective reports of a program. However, there is often enormous economic, social, and psychological pressure to produce favorable evaluation results. An important reason for including an external evaluator is to prevent the bias surrounding data analysis results (Scriven 1993). Although it is necessary to guard against bias, it is also important to remember that preference and commitment do not necessarily constitute bias. Evaluations funded by grants, for example, may find possible solutions to bias by determining whether the

funding agency has an office that administers independent contracts for conducting evaluations.

Collaborating With an External Evaluator

> "Our county administrator had a management company come in and do an internal evaluation of our center. We didn't want them to come at all, but it wasn't so bad after all and we learned some useful information."

Locating an external evaluator

To facilitate the search for an external evaluator, a detailed job description that describes what the evaluator will be expected to accomplish (Braskamp, Brandenburg, and Ory 1987), including the degree of involvement (such as level of project control, or partnership or advisory role), can be developed. When internal specifications for the evaluation process have not been determined, the description can be written to indicate that the evaluator will be responsible for assisting with the development of the evaluation design. Job descriptions will also be useful during the interview process to lead the discussion and select the most appropriate candidate.

> "We have a contract with an external evaluator [from a university] who is paid by another agency. We simply send them group data. Between all of the agencies involved, we are able to look at family connection, number of children revictimized, number of children involved in the juvenile justice system, number of pregnant teens, and domestic violence in our sample of children referred to the center."

The following sources might help locate an evaluator:

- Other CACs conducting an evaluation.
- Recommendations from other agencies.
- Local universities (faculty and graduate students).
- Professional associations (e.g., American Evaluation Association).
- State or local government planning and evaluation departments.
- Technical assistance providers (included in some Federal grants).
- The Internet.
- Public library reference resources.
- Research institutes and consulting firms.
- National advocacy groups and local foundations.
- Newspaper advertisements.

> "Any help that I can get for free, I take. We have no budget for evaluation. The university helps out where they can, and in exchange we give them access to data."

Community and university partnerships

A college or university can be an excellent source for locating an evaluator because some faculty will be interested in conducting field research in this area. Departments that may have interested faculty include public administration, public policy, psychology, human development, criminal justice, social work, and

sociology. It may be feasible to suggest an exchange of data, rather than fees for services provided by the faculty.

A few centers have built working relationships with university faculty and graduate students. These relationships can be mutually beneficial to both directors and researchers: Researchers possess the necessary evaluation knowledge and directors have indepth insights into their program.

> "We have an intern who helps us with the evaluation. The victim advocate is in charge of the evaluation, but the intern calls the families."

Some centers have expressed concern about hiring or working with graduate students and interns. A criminal background check can be performed on them, just as for any other employee of the center. This procedure has worked well for several centers.

Advertising in a newspaper

Advertising the evaluator position in a newspaper and soliciting applications is another alternative to a university or organization. The detailed job description written for the external evaluator position can be useful in crafting the advertisement. An advertisement should be specific and include any evaluation design criteria that have already been established by the CAC. A sample advertisement follows:

> **Evaluator Needed**
> Evaluator needed to conduct an outcome evaluation of the Child Advocacy Center in Metropolis, USA. Responsibilities include directing the team, designing an evaluation, collecting and analyzing data, and producing evaluation reports. Applicant must be able to work well in a team. Documented expertise and references required.

Interviewing potential evaluators

Whether solicited applications are received or faculty member collaborations are made, several potential areas of disagreement between administrators and evaluators need to be discussed before the partnership is made final. During the interview, the following issues should be discussed:

- Proximity of the applicant to the center.
- Philosophical compatibility between director and evaluator.
- Evaluator expertise and practical experience (a primary selection criteria).
- Evaluator's understanding of the evaluation context (e.g., the evaluator's comprehension of the environmental setting in which the evaluation takes place, such as a small CAC with a multidisciplinary team).
- How much information is to be collected and reported.
- In what form the information should be obtained.
- With what frequency the information should be collected.
- What level of reliability of information is acceptable.
- With what degree of confidentiality the information should be collected.
- Who owns the evaluation data.
- Who will author the evaluation report.

Many evaluators specialize in various areas of evaluation (Thompson and

McClintock 1998); for this reason, ensure that the evaluator is experienced in the desired type of evaluation (e.g., evaluating programs similar to your own) and that the evaluator will produce the type of information required. Evaluators should be familiar with each of these concepts, and a discussion of them can be one way to determine the evaluator's knowledge and ability to convey concepts to nonevaluators. The selected evaluator should always be evaluated (Scriven 1993); obtaining a second opinion is important.

Contracting with the evaluator

A contract is necessary for either a collaboration or external evaluator, and it should clearly state expectations for the evaluation (Morris, Fitz-Gibbon, and Freeman 1987; U.S. Department of Health and Human Services 1996). This can be accomplished by creating a contracted statement of work (SOW) (Gunn 1987). The expected roles and functions of the evaluator should be clearly defined before the evaluation begins. What will be accomplished and when it will be delivered, as well as the possible consequences for violating those expectations, should also be clearly defined. Because decisions are incumbent on timely evaluative information, stipulations for meeting deadlines should be included. The SOW should specify that an evaluation team will be selected and convened early in the planning phase of the evaluation; that periodic reports in addition to the final report will be required; and that any personnel changes must be approved to prevent "bait and switch" tactics (Gunn 1987).

Positive evaluation partnerships

This section provides examples of successful internal/external collaborative evaluation relationships. The characteristics of positive community-university relationships include having—

- University personnel on the CAC board of directors.
- A scientist on the board of directors who understands the value of research.
- An existing relationship between the director and faculty.
- Returns on the investment to the CAC, such as workshops or additional data collection that will be useful for the CAC.

The following anecdotes come from directors commenting on successful partnerships.

> "We have hired a woman from X University who helps us out. She used to work at the center. This is a joint effort. The practitioners are deeply involved in the process. We need the front-line practitioners, and the Ph.D.s can help guide our work. We exchange access to data for expertise and advice."

> "X took the initiative to contact us and has followed through and produced useful documents."

> "A public management student wanted to do an evaluation of our program as his school project, so it was free for us, although we had to work some things out. He conducted phone interviews with a cross-section of agency personnel. However, we were opposed to his sending out client surveys himself. Therefore, we selected 100 clients to send surveys to and placed some surveys in the waiting room (we got 30 back). He also wanted to sit in on therapy and the interviews and of course I objected to that. He wanted to see our records and witness daily activities and we just had to work around those requests. He

was professional and accommodating of our needs. It worked out beautifully."

Negative evaluation partnerships

Several reported experiences of internal/external collaborative evaluations were described as abysmal failures. Characteristics of poorly functioning community-university relationships include—

- Inability to agree on the research question.
- Unresolved confidentiality issues.
- Dissipation of the commitment to the center over time.
- Lack of new or useful information provided to the center.
- Difficulty contacting the faculty member.

The following anecdotes come from directors describing failed collaborative relationships.

> "One time an evaluation was sponsored by the police department, but the evaluator did not bother to consult with the police involved in the project."
>
> "X did an evaluation, but they didn't have any knowledge of our culture. It was a bad experience."
>
> "We had the cooperation of X, we had even done some preliminary planning, but they needed $15,000 to set up the evaluation, so until they get the money the project is on hold."
>
> "The outside evaluator didn't know about the team concept or child abuse. They did a good research job, but the evaluation only scratched the surface, and it cost too much."
>
> "X wanted to do an evaluation, but we couldn't agree on access to information and when clients could complete the forms without contaminating the criminal justice aspects of the case. We wanted to do it, and had several false starts, but it's complicated asking clients for information. It never worked out."

Evaluation Team Members' Responsibilities

Work on the evaluation purpose and design can begin after an evaluation team is assembled. Throughout the planning and implementation process, team members will be assigned to various tasks. It is imperative to inform the evaluation team of the inherent burden that an evaluation places on team members and on the program. The chart in exhibit 3.2 (see also the planning form depicted in exhibit 8.1) and the exercises below provide examples of the ways in which expectations, responsibility, and organizational activities can be defined and accomplished by the team (Gunn 1987; Shapiro and Blackwell 1987).

Evaluation Team Exercises

A working paper

One way to involve all players in the decisionmaking process is through a working paper that outlines the technical language and the process of evaluation, and that includes schematic drawings of the steps in the process. The working paper is presented to the evaluation team by the evaluator. The evaluator begins with informal lessons in evaluation research and moves step by step into mapping out considerations, options, and decisions.

The Delphi Method

The Delphi Method is another group activity to elicit information from group members (Gunn 1987). The meeting can begin with a discussion of the purpose of the evaluation and proceed to having the team generate and prioritize a list of potential factors that could impact the evaluation (e.g., environmental, financial, managerial, material, sociological). Member ideas from these sessions should be recorded. The same procedures can be repeated for the remaining aspects of the evaluation.

Create lists

Another useful exercise to facilitate team discussions is to create lists of activities that the team will need to address. Creating and using lists for discussion can also be incorporated into the exercises. The following list-making activities enable team members to appreciate the association between the CAC's activities and the program by providing an opportunity for each team member to express what he or she thinks is important about the program and by fostering discussion among other members (see also "Putting it all together: Building the logic model," chapter 5):

- Realistic project goals and corresponding activities that are expected to lead to particular outcomes.
- Project services and other activities.
- Background characteristics of clients that might influence the relationship between activities and goals, such as history of abuse or need for translators.
- Events or factors during or after program activities that could influence how or whether the project accomplishes its goals; one example is factors that may affect desired outcomes, such as strong ties to family.

Concerns and responses letter

During the planning phase, it may be beneficial to survey staff, agencies, and other relevant parties to determine their concerns and possible areas of confusion regarding the forthcoming evaluation. A formal letter (see exhibit 3.3) to those involved in the evaluation, coauthored by the director and the evaluator and approved by the team, can address those issues.

Chapter 4: Program Monitoring Evaluations

This chapter is a step-by-step description of a program monitoring evaluation. Program monitoring (also referred to as process evaluation) is the systematic documentation of key aspects of a program's performance that indicate whether it is functioning as intended and according to appropriate standards. (This resource uses the National Children's Alliance standards for membership as the standard.)

> **"To find out if the center is truly child friendly and less traumatic to children, we have to ask children."**

The primary purpose of a program monitoring evaluation (PME) is to determine the degree of discrepancy between the program as intended and as implemented. The evaluation describes how a program is operating and assesses how well it is performing its intended functions (Rossi, Freeman, and Lipsey 1999).

Program monitoring information may be based on surveys completed by staff at the Child Advocacy Center (CAC), the families served by the center, and the multidisciplinary team (MDT) members. These surveys describe the MDT's perceptions of the center's performance. This information will allow comparison between the staff's perceptions of what the agency is doing (and how well it is doing it) and the perceptions held by the CAC clients (families, the MDT).

Ideally, the families' or the MDT's perceptions of the CAC program and procedures will corroborate the staff's perceptions. If only the CAC staff complete the questionnaires, the results will yield some evidence of the program's strengths and weaknesses, but it will not be as strong or compelling as when there is corroborating evidence.

A PME includes these steps:

1. Define each kind of service available to clients. Among CACs, some services are standardized; for example, most CACs have a child interview component. However, each component has variations, for example: How much information does an interviewer have before conducting the child interview? Who conducts the child interview (someone on staff, police, Child Protective Services [CPS])? Therefore, describe in detail what a child interview entails.

2. Identify important events.

3. Indicate what should happen at each step. A flowchart of program activities, such as that shown in exhibit 4.1, can help identify important events and what should happen at each step.

4. Stipulate the desired achievement level. Define standards for success based on experience, performance of comparable programs, and professional judgment.

5. Specify the actual services provided. There may be some discrepancy between the services the agency intends to provide and the services actually provided. Implementation failure can occur in three ways: (1) no services are delivered, (2) the wrong services are delivered, or (3) the services delivered are not standardized (Rossi, Freeman, and Lipsey 1999).

   To determine the services provided to clients, consider using a form like the one shown in exhibit 4.2. List the activities in the far left column and specify the purpose of the activity. Each CAC employee should record the duration of each activity for each client.

6. Determine whether the agency is in legal, ethical, and regulatory compliance. Consult each State's statutes and policies.

7. Determine whether the agency meets the standards for all programs by comparing the actual performance with the defined standards.

8. Assess deviations from the ideal program. Discuss why they occurred and how they affect the center's goals.

Appendix C contains sample PME measures for six components and sample satisfaction evaluations for three audiences (parents and child clients, the MDT, and staff). The first sample evaluation ("Child-Friendly Facility Program Monitoring Evaluation") outlines all the considerations for a PME:

- The purpose of the evaluation.
- Participant recruitment.
- The number of participants needed.
- Participant eligibility.
- A recruitment script.
- When and where to recruit participants.
- Instruments to be administered.
- Who should administer instruments.
- When and how often to administer instruments.
- Where to administer instruments.

The remaining PMEs provide only information that is unique to that type of evaluation:

- Program monitoring evaluations (child-friendly facility, child interview, medical examination, mental health services, victim advocacy, and case review).
- Client satisfaction evaluations (MDT, staff, parent, and child satisfaction).

The corresponding measures can be found in appendix C.

Child-Friendly Facility Program Monitoring Evaluation

Purpose

The child-friendly facility component of a PME determines whether the agency meets the standards for a child-friendly facility. Do not hesitate to involve families in an evaluation of the program. CAC directors who have involved families in evaluations report that families have been very cooperative.

Participants

Number of participants needed. Rather than specifying a certain number of participants required for this evaluation, it is better to recruit all eligible individuals during a specified period of time (e.g., 6 months, every other month for 1 year, or some other timeframe) or randomly

> "We asked nonabused kids questions about our center. We conducted focus groups with junior high students."

select participants (e.g., select every fifth person referred to the CAC). Ensure that the staff are consistent and thorough in recruiting participants.

Participant eligibility. Eligibility to participate in the evaluation will depend on the type of PME. Selecting eligibility criteria will help focus recruitment efforts. For a child-friendly facility PME, potential participants include CAC staff, the MDT, parents, and children.

CAC staff. During the planning stages, alert staff of their evaluation responsibilities and obtain their consent to participate and their commitment to the evaluation. To avoid staff bias in completing questionnaires, give them complete independence and anonymity, without fear of retribution. This is obviously more difficult in smaller centers. Select staff who have consistent access to the facility, are paid employees of the CAC, and are knowledgeable about the CAC's child-friendly environment.

Multidisciplinary team members. The MDT has considerable exposure to the center; therefore, team members will be qualified to comment on the child-friendliness of the center. Invite those MDT members who have regular contact with the CAC to participate.

Parents or guardians. Centers are designed with parents in mind, as well as children. Therefore, invite nonoffending parents to participate.

Children seen at the CAC. Centers are designed for children; therefore, invite them to evaluate the child-friendliness of the center. Most directors (95 percent) report that they are willing to ask children questions about the center. Invite children who are under age 18, referred to the center for a child sexual abuse (CSA) investigation,[1] and reside within the CAC's jurisdiction.[2] Parental consent will need to be obtained for children to participate in the evaluation.

Community children. Consider inviting children from a local school to assess the center. Most directors believe that children will be honest in their appraisals and their feedback will be invaluable. Parental consent will need to be obtained for children to participate in the evaluation.

Participant recruiter. Someone will need to be in charge of inviting people to participate in the evaluation (i.e., recruitment). Decide during the planning stages who will invite individuals to participate and explain the study to them.

Recruitment script. Create a recruitment script to ensure that all recruitment efforts are similar. Think about what information individuals will need in order to make an informed decision about whether to participate (see "Confidentiality," chapter 7). This is a sample script:

> I understand what a difficult time this is, but we are hoping to improve our services for families like yours who visit our center. I have a questionnaire asking about your thoughts about our center that I would like you fill out [or "I have a few questions I'd like to ask you about our center"]. It will take you XX minutes and would be very helpful to us and to families like yours. Would you be willing to help us out?

Recruitment timing. When to recruit participants will depend on who the participants are.

CAC staff and the MDT. Introduce the idea of an evaluation and obtain the full cooperation of the staff and the MDT before beginning the evaluation, preferably during the planning phase.

Parents or guardians and children. Introduce the idea of participating in the evaluation when telling parents and children what to expect while at the center. Although they will complete the questionnaire at a later time, they will need some time to decide whether they are willing to participate. Never place families in an uncomfortable position by asking them to make an immediate decision.

Where to recruit participants. Where to recruit participants will depend on who the participants are.

CAC staff. CAC staff could be recruited at staff meetings, where everyone is together and the issues associated with an evaluation can be thoroughly discussed.

MDT. The most effective and efficient place to recruit the MDT is at case review, where most members are present.

Parents or guardians and children. Recruit parents and children in the waiting room or where the initial parent interview takes place.

Administering instruments

Instruments to be administered. Staff, the MDT, parents, and children may complete four comparable instruments to measure perceptions of the child-friendly facility. Instruments are located in appendix C.

Staff can complete the—

- Child-Friendly Facility: General Program Monitoring Questionnaire—Staff Form.
- Child-Friendly Facility: Specific Program Monitoring Questionnaire—Staff Form.
- Home Observation for the Measurement of the Environment (HOME).

MDT members can complete the—

- Child-Friendly Facility: General Program Monitoring Questionnaire—Multidisciplinary Team Form.
- Child-Friendly Facility: Specific Program Monitoring Questionnaire—Multidisciplinary Team Form.

Parents and guardians can complete the Child-Friendly Facility: General Program Monitoring Questionnaire—Parent Form.

Children can complete the Child-Friendly Facility: General Program Monitoring Questionnaire—Youth Form (modify this questionnaire to suit the age of the child).

Administration of instruments. Staff may administer the questionnaires to themselves. Someone else (e.g., the data collector) should be responsible for ensuring that staff members complete the questionnaires. Someone neutral (preferably not a CAC staff person or an MDT member) should administer the questionnaire to the MDT. Someone who does not work directly with the family should administer the questionnaires to parents or guardians and children.

How often and when to administer instruments. Typically, there will be a period of time during which the evaluation is taking place (e.g., a 5-month period). It is necessary to collect data from respondents only once because the evaluation is not designed to measure perceptions of the child-friendly facility over time. Parents, guardians, and children should complete the questionnaire after they have become comfortable with the center. For most families, this will be just before they leave the center; for parents it may be during the child interview. Staff and MDT members should complete the questionnaire at approximately the same

time, for example, near the end of the evaluation.

Location for administering instruments. Staff can complete the questionnaire anywhere at the CAC. The MDT can complete the questionnaire at a case review meeting. They may take it with them if they promise to return it promptly. Most centers have a waiting room where clients complete paperwork and wait for their child while the child is being interviewed. If the center typically sees one family at a time, it would be appropriate to have families complete the questionnaires in the waiting room, even if the questionnaire has to be read or interpreted for the family. If the center typically has many families in the waiting area, it still may be appropriate for them to complete the questionnaire in the waiting room if parents are able to read the questionnaire themselves.

If many families are in the waiting room and the questionnaire needs to be read to a family, it would be preferable to find a quiet, private location. However, some centers do not have that kind of available space. If someone needs to read the questionnaire to a parent, the parent can maintain privacy by writing answers on his or her copy of the questionnaire.

Child Investigative Interview Program Monitoring Evaluation

Purpose

The child investigative interview component of the PME determines whether the agency is meeting the standards for a child interview. Every CAC follows different procedures for conducting these interviews. Therefore, the first step should be to outline the procedures the center uses for a child interview.

Participants

Participant eligibility. Potential participants in this evaluation include child interviewers, children participating in a child interview, parents, and the MDT members who observe the interview (provided they observed the interview or participated in the preinterview conference and postconference planning of the interview). Because the child investigative interview ultimately is for the MDT members, as well as for the child, the MDT should participate in the evaluation of the child investigative interview program.

CAC child interviewers. Some centers have a number of child interviewers, other centers have just one, and still others have child interviewers from law enforcement and CPS. Select individuals who interview children at the center regarding CSA allegations.

Children. To obtain the perceptions of the children being interviewed, select children who are under age 18, were referred to the center for a CSA investigation, and reside within the CAC's jurisdiction. Parental consent will need to be obtained for children to participate in the evaluation.

Parents or guardians. Parents may be less informed about the child interview because they were not present. Nonetheless, they may be able to provide some perspective based on information they receive about the child interview or their perception of the child's anxiety surrounding the interview. Select nonoffending parents or guardians whose children were interviewed at the CAC for allegations of CSA.

When to recruit. When to recruit participants will depend on who the participants are.

CAC child interviewers. Child interviewers should be made aware of the evaluation during the planning phase of the evaluation.

Parents or guardians and children. The permission of parents or guardians to recruit children for the evaluation is needed. Depending on the age of the child, you might recruit parents and children together. Tell parents and children about the evaluation soon after they arrive at the center, even though they will not complete any questionnaires until later in their visit. This will give parents and children an opportunity to think about whether they want to participate.

MDT. The optimal time to recruit the MDT is during the case review meeting when all the MDT members are gathered together.

Administering instruments

Instruments to be administered. Five instruments that measure the perceptions of the child's interview are located in appendix C.

Child interviewers can complete the—

- Child Investigative Interview Program Monitoring Questionnaire—Child Interviewer Form.
- Child Investigative Interview Program Monitoring Questionnaire—Child Interviewer Form—Short Form.

Parents and guardians can complete the Child Investigative Interview Program Monitoring Questionnaire—Parent Form.

Children can complete the Child Investigative Interview Program Monitoring Questionnaire—Youth Form.

MDT members can complete the Child Investigative Interview Program Monitoring Questionnaire—Multidisciplinary Team Form.

Administration of instruments. The child interviewers can complete their own form. To maintain the child interviewer's distinct role, that person should not question the child or the parent about the interview process. However, the administrator of the questionnaire should be familiar with the child and parent(s). For the MDT, someone other than the child interviewer should administer the questionnaire to the MDT.

How often and when to administer instruments. This information is collected only one time, immediately following the child interview. Child interviewers should complete a questionnaire following each child interview. Children and parents can complete the questionnaire sometime between finishing the child interview and leaving the center. The MDT should complete a questionnaire after each interview for a specified period of time (e.g., 6 months), depending on the purpose of the evaluation. Another sampling strategy is to have the MDT complete a questionnaire after every fifth interview, again over a specified period of time.

Location for administering the instruments. Child interviewers can complete the questionnaire in their office. Parents can complete the questionnaires in the waiting room or in a private room, if one is available. Do not administer the questionnaire to children (or ask children questions about their experience) in the interview room, even if they are being questioned immediately after the interview. Take children to a neutral location where privacy is ensured to administer the questionnaire. To maintain children's confidentiality, do not question them about the interview process or the interviewer in the presence of their parents. Preferably, the MDT will complete the questionnaire at the CAC just following the child investigative interview. Therefore, the questionnaire can be completed by the MDT in the observation room or some other private room at the CAC.

Other types of child investigative interview program monitoring evaluations

Peer review of videotaped interviews. Several centers conduct peer review of videotaped child interviews. This method gives interviewers feedback on their interviewing skills, so they can continually improve those skills.

Child interviewer rating scale. Bernie Newman of the Department of Sociology at Tufts University is developing a rating scale to evaluate the interviewer. Contact Chris Kirchner at the Philadelphia CAC for more information; 4000 Chestnut Street, Second Floor, Philadelphia, PA 19104, 215–387–9500.

Medical Examination Program Monitoring Evaluation

Purpose

The medical examination component of a PME determines whether the CAC is meeting the standards for conducting a medical examination.

Participants

Participant eligibility. Potential participants in the medical examination portion of the PME include health care providers, CAC staff, children, and parents.

Health care providers. Select health care providers who conduct CSA medical examinations for the CAC, either onsite or offsite.

CAC staff. Recruit staff who deal with the medical examination in some capacity.

Children. To obtain the perceptions of children receiving a medical examination, select children who underwent a medical examination for CSA either onsite or offsite, are under age 18, were referred to the center for a CSA investigation, and reside within the CAC's jurisdiction. Parental consent will need to be obtained for children to participate in the evaluation.

Parents or guardians. To include parents of children receiving a CSA medical examination, select nonoffending parents whose child has received an examination.

When to recruit participants. When to recruit participants will depend on who the participants are.

Health care providers. Recruit health care providers during the planning stages of the evaluation. Include them in designing the evaluation to encourage their ownership of the evaluation.

CAC staff. Recruit staff during the planning stages of the evaluation.

Parents or guardians and children. Most centers conduct the child interview on one day and schedule the medical examination for another day. Inform parents of the evaluation during the initial meeting at the center, even though they will be completing the instrument on another day. This gives parents time to think about whether they want to participate. If possible, hand the parents a card that describes the evaluation. Remember to obtain parental consent for children to participate in the evaluation. (A few centers conduct the medical examination before the interview, and still other centers provide both services on the same day. A different recruitment method will be needed for these centers.)

Recruitment script. Recruitment scripts should be tailored to meet the concerns of each category of participant.

Health care providers. Acknowledge that this evaluation may be burdensome for them and that coordination may be an issue. Emphasize the importance of the evaluation.

CAC staff. Emphasize the benefits gained from an evaluation while acknowledging the added burden of an evaluation.

Parents or guardians and children. Before writing a recruitment script for parents and children, think about what information parents and children will need to make an informed decision about participating in the evaluation. Consider describing the evaluation to the parents, informing them that they will not be completing the questionnaire until after the medical examination, whenever it is scheduled.

Administering instruments

Instruments to be administered. Instruments to measure the perceptions of the medical examination procedures are located in appendix C.

Health care providers can complete the—

- Medical Examination Program Monitoring Questionnaire—Health Care Providers Form.
- Factors Associated With Reduced Stress Associated With a Medical Examination—Health Care Providers Form.

CAC staff can complete the Quality Assurance for Medical Examination Chart Review—CAC Staff Form.

Parents and guardians can complete the Medical Examination Program Monitoring Questionnaire—Parent Form.

Children can complete the Medical Examination Program Monitoring Questionnaire—Youth Form.

Administration of instruments. Responsibility for administering the questionnaire will depend on the participants.

Health care providers. Health care providers can complete their own questionnaire. Whoever is in charge of data collection will need to be vigilant in collecting the information from both onsite and offsite health care providers.

CAC staff. Staff can complete their own forms.

Parents or guardians and children. Medical personnel should not administer the medical examination component of the program monitoring questionnaire to parents or children. The administrator should be someone who is familiar with the parents and children.

How often and when to administer instruments. Each participant in the CSA medical examination should complete a questionnaire following the examination, as follows:

Health care providers. Health care providers should complete the questionnaire after conducting each CSA medical examination. Adopt procedures to ensure that the questionnaires are kept anonymous.

CAC staff. Staff should complete the questionnaire after conducting each CSA medical examination in which they are involved.

Parents or guardians and children. Parents and children can complete the questionnaire after the child's medical examination, whether the examination is onsite or offsite.

Location for administering the instruments. Where the questionnaire is

administered will depend on who the participants are and where the medical examination is conducted.

Health care providers. Health care providers can complete the questionnaire in their office.

CAC staff. Staff can complete the questionnaire in their office at the CAC.

Children. Some centers conduct medical examinations onsite, while other centers make referrals for medical examinations offsite. If families are referred to another location for a medical examination, make arrangements for children to complete the questionnaire at the remote location. Be sure children complete the questionnaire in a location other than the medical examination room, preferably in the absence of their parents.

Parents or guardians. If medical examinations are conducted at the center, parents can complete the questionnaire in the waiting room or in the medical examination room after the child has left the room. If families are referred to another location for a medical examination, make arrangements for parents to complete the questionnaire at the remote location. Parents should not complete the questionnaire while their children are present.

Second opinion software

Several centers use peer review for medical examinations. Some centers have software that allows physicians to send film containing medical results over the Internet so that other physicians can provide a second opinion. Others show the medical data to colleagues who provide a second opinion in person. However, physicians have noted that it is possible for the opinions of people who are doing these exams in one region to become meshed. Therefore, they suggest establishing interrater reliability by seeking review from physicians from other parts of the country.

Mental Health Services Program Monitoring Evaluation

Purpose

A mental health services PME determines whether the CAC is meeting the standards for providing mental health services or referring children and families to mental health services.

Participants

Participant eligibility. Potential participants for the mental health services portion of the PME include mental health professionals, children, and parents.

Mental health professionals. Invite those mental health professionals who provide therapy either onsite or offsite to CSA victims referred to the CAC to participate in the evaluation.

Children. To obtain the perceptions of children receiving mental health services, invite children who are receiving therapy for CSA, are under age 18, were referred to the center for CSA, and reside within the CAC's jurisdiction. Parental consent will need to be obtained for children to participate in the evaluation.

Parents or guardians. Invite parents who received a referral for their child's therapy from the CAC, have a child under age 18 referred to the center for allegations of CSA, are the nonoffending parent, and reside within the CAC's jurisdiction.

When to recruit participants. When to recruit participants will depend on who the participants are.

Mental health professionals. Arrange for mental health professionals to participate in the evaluation during the planning phase of your evaluation. Working with offsite therapists will require much coordination. Involve mental health professionals as early and as much as possible in the planning of the evaluation.

Parents or guardians and children. Whether the center provides onsite or offsite therapy, recruit parents and children while they are at the center, even though they will complete questionnaires at a later time. If possible, hand them a card they can take with them describing the evaluation. If mental health services are provided onsite, ask parents to think about the evaluation. When their child returns for the first therapy session, they can decide whether to participate in the evaluation. If mental health services are provided offsite, inform parents that they will be asked to participate when they arrive for their first therapy session.

Administering instruments

Instruments to be administered. Four instruments that measure individuals' perceptions of the mental health services are located in appendix C.

Mental health professionals can complete the—

- Mental Health Services Program Monitoring Questionnaire—Therapist Form.
- Therapeutic Intervention Program Monitoring Questionnaire—Therapist Form.

Parents and guardians can complete the Mental Health Services Program Monitoring Questionnaire—Parent Form.

Children can complete the Mental Health Services Program Monitoring Questionnaire—Youth Form.

Administration of instruments. Responsibility for administering the questionnaire will depend on who the participants are.

Mental health professionals. The mental health professionals can administer the questionnaires to themselves. The person responsible for data collection may have responsibility for collecting questions from mental health professionals.

Parents or guardians and children. Who administers the questionnaires to parents will depend on where therapy is taking place. If the services are onsite, someone at the center who is familiar with the family can administer the questionnaires to parents and children. It is more difficult to arrange the evaluation when services are provided offsite. Several CACs have arranged to have someone at the remote location administer the questionnaires. To maintain the therapist's distinct role, mental health professionals should not question parents and children about mental health services.

Location for administering instruments. Where the questionnaire is administered will depend on who the participants are.

Mental health professionals. Mental health professionals can complete the questionnaire in their office.

Parents or guardians and children. Parents and children can complete questionnaires in the waiting room where the services are being delivered, either onsite or offsite.

Other mental health services program monitoring evaluations

To track whether children are still in therapy, therapists can complete a monthly form noting which children referred from the center are still attending and their attendance record, which children have quit therapy prematurely, and which have completed therapy.

Victim Advocacy Program Monitoring Evaluation

Purpose

A victim advocacy PME determines whether the center is meeting the standards for providing victim advocacy services to parents and children referred to the center.

Participants

Participant eligibility. Potential participants for a victim advocacy PME include victim advocates, parents, and children.

Victim advocates. The eligibility of victim advocates depends on what model the CAC has adopted.

- *Onsite CAC victim advocate.* All victim advocates who provide services for families at the center are eligible to participate in the evaluation.
- *Offsite victim advocate.* If the victim advocates are located in another agency (e.g., prosecutor's office) but are involved in the center, include these individuals in the evaluation. However, if the victim advocates provide completely distinct services that do not directly affect the center, they may be excluded from the evaluation.
- *Onsite victim advocate and offsite victim advocate.* Some centers have both onsite and offsite victim advocates. Again, if the offsite victim advocates are involved in the center, include these individuals in the evaluation.

Parents or guardians. Include parents receiving services from a victim advocate. Select nonoffending parents whose child is under age 18 and was referred to the CAC for a CSA investigation.

Children. Whether it is appropriate to invite children to participate in the evaluation will depend on the center's procedures. If children participate, parental consent will need to be obtained. Include children who receive services from a victim advocate (or a child advocate), are under age 18, were referred for CSA, and reside within the CAC's jurisdiction.

When to recruit participants. When to recruit participants will depend on who the participants are and on when and where the victim advocate provides services to victims of CSA and their families.

Victim advocates. Obtain the commitment of the victim advocates to participate in the planning phase of the evaluation.

Parents or guardians and children. If the victim advocate provides services to parents and children only while the families are at the center, have parents and children complete the questionnaire while at the center. Invite parents and children to participate during the initial parent interview. If the victim advocate provides services throughout the process, invite parents and children to participate at some point during their initial visit to the center. If possible, hand them a card to take with them describing the evaluation and tell families they will be contacted at a later time about their participation. If the victim advocate provides services to families only after a decision to proceed to court, recruit families before they leave the center.

Administering instruments

Instruments to be administered. Three instruments that measure perceptions of the victim advocate's services are included in appendix C.

Victim advocates can complete the Victim Advocacy Program Monitoring Questionnaire—Victim Advocate Form.

Parents and guardians can complete the Victim Advocacy Program Monitoring Questionnaire—Parent Form.

Children can complete the Victim Advocacy Program Monitoring Questionnaire—Youth Form.

Administration of instruments. In assigning responsibility for administering the questionnaire, the victim advocate's role must be kept separate from the evaluation process.

Victim advocates. Victim advocates can complete their own questionnaire.

Parents or guardians and children. To maintain the victim advocate's distinct role in providing referral services and assistance through the court process to parents and children, the victim advocate should not administer the questionnaire to parents and children.

How often and when to administer instruments. Victim advocates, parents, and children should complete questionnaires as follows:

Victim advocates. Each victim advocate should complete a questionnaire after the family's first visit. If victim advocates have ongoing contact with families, then the victim advocate can complete a questionnaire after each subsequent contact or at periodic intervals.

Parents or guardians and children. If victim advocates provide one-time services, parents and children should complete the questionnaire during their first visit to the CAC, preferably just before leaving the center.

If victim advocates provide ongoing services, parents and children should complete the questionnaire during their first visit to the CAC and at specified periods thereafter (e.g., once a month, every other month). Base the frequency of these questionnaires on the center's average length of contact with families.

Location for administering instruments. Where the questionnaire is administered will depend on who the participants are.

Victim advocates. Victim advocates can complete the questionnaire in their office.

Parents or guardians and children. Where parents and children complete questionnaires will depend on the center's procedures. As a rule, however, parents and children can complete the questionnaire in the waiting room. For followup data collection, families may need to answer questions over the telephone.

Case Review Program Monitoring Evaluation

Purpose

The case review component of a PME determines whether the CAC is meeting the standards for case review.

Participants

Participant eligibility. Potential participants in the case review portion of the PME include agency representatives and CAC staff.

Representatives from affiliated agencies. Recruit representatives from each of the agencies affiliated with the CAC that attend case review meetings.

CAC staff. Recruit staff who attend case review meetings.

When to recruit participants. When to recruit participants will depend on who the participants are.

Representatives from affiliated agencies. Recruit MDT members during the planning stages of the evaluation. Include

them in designing the evaluation to encourage their ownership of the evaluation.

CAC staff. Recruit staff during the planning stages of the evaluation to ensure their buy-in and draw upon their expertise.

Recruitment script. Recruitment scripts should be tailored to meet the concerns of each category of participant.

Representatives from affiliated agencies. Acknowledge that this evaluation may be burdensome for them and that coordination may be an issue. Emphasize the importance of the evaluation.

CAC staff. Emphasize the benefits gained from an evaluation while acknowledging the added burden of an evaluation.

Administering instruments

Instruments to be administered. Instruments to measure the perceptions of the case review meetings and procedures are located in appendix C.

Representatives from affiliated agencies can complete the—

- Case Review Program Monitoring Questionnaire—A
- Case Review Program Monitoring Questionnaire—B
- Case Review Meetings and Procedures Questionnaires

CAC staff can complete the–

- Case Review Program Monitoring Questionnaire—A
- Case Review Program Monitoring Questionnaire—B
- Case Review Meetings and Procedures Questionnaires

Administration of instruments. The person who administers and collects the questionnaires should be a neutral and trusted individual.

Representatives from affiliated agencies. An individual who does not regularly attend case review should administer the questionnaires to the MDT members to maintain neutrality.

CAC staff. An individual who does not regularly attend case review should administer the questionnaires to the staff to maintain neutrality.

How often and when to administer instruments. Each participant in the case review component of a PME should complete the questionnaires as follows:

Representatives from affiliated agencies. MDT members initially should complete the questionnaire one time, evaluate the results, and determine how often thereafter to administer the questionnaire (e.g., quarterly, yearly). The purpose at this point is to get a snapshot of how the case review meetings and procedures are working.

CAC staff. Staff should complete the questionnaire on the same schedule as the MDT members.

Location for administering the instruments. Where the questionnaire is administered will depend on who the participants are.

Representatives from affiliated agencies. It is optimal for MDT members to complete the questionnaire at some point during the case review meeting when everyone is present. However, some members may prefer to complete the questionnaire in a private location. If this is the case, make firm arrangements for

the MDT members to return the questionnaire (e.g., at the following case review meeting).

CAC Staff. Staff can complete the questionnaire at the same location as the MDT members or in their office at the CAC.

Parent Satisfaction Program Monitoring Evaluation

Purpose

Although it is important to know whether the CAC is providing particular services to clients (i.e., through a program monitoring evaluation), their level of satisfaction with those services also matters. An easy way to link program services with outcomes is to use client satisfaction questionnaires, which are among the most common form of evaluation used by CAC directors.

Participants

Participant eligibility. Although centers are developed with children in mind, children and parents cannot be separated. Therefore, it will be important to obtain the perceptions of nonoffending parents (or guardians) who have a child under age 18 referred to the center for a CSA investigation and reside within the CAC's jurisdiction.

When to recruit participants. Recruit parents during their initial parent interview at the center, although parents will actually complete the questionnaire at some other time. This gives parents time to think about whether they want to participate in the evaluation and to experience the center before they comment on their satisfaction with it.

Recruitment script. Make the same recruitment speech to all potential participants, perhaps adapting the following sample script:

> I understand what a difficult time this is, but we want to be sure that we are doing the best possible job at the center. We have a survey that we would appreciate you filling out for us. We believe that this information will help us better serve families like yours. The survey will probably take you 10 minutes to fill out. Your help will be very much appreciated. We encourage you to provide negative comments if that is how you feel. We want to turn those negative comments into positive changes. This information will help us improve our services to families and receive funding for the program so we can continue to operate. Would you be willing to help us?

Administering instruments

Instruments to be administered. A number of possible parent satisfaction questionnaires are located in appendix C. These questionnaires have been developed and used by centers across the country. Select one that reflects the goals of your evaluation.

- Parents' Perceptions of the Medical Examination
- Parent Satisfaction With Mental Health Services—Five Questions
- Parent Satisfaction Regarding Prosecution
- Parent Satisfaction With Mental Health Services
- Parent Satisfaction With the Victim Advocate
- Parent Satisfaction—3-Month Followup
- Parent Status—3-Month Followup
- Parent Status—6-Month Followup

- Parent Status—1-Year Followup
- Parent Satisfaction Questionnaire
- Parent/Caregiver Survey
- Parent Survey
- Family Satisfaction With CAC Services
- Parent Satisfaction—Multiple Systems Form
- Parent Questionnaire—Initial Telephone Interview
- Parent Questionnaire—3-Month Followup Telephone Interview
- Parent Satisfaction With the Child Advocacy Center
- Parent Survey—11 Questions
- Evaluation of Services
- The Child Advocacy Center Parent Survey
- We'd Like to Hear From You
- Client Satisfaction Questionnaire (CSQ–18A)
- Client Satisfaction Questionnaire (CSQ–18B)
- Client Satisfaction Questionnaire (CSQ–8)

Administration of instruments. The person who administers the questionnaires to parents should not work directly with the parents.

When and how often to administer instruments. Depending on the purpose of the evaluation, this questionnaire may be administered one time or multiple times over a specified period of time. For example, if the CAC is interested in how parents' perceptions of the center change over time, collect data from families every other month until the case is closed. Trends in satisfaction will emerge, and staff will stay connected with the family throughout the investigation.

Location for administering instruments. Initially, this information can be collected from families while they are at the center. However, all subsequent interviews may be conducted over the telephone (see "Followup Contact With Families" in chapter 7).

Potential problems with parent satisfaction evaluations

Parents do not return forms. When parents take instruments home to complete, the greatest obstacle is ensuring that they return the questionnaires to the center. The best solution is to have parents complete the form before they leave the center and to obtain followup contact information from families at that time.

Parents confuse the CAC with other agencies. CAC directors are concerned that client satisfaction surveys are not valid. For example, parents may confuse the services provided by the center with the services provided by the various agencies represented on the MDT. One solution to this problem is to focus the questionnaire on services provided by the CAC. Also, if families complete the questionnaire while at the CAC, the visit to the center will be central in their minds.

Clients do not supply honest responses. A good evaluation requires honest responses from participants. Directors are concerned that families are reluctant to say anything negative about the center, perhaps because of fear that their comments may affect their case or because they have not had enough experience with the center. Some directors have tried to rectify this problem by emphasizing to parents that both their positive and negative

comments are necessary and that both kinds of information help the center to improve the services provided to families.

Multidisciplinary Team Satisfaction Program Monitoring Evaluation

Purpose

An MDT satisfaction PME determines the team's satisfaction with the CAC's services. Many directors consider the agency as also being of service to the MDT, not just parents and children.

Participants

Participant eligibility. All members of the MDT are eligible to participate, except for CAC staff. Most centers' MDTs include the following members:

- Law enforcement personnel (police, detectives, sheriffs).
- Child protective service workers.
- Prosecution staff.
- Medical personnel.
- Mental health professionals.
- Victim advocates.

When to recruit participants. Begin recruiting the MDT during the planning stages of the evaluation. Be sure to have one or two MDT representatives on the evaluation team to facilitate the cooperation of the MDT as well as to provide feedback on the evaluation design. It is important to have each team member complete an agency satisfaction questionnaire. Therefore, give the team ample time to become familiar and comfortable with the evaluation.

Recruitment script. All MDT members should hear the same recruitment script. The following sample script may be adapted:

> We think each team member is an essential component in what we do here. We want to ensure that we are meeting your needs, so we invite you to participate in our evaluation by filling out this questionnaire. If we find that we need to adjust our procedures, that is great. That is the kind of feedback we need from you. The questionnaire should take you about 15 minutes to complete. You will be able to complete the questionnaire here after case review, or you can take it with you and return it at the next case review meeting. The questionnaire will be anonymous. We are confident this evaluation will help us serve you better.

Where to recruit participants. The most convenient place to recruit the MDT is at case review, when all (or most) MDT members are together in one location. If your center does not engage in case review, then recruitment of the MDT may need to be done on an individual basis, perhaps when team members are visiting the CAC.

Administering instruments

Instruments to be administered. A number of MDT questionnaires are located in appendix C. These questionnaires have been developed and used by centers across the country.

- Multidisciplinary Team Questionnaire
- Multidisciplinary Team Survey
- Multidisciplinary Team (MDT) Member's Perceptions of the MDT

- Multidisciplinary Team Satisfaction
- Agency Satisfaction Survey
- State Multidisciplinary Team Evaluation
- Child Advocacy Center Agency Survey
- Multidisciplinary Team Questionnaire
- Child Advocacy Center Team Evaluation
- Child Advocacy Center Yearend Survey
- Mental Health Agency Satisfaction Survey
- Agency Satisfaction Questionnaire
- Agency Evaluation
- Survey of the Multidisciplinary Team Regarding Protocols
- Director and Staff Satisfaction Questionnaire

Administration of instruments. The person who administers and collects the questionnaires should be a neutral and trusted individual, preferably not an MDT member.

When and how often to administer instruments. How often the instrument is administered depends on the purpose of the evaluation. At a minimum, the questionnaire should be administered once a year to monitor the program. However, some centers may distribute it every 6 months to track progress during terms of rapid organizational change, while others may distribute it every 2 to 5 years to monitor the program.

Location and time for administering instruments. There are several options for administering the questionnaire. However, it is recommended that the MDT complete the survey at the close of a case review meeting. It may also be useful to provide an incentive—such as lunch or home-baked cookies—to encourage the MDT to stay and complete the questionnaire.

The questionnaire can be administered either before case review begins or after it ends. In either case, all or most of the MDT are present, ensuring that the questionnaires are completed and returned. Some team members, however, may be uncomfortable completing the questionnaire in the presence of their colleagues.

The questionnaires might be given out at the close of case review (so it does not detract from case review) with the request that questionnaires be returned at the following case review. This way, team members can complete the form at their leisure and in the absence of team members. However, there may be some delay in receiving completed questionnaires.

CAC staff satisfaction. The MDT instruments do not have a separate section to measure staff satisfaction with the director. However, a Director and Staff Satisfaction Questionnaire is located after all the MDT satisfaction instruments (see appendix C).

Child Satisfaction Program Monitoring Evaluation

Purpose

Knowing that an agency is providing particular services to children is not enough. The children's satisfaction with those services is also important. Therefore, this part of the evaluation determines children's satisfaction with the services provided to them by the center.

Participants

Participant eligibility. A PME involving children is complex, partly because one must obtain the parent's consent prior

to inviting children to participate in the evaluation.

Centers are designed to benefit children. Invite children to participate in the evaluation who are under age 18, were referred to the center for a CSA investigation, and reside within the CAC's jurisdiction.

Recruitment script. Great care must be taken when inviting children of different ages to participate in an evaluation. Write a script, or several scripts, perhaps adapting the following sample so it is age appropriate for each child:

> [Child's name], you've been working really hard here today and you've been doing a great job. There is one more thing I'd like to ask you to do. I'm trying to make sure that we are doing the best possible job here at the center for kids like you. To figure that out, I'd like to ask you some questions about your visit here. I just want to know how things were for you during your visit here—good or bad. This will take us just a few minutes. Would you be willing to help me out? It's entirely up to you.

When to recruit participants. First, parents must give consent for their children to participate in an evaluation. Therefore, parents should be asked about participation during the initial parent interview at the center. After they have given their permission, the children can be asked to participate. Wait to invite younger children to participate until it is time for them to complete the questionnaire (or answer oral questions). Older children can be told about the evaluation early in their visit and can give their formal assent just before completing the questionnaire. Always respect a child's right to refuse to participate, even if the parent gives consent.

Administering instruments

Instruments to be administered. A number of child satisfaction questionnaires are located in appendix C. These questionnaires have been developed and used by centers across the country. No single instrument is appropriate for all ages of children, making data analysis and interpretation more difficult.

- Child Satisfaction With the Prosecution
- Child Satisfaction With the Medical Examination
- Child Interview—Child Form
- Child Satisfaction With Child Advocacy Center Services
- Youth Satisfaction Questionnaire
- Child Questionnaire

Administration of instruments. The person administering the questionnaire should not work directly with the children. However, if possible, the person should be someone the child is familiar with to prevent the child from feeling anxious about interacting with another stranger. The questionnaire administrator could interact with the child in the playroom for a few minutes before administering the questionnaire.

When and how often to administer instruments. This information is collected only while the child is at the center. However, it might be interesting to obtain followup information to determine whether their perceptions of the CAC's services changed over time.

Location for administering instruments. Children should complete the questionnaires while at the center. Find a private, neutral location; the playroom may be distracting, and the child investigative interview room is inappropriate.

If at all possible, ask children questions in the absence of their parents.

Notes

1. Recruit only children who are referred to the center for a CSA investigation because these children are similar in some important ways (e.g., they have all alleged that sexual abuse has occurred), which increases the similarity of the sample and therefore increases the statistical power. However, if recruiting all children referred to the center, note which type of abuse they have reported (e.g., physical, sexual, emotional, witnessing violence); the findings may be analyzed by these different categories of abuse.

2. Occasionally a center will have a referral from a police department outside its jurisdiction, perhaps because it is a particularly difficult case. Because there may be something unique about the case, it is advisable to exclude these individuals from the evaluation.

Chapter 5: Outcome Evaluations

This chapter provides a step-by-step outline for conducting an outcome evaluation, which is the process of measuring whether a program has met its goals and can answer important questions about the program (Thompson and McClintock 1998).

Outcome evaluations are useful for financial planning, grant writing, and program monitoring. They are also good tools for validating program practices.

Steps in Developing an Outcome Evaluation

> "We decided to assess our program because we needed to know what to expect. There were no national data so we didn't know whether things were good, bad, or indifferent."

Developing an outcome evaluation entails six steps. The following sections provide a brief overview of each step followed by detailed descriptions:

1. Determine the goals.
2. Develop the objectives.
3. Identify procedures and processes.
4. Determine the outcomes.
5. Select the instruments.
6. Build the logic model.

Determine the goals

Outcome evaluation is, in part, the process of judging whether a program is achieving or has achieved its intended goals (Craig and Metze 1986). A clear determination of the program's goals is central to beginning this process and may be done collectively with the assistance of the members of the team. For goals to be useful, they should be specific. For example, rather than stating that the goal is to shorten the investigative process, the goal could be more concretely stated as decreasing the length of time between referral to the Child Advocacy Center (CAC) and the point when a decision is made about whether to prosecute the case.

Develop the objectives

Once goals have been determined, objectives can be developed. Objectives describe the knowledge, attitudes, and behaviors that the program intends to bring about. Constructing objectives involves writing operational definitions of the goals. The goals must be defined using terms and concepts that are observable and measurable. Defining concepts in operational terms can be one of the more difficult tasks encountered, but it is considered the hallmark of good research and evaluation.

It is important to develop goals and objectives so the program results can be verified. The program's goals and objectives form the foundation for selecting measures for the outcome evaluation and, hence, verifying results.

Two interim steps should be completed before specifying the outcome to be measured by the evaluation: identifying the procedures and identifying the processes needed to convert the program's procedures into outcomes.

> "Our greatest problem is we [the center and agencies] haven't agreed on the goals of the center—what is a positive outcome?"

United Way also provides excellent guidance on developing goals, objectives, and outcomes (United Way of America 1996). The following four points may be useful in creating clear objectives (Shortell and Richardson 1978):

Use strong action-oriented verbs. Use strong concrete verbs to describe the observable or measurable behavior that will occur, such as "increase" rather than the weaker, less specific term "promote." Strong action verbs include "to meet," "to increase," and "to find." Weaker verbs include "to understand," "to encourage," and "to enhance."

State only one purpose or aim. The aim describes what will be done. Even though a center has multiple objectives, write only one objective at a time, clearly stating a single purpose for each. This enables the evaluation team to evaluate each objective separately and thus enables the center to determine which objective it is meeting. Specifying two or more objectives simultaneously makes it difficult to determine whether the center has truly achieved its objective because some, but not all, of the objective might be achieved. For example, rather than stating that the objective is to increase the number of cases accepted for prosecution and thereby increase conviction rates, break these objectives into two clearly defined objectives. The first objective might read: to increase the number of cases accepted for prosecution from 10 to 15 over a 1-year period; and the second objective might read: to increase the rates of conviction of perpetrators from 3 to 5 out of 100 over a 1-year period.

Specify a single end product or result. Results describe evidence that will exist when the evaluation has been completed. As with specifying a single aim, specify a single result to clearly tie the result to the aim. For example, "to establish communication" is an aim rather than a result. Determine what constitutes evidence of communication in concrete terms (e.g., a telephone call, a meeting, a report); these are the results. If results are not specified, assessing success is difficult.

Specify the expected time for achievement. It is also useful to specify the timeframe for achieving an objective. "As soon as possible" is not specific enough. It is more useful to specify a target date or range of target dates, such as "between May 1 and May 30."

Identify procedures and processes

After the goals have been developed and the objectives defined, the next step is identifying the procedures needed to achieve the processes and outcomes.

Procedures, processes, and outcomes are related in the following way:

Procedures → Processes → Outcomes

Procedures are the program's activities that constitute the delivery of services. The procedures are chosen because they are hypothesized to produce changes in clients. How those changes come about is referred to as a process.

Processes differ from procedures in that processes usually occur within the client,

whereas procedures are observable actions of professionals and others who are trying to help the client (Yates 1996).

Outcomes are the result of services and are specified in terms of goals.

To develop an outcome evaluation, it is essential to examine the relationship between procedures, processes, and outcomes. For example—

> The CAC implements a program that involves having a specially trained interviewer interview children (procedure). Children who are interviewed by a specially trained interviewer are more comfortable and therefore experience lower levels of stress while being interviewed (process). Children with lower levels of stress provide a more complete account of the events (outcome).

For each of the stated goals, describe in detail the procedures in place to accomplish the goals. A good outcome evaluation requires a program monitoring evaluation to ensure that the procedures are implemented as intended.

Process involves how change comes about. To identify the process responsible for change, it is necessary to identify a theory and then construct if-then statements.

The importance of theory. According to Chen and Rossi (1992), evaluation should be driven by theory. Program theory is defined as the set of assumptions about the manner in which the program is related to the social benefits it is expected to produce and the strategy and tactics the program has adopted to achieve its goals and objectives. Thus, theory describes what you believe happens and why.

The following example demonstrates the importance of having a theory before the evaluation begins. Let's say there is a high incidence of child sexual abuse (CSA) in a particular jurisdiction. In response, a CAC is developed in the community. Five years later there is a large decrease in the incidence of CSA cases in that jurisdiction. What accounts for the reduction?

- There is a comprehensive method of processing CSA cases (i.e., the CAC).
- Cases are taken more seriously when they are reported (e.g., immediate response).
- Increased resources are available in the jurisdiction (e.g., revitalization or gentrification).
- Citizens are initially more likely to report CSA because they have learned there is a quick response to the problem.
- Unemployment has decreased in the jurisdiction.
- The individuals working on prevention programs in that jurisdiction are dedicated.
- The people working on these cases are more educated about the issue of CSA and therefore respond more effectively.
- There is greater publicity that CSA cases in the jurisdiction are being processed and prosecuted quickly and effectively, which may deter some perpetrators.
- The time from reporting a CSA case to prosecution has been shortened and thus fewer children are being victimized.
- The presence of the CAC in the community reminds potential perpetrators that CSA is taken seriously and therefore deters the perpetrator from offending against children (at least in that jurisdiction).
- More perpetrators are being sentenced, so fewer perpetrators are in the community.

A combination of these factors could be at work, so it is important to collect data on as many of these factors as possible in order to test the competing explanations.

If-then chain of events. Some predictions must be made about how the program's activities might affect the outcomes. This hypothesis should be a testable (i.e., definable, observable, and measurable) statement that specifies a possible relationship between different aspects of a problem (Craig and Metze 1986). A preferred method for developing a hypothesis is to construct detailed if-then statements (United Way of America 1996). For each specific goal component to be evaluated, create if-then statements. For example—

> **If** there is a case review, **then** team members will share information.
>
> **If** team members share information, **then** information distribution will be expedited.
>
> **If** information distribution is expedited, **then** the investigation period will be shorter.
>
> **If** the investigation period is shorter, **then** the length of time from receiving a report of CSA to a prosecutorial decision will be shorter.

The theory selected has important implications for what is chosen to measure. For example—

> **If** multiple interviews are theoretically viewed as a stressor to children, **then** reducing the number of interviews should result in children experiencing lower levels of stress. Therefore, to determine whether the number of interviews reduces children's stress, children's stress levels should be measured.

Determine the outcomes

Outcomes are the operational definition of objectives. Consider the following factors when developing outcome statements.

Indicators of outcomes. Indicators of outcomes must be observable, measurable, and unambiguous. They might include the number of events occurring in a specified period of time, the events themselves, or the number of questions asked of clients. For example, an indicator of parent satisfaction can be reflected in the answers parents give on a questionnaire about their perceptions of the center. An indicator of a speedy investigation might be the number of days between initial referral and a subsequent decision to prosecute.

> **"The Child Crisis Unit [law enforcement] compared statistics for Year 5 and Year 6. They found that arrests increased 73 percent and confessions increased 72 percent. They attribute this to the CAC team."**

Inferences based on research. If outcome indicators are unavailable, then existing research may be used to make inferences about outcomes. For example, if research shows that multiple interviews are stressful to children, and it can be shown that the CAC is conducting fewer child interviews per child, one might infer that children are experiencing lower levels of stress. However, such inferred evidence is not as strong as measurable indicators.

Immediate, intermediate, and long-term outcomes. To understand the entire process, consider outcomes that are immediate, intermediate, and long term.

The following is an example of a series of if-then statements that include immediate, intermediate, and long-term goals:

> **If** CSA cases are processed using the CAC's specially trained interviewers (input), **then** children will experience lower levels of stress than children whose cases are processed through a conventional criminal justice system (immediate outcome).
>
> **If** children experience lower levels of stress, **then** they will provide a more complete disclosure (immediate outcome).
>
> **If** children provide a more complete disclosure, **then** prosecutors will be more likely to accept the case and prosecute the alleged perpetrator (intermediate outcome).
>
> **If** the prosecution accepts more cases for prosecution, **then** children may have to testify. However, children with lower levels of stress may appear more competent while testifying (intermediate outcome).
>
> **If** children appear competent while testifying, **then** more perpetrators will plead guilty or be convicted (intermediate outcome).
>
> **If** perpetrators plead guilty or are convicted, **then** they will be less likely to abuse children again (intermediate outcome).
>
> **If** perpetrators are less likely to abuse children, **then** fewer children will be sexually abused (long-term outcome).

An evaluation may not include long-term outcomes, which is perfectly acceptable. The following steps are useful, nevertheless, for thinking through the problem:

Define parameters. Clearly define what responsibility and credit the CAC can take for various outcomes. To say that CSA decreased in a community with a CAC might be inappropriate if the CAC processed only 20 percent of the reported cases.

To say that a CAC is responsible for a communitywide reduction in CSA leaves the CAC open to criticism if the CSA rate increases because unemployment increases. Always define the outcome parameters in a way that allows only the CAC to be held accountable for the outcome.

Measure and include multiple outcomes. A program for child victims of sexual or physical abuse (i.e., the CAC) should have diverse procedures, targeted processes, and outcomes. Therefore, measure as many outcomes as is reasonable. Measuring the same concepts in multiple ways also permits the CAC to have greater confidence in the results.

Define success thresholds. In defining outcome success, Rossi, Freeman, and Lipsey (1999) recommend defining a "success threshold" for various services. Then, how many clients moved from below that threshold to above it after receiving CAC services can be reported. For example, a success threshold might be moving children 10 points on the Child Behavior Checklist rather than moving children from above to below the clinical level on the Child Behavior Checklist.

Specify outcomes at different levels. Outcomes may differ by level. For example, an indicator of success at the governmental level might include employment, the economy, and the political climate. An indicator at the family level might include parent satisfaction with the CAC's services. Both kinds of information can provide meaningful information for interpreting the results of the evaluation (see "Contexts," chapter 8).

Approximate goals. Goal approximation is another way to conceptualize outcomes. The goal approximation form in exhibit 5.1 facilitates the CAC's thinking in terms of a scale of possible outcomes, from negative to positive.

Select the instruments

Once the outcomes are identified, select instruments to measure those outcomes. Appendix D contains forms and questionnaires for measuring outcomes in the following categories:

- **Multidisciplinary Team**
  - — Child Advocacy Center Team Evaluations
  - — Key Informant Interview Questions
  - — Interagency Collaboration Questionnaire Forms
  - — Child Advocacy Center Team Meeting Assessment
- **Child Investigative Interview**
  - — Assessment of the Interviewer
- **Mental Health Services**
  - — Assessing Mental Health Services
  - — Mental Health Services—Therapist Form
  - — Form for Clinical Treatment Goals
  - — Treatment and Outcomes Survey
  - — Client Outcomes Reporting Form
  - — Initial and Discharge Diagnostic Assessment Form
- **Medical Examination**
  - — Assessing Medical Services
  - — Genital Examination Distress Scale
  - — Child's Perceptions of the Genital Examination for Child Sexual Abuse
  - — Parents' Perceptions of the Genital Examination of Their Child for Child Sexual Abuse
  - — Physician's Perceptions of the Medical Examination
- **Court Process**
  - — Children's Perceptions of Court-Related Stress
- **Case Tracking Forms**
  - — CARES NW Statistics Sheet
  - — Case Tracking Questions
  - — AWAKE Intake Report
  - — CARES Program Intake Information Form
  - — Georgia Center for Children Intake Sheet
  - — Child Advocacy Center Evaluation/ Case Tracking Forms (for Information Gathered by Child Protective Services (CPS))
  - — Child Advocacy Center Evaluation/ Case Tracking Forms (for Information Gathered by Law Enforcement (LE))
  - — Child Advocacy Center Evaluation/ Case Tracking Forms Worksheet Legal/Court Process (for Information Gathered by County Attorney)
  - — Georgia Center for Children Child Victim Fact Sheet
  - — St. Luke's Regional Medical Center— Prosecution Case Disposition Form

Putting it all together: Building the logic model

After completing all the steps described earlier, practice the steps by putting them into one cohesive package, called a logic model. A logic model guides the process of developing the outcome evaluation. A completed model is provided in exhibit 5.2. Completing a logic model offers the team an opportunity to examine the relationship between the CAC's activities and the program's outcomes. It is an excellent exercise for the entire team.

The logic model form has several headings, which are described in the following sections.

Background factors. Background factors are characteristics of people involved in the evaluation that may influence the relationship between program activities and goals.

Program activities. Program activities, similar to inputs, are the particular components of a CAC, such as the multidisciplinary team and mental health services.

Inputs. Inputs are activities that make up a particular program.

Outputs. Outputs are the activities that result from program activities.

External factors. External factors are events or factors that occur during an evaluation that may influence whether the program accomplishes its goals.

Immediate outcomes. Immediate outcomes are the results that occur in temporally close proximity to the activities, such as whether the case is accepted for prosecution. Including prosecution rates as an outcome requires patience because outcomes may not be available for quite some time (often 2 years after the child is initially seen at the CAC).

Intermediate outcomes. Often an intermediate outcome is necessary for a long-term outcome to be accomplished. Intermediate outcomes are results that occur between immediate and long-term outcomes, such as a conviction.

Long-term outcomes. Long-term outcomes are benefits that accrue to society when intermediate outcomes are produced and maintained for many people over substantial periods of time. Thus, long-term outcomes typically result after the individual has departed from the program. A long-term outcome might reflect that the number of prosecutions in a jurisdiction increases or that rates of CSA decrease in a given jurisdiction as a result of increased prosecutions.

Unintended or negative outcomes. When planning an evaluation, be aware of possible unintended or negative consequences of the evaluation. For example, the evaluation might affect populations that were not targeted (e.g., parents or offenders). Think about and note in the logic model the possible risks to other participants. The goal approximation form (exhibit 5.1) helps develop these ideas. Consider how to avoid or minimize the risks. It may be necessary to determine whether the risks are outweighed by the benefits gained from the evaluation.

Instruments. Indicate which instruments will be used to measure each outcome. Instruments may need to be created to measure particular outcomes that reflect the program's goals.

Sample outcome measurement framework

Similar to the logic model form is an outcome measurement framework form (exhibit 5.3). Use whichever form meets the needs of the evaluation team. The two forms have some differences, but they cover some of the same information.

Limitations of an outcome evaluation

Keep in mind the possible limitations associated with an outcome evaluation. The limitations should not deter centers from conducting evaluations; they are simply noted as issues to consider.

Failure to cover all important outcomes. If the outcomes selected for the evaluation are not appropriate or if they fail to cover all important outcomes, then efforts to improve the program based on this faulty information may prove detrimental. Therefore, take the time to carefully examine what the center wants to learn from the evaluation.

Corruptibility of indicators. It is human nature to want an evaluation to turn out favorably, and it is possible to manipulate the outcome indicators to make performance look better than it really is. Be aware of this tendency or use external evaluators to combat it.

Interpretation of results. Interpretations made out of context can be misleading and damaging. It is preferable to explain outcome data in the context of the program. For example, one program or activity might be considerably more difficult to implement than another, such as an onsite versus an offsite medical examination. Direct comparisons of the two services would be unfair.

Implementing an outcome evaluation

Once goals and outcomes have been determined, follow the steps delineated in chapter 4 on program monitoring.

The following is a brief synopsis of the steps for conducting an outcome evaluation (Scriven 1993). The first four steps have been discussed in this chapter in detail:

1. Determine the goals of the program.
2. Convert these goals into measurable objectives.
3. Operationally define the variables.
4. Find or construct tests that measure these objectives or determine thresholds.
5. Define and recruit the population to be sampled (chapter 7).
6. Run tests on an appropriate sample of your target population (chapter 9).
7. Use data synthesis techniques (statistics) to unify the results in order to determine whether or to what extent the program has met its goals (chapter 10).
8. Report the program evaluation results in terms of the program's success in meeting its goals (chapter 11).

Chapter 6: Impact Evaluations

This chapter introduces the methods used to conduct impact evaluations. Even directors who are working with professional evaluators will find this background information useful as they progress through the steps outlined in the second half of this chapter.

What Is an Impact Evaluation?

An impact evaluation answers such questions as "What is the effectiveness of the program?" or "What impact has the program had on participants?" Many Child Advocacy Center (CAC) directors are interested, for example, in knowing whether the cases processed through a CAC result in less system-induced trauma to children than traditional methods of processing cases. They also want to know the long-term outcomes of children served by a CAC. Although children's well-being is of paramount concern, CAC directors also want to know whether cases processed through a CAC using the multidisciplinary approach are better investigated than cases processed through the traditional methods (e.g., law enforcement). Answering questions such as these requires an impact evaluation (Rossi and Freeman 1993, 116–117).

Impact Evaluation Methodology

An impact evaluation compares program participants to nonparticipants with similar backgrounds on characteristics and experiences relevant to the evaluation (Rossi, Freeman, and Lipsey 1999). The comparisons are made so that causal statements can be made. For example, after comparing the levels of stress found in two groups of children alleging sexual abuse—those seen at a CAC and those not seen at a CAC—one can draw conclusions about the differences between the two groups and the reasons for the differences.

To better convey the complexities of comparing groups and how causal inferences can be made, the following section describes both the experimental and quasi-experimental methodology that form an impact evaluation.

Experimental designs

Experimental designs have two basic and related characteristics: random assignment of participants and use of control groups.

Random assignment of participants. "Random" is often considered synonymous with "arbitrary," and to some extent this is the case. In experimental designs,

random assignment occurs when participants are assigned to one group or another based on chance alone. (A random numbers table may be used to make assignments; see, for example, the one found at http://www.randomizer.org/form.htm). Thus, participants are randomly assigned either to the group of individuals who will receive the intervention (i.e., their case is processed through the CAC) or to the group of individuals who will not receive the intervention (i.e., their case is not processed through the CAC). Those who receive the intervention are called the "treatment group"; those who do not are called the "control group."

The underlying assumption of random assignment is that systematic differences between groups that might affect the outcome will be eliminated because each participant has an equal probability of being assigned to each group. Thus, if differences are found between the groups, the evaluator can be more confident that the differences are due to the CAC intervention rather than to some other cause.

The use of control groups. Control groups allow evaluators to make comparisons using such phrases as "better than" and "more than." The control and treatment groups should be equivalent in all important and relevant respects. For example, members of both must be alleged victims of child sexual abuse (CSA). The only important difference between them is whether they received CAC services; because the participants are equivalent on all other relevant characteristics, causal inferences can be made (i.e., differences between the groups are due to the CAC intervention).

Quasi-experimental designs

Experimental designs are the most rigorous methodologically. Many real-life situations simply do not lend themselves to this type of design, either for ethical or practical reasons. In such cases, quasi-experimental methods may be used. However, quasi-experimental designs are less methodologically rigorous than experimental designs. Quasi-experimental designs have two primary characteristics: nonrandom assignment of participants and use of comparison groups.

Nonrandom assignment of participants. Nonrandom assignment of participants means that individuals are not randomly assigned to one group or another, as they are in experimental designs. Membership in a group has nothing to do with chance. Rather, there are naturally occurring groups that existed prior to the study and thus are not the result of the intervention. For example, one group may consist of children's cases processed in a jurisdiction with an existing CAC and another group may consist of children's cases processed in a nearby jurisdiction through the police department because there is no CAC.

Comparison groups, rather than control groups. The term "comparison group" is used in quasi-experimental designs and the term "control group" is used in experimental designs to distinguish the difference in methodology. The term "comparison group" denotes the inability to ensure there are no differences between the two groups because participants are not randomly assigned. Although comparison groups are not as "pure" as control groups, they are useful in making comparisons with the treatment group. The treatment and comparison groups should be as similar as possible in all important and relevant aspects.

Two types of comparison groups can be used in quasi-experimental designs.

Simple comparison group design. As mentioned, the comparison group should be as similar as possible in all relevant

characteristics, with the exception of exposure to the intervention. Therefore, for a fully operational CAC, an appropriate comparison group would be a group of children whose cases are processed through the conventional criminal justice system (for example, in a nearby jurisdiction that does not have a CAC).

A potential problem with using a nearby jurisdiction as a comparison group (aside from obtaining the cooperation of the agencies in that jurisdiction) is that there may be some systematic difference between the two jurisdictions. For example, the neighboring jurisdiction may have a significantly higher unemployment rate or lower average income levels. Thus, any differences found between the comparison group and the treatment group may be due to factors other than the CAC's intervention (e.g., economic resources).

Pre-post design. In a pre-post design, the comparison group would be children whose CSA cases were processed before the CAC opened. Once the center opens, the treatment group becomes the children whose CSA cases are processed through the center. Thus, for a center that is still in the planning stages, a pre-post design is appropriate.

> "We did ask kids about their feelings about being here for a medical exam. We had a before-and-after questionnaire. When they walked in, they were scared and didn't want to be here. When they left, 97 percent said they'd come here for the post-exam."

The pre-post design reduces the potential systematic differences in comparison groups because all children come from the same jurisdiction. However, the majority of centers do not implement an evaluation prior to opening the center and thus most centers cannot use this design.

The case for quasi-experimental designs. Although quasi-experimental designs are less methodologically rigorous than experimental designs, they can yield credible estimates of the effects of ongoing programs. Quasi-experimental designs require strong theory and important assumptions about how people behave. Thus, evaluators who use quasi-experimental designs should think about the following issues:

- What will happen to the participants as a result of the intervention?
- What if-then statements is the evaluation using?
- Did the program have its intended effects? Was causality established?
- Were the measures focused on services provided?

Steps in Conducting an Impact Evaluation

Impact evaluations involve nine steps:

1. State the impact evaluation's objective.
2. Develop the questions the evaluation should answer.
3. Predict the outcomes (i.e., state the hypothesis).
4. Select the impact evaluation's design.
5. Select the treatment and comparison/control groups.
6. Recruit participants.
7. Consider the long-term impact.
8. Identify influencing factors (i.e., moderating variables).
9. Select measurement instruments.

Step 1. State the impact evaluation's objective

Developing the impact evaluation's objective is the first step. For example, an objective in developing a CAC might be "to reduce the amount of system-induced trauma that children would otherwise experience while in the criminal justice system."

Step 2. Develop the questions the evaluation should answer

Next, restate the objective as a question. For example, "Do children whose CSA cases are processed through a CAC experience less system-induced trauma than children whose CSA cases are processed through the conventional criminal justice system? How do these children fare in the long run?"

Step 3. Predict the outcomes (i.e., state the hypothesis)

After the objective is stated and the questions asked, the hypothesis needs to be clarified. For example: "Victims of CSA whose cases are processed through a CAC will experience significantly less stress (as measured by the Trauma Symptom Checklist) than children whose cases are processed through the conventional criminal justice system."

Making predictions that can be tested (i.e., forming hypotheses) is critical to research and evaluation because predictions force you and the evaluator to consider the relationships between variables, as well as the explanation for those relationships, before any data are collected.

Step 4. Select the impact evaluation's design

Decide whether to use an experimental or a quasi-experimental design. Given the ethical and practical considerations, most CACs will find that a quasi-experimental design is most appropriate.

Step 5. Select the treatment and comparison/control groups

Next, determine eligibility criteria and decide who will be selected for the treatment and comparison/control groups. For the treatment and control groups, select children who meet the following criteria:

- Referred to the CAC for a CSA investigation.
- Under age 18.
- Reside within the CAC's jurisdiction.

For the comparison group, selection will depend in part on which type of design is used.

Pre-post design using CAC children. If the CAC is in the planning stages, the center may be able to select a group of children whose cases are being processed through the current system or have been processed in the past, such as all children whose CSA cases were processed 1 year prior to the CAC opening. To do this, it is necessary to enlist the assistance of the multidisciplinary team's (MDT's) agencies to collect data on children whose cases were processed before the CAC opened. Although changes in procedures are probably already in progress (e.g., an MDT may already exist), comparisons may still be made. Some agencies may be concerned that a CAC is trying to make the existing systems look deficient by using children whose cases are processed through these various agencies. But given that these agencies have already agreed to develop a CAC, it may be easier to obtain their cooperation than if a CAC is not in the planning stages.

Nearby jurisdiction without a CAC. If the CAC is already operating, then a sample of children from a nearby jurisdiction without a CAC may be an appropriate comparison group. However, the various agencies may not be cooperative because the evaluation may be perceived as trying to imply their deficiency. Therefore, establishing a relationship with cooperating agencies will require the utmost sensitivity far in advance of the evaluation's start date.

Step 6. Recruit participants

Recruitment is discussed thoroughly in chapter 7 and reviewed briefly here.

Determine the number of participants needed. In a quasi-experimental design, a minimum number of participants are needed in both the treatment and comparison groups in order to conduct statistical tests of the difference between the groups. As a general rule, 20 participants are needed per group. A professional evaluator should conduct what is called a power analysis (Cohen 1992b). This is a method for determining how many participants are needed to detect differences between the groups.

Recruit other agencies. During the planning phase, obtain cooperation from the various agencies who will participate in the evaluation. It may foster cooperation to include agency representatives on your evaluation team. Depending on the center's relationship with the representatives of the partner agencies, the process might begin by enlisting the cooperation of supervisors and then explaining the evaluation to the line employees.

Begin planning the coordination effort early because it will take some time for the process to work smoothly. Although flexibility is desired, you should have a general coordination plan in mind prior to approaching the decisionmakers in each agency. A fairly well developed coordination plan should be in place before the evaluation effort is explained to the line employees. Ask for feedback from line employees and take their suggestions into consideration.

Coordinate with other agencies. There are several ways to coordinate the process of recruiting families from other agencies. For example, a victim advocate from the police department or in the Child Protective Services (CPS) agency may contact a CAC evaluation member (such as the data collector) when a CSA case comes into the department or agency. The CAC team member can go to the police station or CPS office to make the initial contact with the family. The center may want either the police officer or the CPS worker to introduce the data collector to the family so the family is assured of the evaluation's legitimacy. Although this is an ideal scenario, it is not always possible, so it may be helpful to develop an alternative procedure for recruiting families that fits the needs of various agencies.

Recruit families from other agencies. After a plan is in place to coordinate evaluation activities with the various agencies involved in the evaluation, the center may begin recruiting families from those agencies. As with all recruiting efforts, the center is required to follow ethical and legal mandates (see "Confidentiality," chapter 7). For example, participation must be voluntary, but offering incentives to participate is appropriate (Boruch 1997). Remember that the consent of parents must be obtained to ask children questions.

To ensure that recruitment is consistent, the center may consider developing a recruitment script. A standard script ensures that the center will include all the information that potential participants need to know, while also ensuring that all potential participants receive the same

information. Consider adapting the recruitment script in exhibit 6.1.

Step 7. Consider the long-term impact

According to Yates (1996), "What happens as a result of human service provision may be different from what happens after human service provision." Although it is possible to simply compare groups at the same point in time, the question most directors ask is whether the CAC helps children in the long run. Answering this kind of question requires long-term followup. This requires collecting information from both the treatment and the comparison/control groups during their initial CAC visit and at specific points of time in the future, such as 1 and 2 years after they leave.

How often participants are asked to complete the questionnaire depends on the center's adopted theory of change (see chapter 9). Chapter 7 describes methods to recruit families and stay in touch with them over time.

Step 8. Identify influencing factors (i.e., moderating variables)

Directors need to consider—and measure—a number of possible factors that could influence the effect the center has on children. Factors that influence the outcome are referred to as moderating variables—the relationship between two or more items that are influenced by another factor (Mark, Hofmann, and Reichardt 1992). For example, the relationship between CAC activities and child stress may be moderated by the relationship between the parent and the child. That is, children may experience lower levels of stress during the investigation when they have a positive relationship with their parent(s), whereas children may experience higher levels of stress during the investigation when they have a poor relationship with their parent(s), all other factors being equal. Thus, the CAC program may have less effect on children who have a positive parent-child relationship and a greater effect on children who have a poor parent-child relationship.

A number of influencing factors should be considered and measured, such as characteristics of the interviewer, characteristics of the child and family, and social support (Berliner and Elliott 1996). There are also socioeconomic and political processes beyond the control of the participants that affect children, such as social support, health status, and economic self-sufficiency. The following are some additional factors to consider collecting data on:

- Mother's support of the child.
- Type of abuse.
- Child's relationship with the alleged perpetrator.
- Mother's relationship with the alleged perpetrator.
- Mother's level of distress.
- The level of trust the child has with an adult.
- Child's level of depression.
- Time of disclosure.
- Child's coping style.
- Family's level of conflict.
- Family's level of cohesion.
- Degree of court preparation (stress inoculation).
- Demographic characteristics of participants, such as age, sex, ethnicity, educational level, household income, household composition (head of household, family structure), disability status,

prior work history, health status, criminal record, and employment status.

- Geographic location of participant's residence, such as neighborhood, political boundaries, ZIP Code, census tract, city, and county.

Step 9. Select measurement instruments

Appendix E contains several instruments for measuring child stress and trauma and influencing factors. Some are available only through a publisher and are described only briefly. Others are reproduced in their entirety. Select an instrument that is appropriate for the evaluation. Inclusion in this list does not imply endorsement. Please check each instrument for information on its validity and reliability.

Child stress and trauma impact evaluation questionnaires

- The How I Feel Questionnaire
- Child Anxiety Scale—Parent Form
- Family Stress Questionnaire
- Trauma Symptom Checklist for Children (TSC–C)
- Children's Depression Inventory (CDI)
- State-Trait Anxiety Inventory for Children
- Child Well-Being Scales (CWBS)
- Coping Responses Inventory—Youth Version
- Child Behavior Checklist (CBCL)
- Preschool Behavior Checklist (PBCL)
- Preschool and Kindergarten Behavior Scales (PKBS)
- Child Sexual Behavior Inventory (CSBI)
- Revised Children's Manifest Anxiety Scale (RCMAS)

Influencing factors impact evaluation questionnaires

- Children's Version of the Family Environment Scale (CVFES)
- Parenting Stress Index (PSI)—Third Edition
- Parent-Child Relationship Inventory (PCRI)
- Knowledge of Infant Development Inventory (KIDI) and Catalogue of Previous Experience With Infants (COPE)
- Conflict Tactics Scale—II
- Parent-Child Conflict Tactics Scale
- Exposure to Violence and Trauma Questionnaire
- Stressful Life Events Screening Questionnaire
- Family Adaptability and Cohesion Evaluation Scales (FACES III)—Family Version
- Family Environment Scale (FES)

Additional Impact Evaluation Considerations

Several other issues should be considered when planning an impact evaluation.

Eliminating conflicting explanations

There are often multiple explanations for why changes occur in the target population. Therefore, it is important to eliminate as many competing explanations as possible to be confident that the program itself

is responsible for the evaluation results. There are two conflicting explanations unique to impact evaluations: history and maturation.

History. History may be relevant if the comparison group is different from the treatment group prior to the evaluation. For example, it would be problematic if children from the comparison group had higher levels of family conflict than children in the treatment group because differences between the two groups could be due to family levels of conflict (i.e., history) and not the program. Therefore, if random assignment of participants to groups cannot be made, take steps to ensure that both groups are equal on important variables. This can be done statistically if measures of influencing variables have been collected (e.g., family conflict).

Maturation. Maturation may be relevant when events outside the program cause the intervention group to change while children are in the program. For example, if an investigation is lengthy, a child may have a greater understanding of the investigation over time simply because of cognitive maturity. Accounting for history and maturation will help eliminate conflicting explanations for the findings.

Preexisting characteristics

The concern here is that change in participants is due to the passage of time and not as a result of the CAC. One way to control for this type of error is to collect measures on characteristics that might change over time, such as age.

Timing issues

A preferred design is one in which information is collected from participants both before (or as) they enter the program, and after they leave the program. This design provides information about how participants were before they entered the program and after they completed the program.

Frequency issues

A strong design is one in which information from participants is collected multiple times, including after they leave the center, to understand the long-term impact of the program on participants.

Societal influences

Changes in existing laws, services, or public awareness may affect the evaluation's outcomes; therefore, more information on these factors may need to be gathered. For example, a new law may make it easier to convict perpetrators, allowing a more expedient prosecution of a child's case.

Selecting individuals to participate in the evaluation

Selecting (i.e., sampling) participants for the evaluation is always a difficult challenge but critically important because who participates in an evaluation can make a tremendous difference in the results. Who participates in the CAC evaluation should be less of an issue because all individuals referred to the center should be eligible for participation in the evaluation. However, a significant challenge that will need to be addressed (and that must be explained) is refusal to participate in the evaluation. Without explanations for why clients refuse to participate, results will not be reflected accurately and will undermine the final report. Therefore, documenting refusals and collecting basic information on them for comparison with the final group of participants is critical. Individuals may refuse to participate for a number of reasons, and it may be beneficial to consider

tracking their reasons. For example, participants may refuse to participate because of lack of interest, inconvenience, busy schedules, objection to the approach, objectionable topic, poorly worded questions, distrust, or dislike of the recruiter.

The need for program monitoring

Like an outcome evaluation, an impact evaluation typically requires a program monitoring component, because it is important to know how the existing system is being implemented, as well as how children respond to that system.

Chapter 7: Recruitment and Retention of Participants

This chapter provides information about recruiting and retaining staff, agencies, and families. A checklist at the end of the chapter contains a number of issues the evaluation team can discuss before beginning an evaluation.

Obtaining the Cooperation of Staff

Staff play a crucial role in evaluations; a successful evaluation depends on their cooperation. However, staff may express some resistance for the following reasons:

- Evaluations can increase their workloads.
- They may be concerned about possible negative results.
- They may be concerned that the evaluation will reflect negatively on them personally.

> "Law enforcement and CPS [Child Protective Services] feel stretched as it is. A change to a multidisciplinary team is a significant change."

To help ensure staff cooperation, involve them in the planning phase and throughout all other phases of the evaluation. The director may have to convince staff that the evaluation is necessary to improve the program and may need to adjust priorities to enable staff to contribute without feeling overburdened. Above all, staff must be given credit for their contributions to the evaluation.

Obtaining the Cooperation of the Multidisciplinary Team and Agencies

It is important to obtain the specific cooperation of the multidisciplinary team (MDT) members, as well as that of their agency's supervisors and directors during the planning phase of the evaluation to ensure cooperation. Once the evaluation has begun, staff from the partner agencies will have extra duties (e.g., completing questionnaires) that they may resist if they were not included in the planning phase. Therefore, the evaluation team should include a representative from the MDT and ensure that the agency supervisors and directors are aware of the MDT representative's participation in the evaluation.

The first task is to think about whose cooperation will be needed and to consider how the evaluation will impact those persons. The prospective collaborators should be informed about the following:

- Why the evaluation is being done.
- What will be gained as a result of the evaluation.
- What their involvement (if any) will be.
- The plans for the results.

"We need to be sure to include the multidisciplinary team in our evaluation planning because the centers are as much the team's as ours."

A starting point may be to secure agreement from the various team members' supervisors (Boruch 1997). Supervisors can stress to team members the importance of cooperating with the evaluation, give the team members the flexibility to cooperate, and if cooperation is lacking, provide some leverage to gain the team's cooperation.

A number of incentives can be offered to encourage team members to participate:

- **Intellectual justification.** Point out to potential partners that their participation will contribute to a better evaluation, better answers, and eventually a better program.
- **Stewardship.** Emphasize that the purpose of the Child Advocacy Center (CAC) is to facilitate and assist the MDT's respective agencies in coordinating their response to child abuse so that client vulnerability is reduced and their well-being is enhanced. In addition, offer potential partners the opportunity to help shape the evaluation that will eventually reduce clients' vulnerability and enhance their well-being.
- **Precedent.** If possible, point out the precedents for their agency's participation.
- **Compensation.** If possible, offer money to help defray the cost of their participation.
- **Training opportunity.** Evaluations offer participating agencies the opportunity to learn new procedures and better ways of operating.

Credibility is the strongest asset the CAC can use to gain the cooperation of the partner agencies. Cooperating agencies also will be interested in the history, conscientiousness, and prestige of the funding agency, if these exist; scientific productivity; and perhaps most importantly, willingness to invest time in negotiating a plan that works for all involved agencies.

Obtaining the Cooperation of Parents and Children

Determining who will participate

One of the first decisions to make is to determine who will participate in the evaluation because the type of participant will determine the type of evaluation. A pipeline study can help in this process. A pipeline study focuses attention on how many individuals, what types of cases, and when individuals should be included in or excluded from the study (Boruch 1997). For example, an evaluation that focuses on children being referred to the CAC might begin by tracking all reports of child sexual abuse (CSA) in the jurisdiction and then trace the process of how and when reports are made, how cases are diverted or discovered to be ineligible, and how eligible cases enter the criminal justice system and at what point in time. Qualitative components (such as administrative records, interviews, and case analyses) might be incorporated to produce a detailed description of what decisions are made, when, and by whom. Based on this information, the evaluation team can determine who is eligible to participate.

Determining who will recruit participants

One or two individuals should be given primary responsibility for recruiting participants so the team knows who is responsible and to prevent diffusion of responsibility. To adequately convey to potential participants what their involvement will entail, the recruiter should be very familiar with the evaluation and the CAC. This person should not, however, be someone who works directly with the family, although it may be someone on staff. It is advantageous if the staff member working with the family introduces the recruiter to them to legitimize the evaluation.

Compensating participants

For some aspects of the evaluation, compensation will not be an issue. For other aspects, monetary incentives may increase the level of participation. If the evaluation is funded through a grant, it may be possible to offer participants $5 to $10 for their time. It is preferable to phrase the remuneration in terms of compensating participants for their time rather than their responses. However, the decision to offer clients compensation should be made in collaboration with the MDT members. Encourage the MDT to think seriously about the implications of participant compensation for the case investigation prior to making this decision.

Recruiting participants

Regardless of the type of evaluation being conducted, collecting data from individuals will be necessary, and data collection will impose an extra burden on participants because it takes time to complete surveys. For this reason, it is important to have experienced and sensitive individuals recruit participants.

Developing a recruitment strategy

Develop a strategy to recruit parents and their children for the evaluation. Evaluation teams that have included former clients (parents of a victim) find that they can be helpful in developing a strategy to which families are receptive. If the evaluation team does not include a parent, other members of the team can talk with parents at the center about their willingness to participate (referred to as "pre-evaluation consulting"). This strategy will make clients feel that they have provided valuable input into the evaluation. In addition, the center can convey to families that their ideas have been incorporated into the strategy for recruiting participants. If ideas from clients need to be elicited in a more systematic manner, another option may be to conduct a focus group with families who have been through the center (see Krueger 1988).

When developing a recruitment strategy, factors such as language, culture, and literacy should be considered. For example, many CACs have minority and foreign-born clients for whom English is a second language (or who speak only a foreign language); some centers have clients with distinct cultural backgrounds; and some centers have clients who may be functionally illiterate. Each of these factors may affect how a center recruits participants. A center with a large population of foreign-speaking clients, for example, may need to enlist a bilingual staff member to recruit and administer questionnaires to these participants. Chapter 8 discusses cultural issues that evaluators should be sensitive to and chapter 9 discusses literacy.

Recruitment instructions

Recruiters should explain to participants:

- The purpose of the study.

- That confidentiality will be maintained.
- That other families have been consulted.
- That other families have willingly agreed to participate.
- What they will be asked to do.

Information about the evaluation must be provided to participants, typically written in an informed-consent form. Participants should be informed that although they agree to participate, they may elect to withdraw at any time (see "Confidentiality").

The appropriate attitude while recruiting is to be sympathetic but matter-of-fact. This attitude will increase cooperation from parents, children, and team members. Although recruitment may feel intrusive and awkward at first, it becomes easier to recruit potential participants with practice.

Recruiting at the center

One method for making recruitment easier for the recruiter is to write a script and rehearse it until it is almost memorized. Some recruiters find the process to be foreign at first, but the feeling quickly gives way to a relaxed approach that participants detect and willingly respond to (see exhibit 7.1 for a sample script).

Recruiting through the mail

If the evaluation entails recruiting participants after they have left the center, ask parents while they are at the center if they would be willing to complete a survey that would be sent to them after a certain period of time. The mailed survey should contain a cover letter describing the purpose of the study and what is expected of participants. Exhibit 7.2 is a sample cover letter that can be modified to reflect particular evaluations (Beauchamp, Tewksbury, and Sanford 1997).

Recruiting via the telephone

If the evaluation entails conducting telephone interviews with participants, notify parents while they are at the center. Avoid calling parents without prior notification. If, however, the evaluation team must contact families by telephone after they have left the center, send a postcard prior to telephoning to notify parents that they will be contacted soon. If possible, also send a copy of the interview before calling, so they will know what questions to expect. Exhibit 7.3 is a telephone recruitment script that can be adapted.[1]

Recruiting families at rural centers

Each center will have unique issues associated with its evaluation. Directors from rural centers have noted particular difficulty in getting families involved in group therapy, perhaps because rural families believe that small centers cannot protect their privacy. Special precautions may need to be taken to ensure the anonymity of these participants and to ensure that the MDT does not have access to their personal information. For example, a special pledge of anonymity may be designed to reflect the steps the center has taken to ensure anonymity, including the fact that no names appear on questionnaires.

Recruiting children with disabilities

Many directors have noted that a small proportion of their referrals are children who may be developmentally delayed or have a disability. Centers may be particularly interested in obtaining the perceptions of these children, and doing so may require making special arrangements. In some cases, communication with children

with special needs may require no more than simplifying the language used with them. However, this will not always be sufficient. Directors who have dealt with this issue have offered these solutions:

- Ask the clinical director to administer the questionnaire to the child.
- Talk to parents about how best to communicate with the child.
- Talk to the child's special education teacher regarding how to communicate with the child.
- Enlist a specialist to administer the questionnaire to the child.

> "The biggest challenge was followup, getting information from families. When court is over, they just want to get their lives back to normal, so they don't respond to letters or phone calls."

Followup Contact With Families

If the evaluation design calls for a followup component, families will need to be contacted after they leave the center. Families with a history of CSA are often difficult to contact after leaving the center. This can make it difficult to obtain followup information, but it is critical to do so. Loss of participants (referred to as "attrition") has a tremendous impact on results. It may reduce the evaluation's ability to detect differences between groups, or it may bias the results.

Therefore, it is important to take the necessary precautions while the family is still at the CAC to ensure future contact with them. Begin by asking parents if they are willing to be contacted in the future. A permission-to-recontact script can be used separately or in combination with an informed-consent form that contains a section about followup contacts (see exhibits 7.4 and 7.5).[2]

Collecting and maintaining future contact information from families

Either verbally or in the informed-consent form, ask parents for information about how to contact them in the future (referred to as "forward tracing"). Create a form that includes information that will be helpful in contacting families in the future. The following are some items to include on the form:

- Name.
- Address.
- Telephone number.
- Contact information for three or more friends or relatives.
- Current employer.
- Civic, professional, or religious organizations to which the individual belongs.
- Photographs.
- Permission-to-recontact statements.

Once participants leave the center, one way to maintain contact with them is by sending periodic communications, such as birthday cards and postcards, to let them know the CAC's staff members are thinking about them.

Locating families in the future

In spite of all best efforts, some families will be extremely difficult to contact. In such cases, the forward-tracing information may then become useful. Some

backward-tracing methods also may be successful, such as the following:

- Community resource networks.
- Current and former staff, directors, students, parents, and community leaders.
- School records, yearbooks, and directories.
- Public records, driver's licenses, marriage certificates, birth and death certificates, and voter registration records.
- Institutional resources, such as prisons, houses of worship, employers, mental health facilities, and police records.
- Welfare rolls.
- Mail, post office forwards, forwarding address requests, and forwarding by intermediaries such as parents.
- Telephone directories, standard directories, address/telephone directories, operator tracing.
- Neighborhood canvassing.

Followup schedules

If the evaluation design includes future contacts with families at specified time intervals, consider developing a schedule like exhibit 7.6 to organize followup activities. The schedule can be updated frequently to help organize this often confusing activity.

Confidentiality

Confidentiality is an important legal, ethical, and technical concept designed to protect research participants. There is a distinction between data collected for program improvement and data collected for research. In some States, informed consent is not necessary for program improvement but is necessary for research purposes. To determine if this distinction is applicable to your center, check your State's statutes.

Typically, to conduct research with human beings through a university, the research design and protocol must be approved by a governing body consisting of a number of university and community representatives. This governing body is referred to as an institutional review board (IRB). When a request for IRB approval is submitted, a formal review of the research design and protocol is undertaken.

Although CACs are not governed by an IRB, centers may wish to coordinate with a university IRB or to establish their own IRB to ensure that the design and protocol meet ethical and legal standards and to develop and implement procedures that protect the rights of participants. Regardless of legality, it is ethical to ensure the rights of participants.

Ensuring anonymity

To ensure participant anonymity, the measurement instruments should not contain the respondent's name or other personal identifying information. One way to preserve anonymity is to use a cover sheet on the survey instrument that contains the participant's name, the title of the evaluation, and an identification number. Each page of the survey itself should contain only the identification number without any name. When the participant has completed the form, the cover sheet can be detached from the survey and filed separately. Both cover sheets and surveys should be kept in separate locked drawers. Alternatively, if names are contained on the survey, the name should be removed when the survey is complete and replaced with a code (Gunn 1987). The director should take steps to ensure that persons who are not working with the data do not have access to it.

Confidentiality procedures

To ensure ethical propriety, develop a written informed-consent form that details the purpose of the study and the rights of the participants (Boruch 1997). The informed-consent form should tell participants the following:

- All features of the research that might influence their willingness to participate.
- That they are free to decline to participate or withdraw from participation at any time.
- That there are protections from physical and mental discomfort, harm, and danger. If a risk exists, participants must be informed of the risk and strategies taken to minimize it.
- That information obtained during the course of an investigation is confidential.
- How and where the data are stored.
- How long the data will be kept.
- Who has access to the data.

Participants should read the informed-consent form and sign two copies of the form prior to completing a survey or answering interview questions. Participants receive one copy and the researcher retains the other copy.

Sample informed-consent forms

Sample adult and child informed-consent forms and a youth assent form are provided in exhibits 7.7, 7.8, and 7.9, respectively (adapted from Bernie Newman at Tufts University).

Confidentiality training

Issues of confidentiality should be discussed in training sessions. Discuss the legal and ethical consequences of violating confidentiality for the program with the team members and consider having data collectors sign a pledge of confidentiality (United Way of America 1996). A sample pledge is provided as exhibit 7.10.

Recruitment Checklist

The following is a brief checklist of things that should be considered when recruiting staff, agencies, and families to participate in the evaluation:

- **Determine eligibility.** Determine and lay out conditions for participation in the evaluation.
- **Determine who will be responsible for recruiting participants.** Select one or two persons who are familiar with the evaluation requirements to recruit potential participants for the evaluation.
- **Develop incentives and ways to reduce or remove disincentives.** A number of things can be done to increase the likelihood that individuals will participate in the evaluation. Consider providing financial incentives; reduce the burden of responding by using administrative records rather than personal interviews when possible; minimize the intrusiveness of questions; and minimize the number of questions asked.
- **Make decisions about what is explained to participants.** Decide what information is explained to participants during recruitment and administration of questionnaires, such as how much time will be required of them.

"Another CAC wanted us to do an evaluation, but the parent questionnaire took 30 minutes. It was too long—and a lot of paperwork. Five to ten minutes is okay."

- **Follow ethical standards of informed consent.** Produce an informed-consent form for participants to sign.
- **Pay vigorous attention to the well-being of participants.** The well-being of participants can be demonstrated by providing assurances of their privacy, promoting mutual education and respect, and avoiding scientific vernacular, such as the term "subjects," which is a form of depersonalization.
- **Maintain contact with participants.** If followup contact will be necessary, be sure to maintain ongoing contact with families.
- **Keep track of reasons clients/families decline to participate.** This information will be useful when results are interpreted, and the funding agency will be particularly interested in this information.

Notes

1. Permission to use this form was granted by Victoria Weisz, Ph.D., M.L.S., personal communication, April 3, 2002.

2. For additional information about maintaining contact with research participants, see Dutton, Mary Ann et al., "Recruitment and Retention in Intimate Partner Violence Research," Washington, DC: U.S. Department of Justice, National Institute of Justice, September 2003, NCJ 201943.

Chapter 8: Planning an Evaluation

Conducting an evaluation is an enormously complex and challenging task. Chapters 4–6 discussed evaluation design; this chapter focuses on the evaluation's goals and considers the design options discussed in previous chapters. Planning is one of the most critical aspects of conducting an evaluation.

Once the evaluation's purpose and goals have been identified, the next step is to develop an evaluation plan. The evaluation plan should be developed at least 2 to 3 months before the evaluation begins. When the plan is complete and the instruments and protocols have been pilot tested (i.e., a small sample of individuals has completed the evaluation protocol; see chapter 9), data collection can begin. This preliminary work will provide some quality assurance for the evaluation. Quality assurance is important because low-quality data yield low-quality results, which can support disastrous decisions (Yates 1996). Therefore, developing the evaluation plan should not be rushed. The evaluation planning form in exhibit 8.1 can simplify the planning and organization of the evaluation. As a first step in planning and organizing the evaluation, each team member should read this resource book so everyone has the same information before making decisions about the evaluation.

The best way to ensure that planning activities are accomplished is to hold regular evaluation team meetings (Gunn 1987). If an external evaluator is involved, that person's first tasks will be to identify the key program personnel and primary users of the evaluation report and to begin developing good working relationships with these people. However, some team members may not regard the external evaluator as part of the team. Therefore, to facilitate the evaluator's acceptance as part of the evaluation team, the evaluator should participate in program events and staff meetings.

During the planning stages, the team will need to:

- Discuss why the evaluation is important.
- Identify goals for the evaluation.
- Decide which program or programs to evaluate first.
- Decide which values are absolute.[1]
- Identify relevant State legal standards.
- Establish ethical standards (e.g., confidentiality).
- Establish fiscal standards (e.g., fiscal availability).
- Establish ecological standards (e.g., which contexts will be considered in the evaluation).
- Determine what types of information are particularly important to collect.
- Determine what kind of information will be produced.

- Identify indicators and measures.
- Develop a timeline for the entire evaluation.
- Identify who will use the data collected and the evaluation results.
- Determine how the information will be used.
- Ensure that data collection instruments are prepared, data collection plans are developed, and all instruments and plans are pilot tested.
- Plan and monitor a pilot process for the evaluation.
- Determine how to use the results of the pilot to make necessary changes.
- Determine methods for monitoring data analysis and writing the evaluation report.
- Schedule regular meetings (weekly or biweekly) to assess problems and progress.

The options for each of these evaluation activities need to be objectively presented to the team. Involving all team members in this critical planning process requires open discussion; agreement at the early stages will facilitate cooperation throughout the evaluation.

Evaluation planning form

An evaluation planning form will facilitate planning and organizing the evaluation. (See exhibit 8.1 in appendix F.) This form lays out all the issues to address, and the cells can be filled in as decisions are made. Meetings may be scheduled to address some of the topics. To maintain focus, only one or two substantive topics should be discussed per meeting. The team members should come prepared to discuss the issues and options.

When to start the evaluation

Some evaluation issues are relevant regardless of the type of evaluation being conducted. For example, when should the evaluation begin? Child Advocacy Center (CAC) directors disagree about when it is optimal to start an evaluation. There are three possible options:

- Before the center opens (to obtain baseline data).
- At the time the center opens.
- At some point after the center has opened.

> **"It's not fair to evaluate the program in the first 6 to 9 months. If evaluation is part of the training, they'll forget it. It's better to start the evaluation the next year, when you can do evaluation training."**

The best evaluation integrates the evaluation into ongoing program activities. Therefore, planning the evaluation would ideally begin at the same time as planning the CAC, so that evaluation feedback can be used to shape program operations. However, many CAC directors begin an evaluation after the CAC is operating. Advantages and disadvantages to each of the three options are delineated in exhibit 8.2.

The need for baseline information

Ideally, an evaluation design consists of comparing one thing with another. One common approach compares what happened before a program was implemented with what happened after it was implemented (referred to as a "pre-post design," see chapter 6). Another method compares what happened after the

program was implemented with what happened in the absence of a program (comparison or control study, see chapter 6). Information collected before the program begins is referred to as baseline data. Baseline data include information collected on participants before (or just as) they enter the program.

> "We need baseline data. We are inadequate at this. We have nothing against which to compare our results."

Baseline information is essential for demonstrating that change has occurred, and it provides strong evidence of the program's functioning and improvement. Several measures can be taken when clients first enter the CAC to allow comparison with subsequent data collection points. This will not be necessary or practical for each type of evaluation, but it is worth considering during the planning stages. Whether participants complete forms as they enter the door or at some later time during their first visit is not of monumental consequence, as long as the forms are completed before they leave the center. This is partially a practical concern because families may be difficult to locate once they leave the center.

Evaluation timeline

Another issue common to all types of evaluation is the duration of the evaluation. How long will the entire evaluation last? How long will each component of the evaluation last? The following factors affect an evaluation timeline:

- Existing organizational deadlines or events that may affect scheduling of key steps and milestones (e.g., agency funding cycle, annual board meeting, conferences).
- Typical length of service to a client (e.g., one-time, weekly).
- How long after completion of services initial results would be expected.
- External restraints (e.g., university students cannot collect data during final exams).

Evaluation timeline planning form

Once the evaluation plans have been outlined, the timeline planning form can organize the specific timeline. A sample timeline planning form is shown in exhibit 8.3. All evaluation team members should have an opportunity to review the form and provide feedback.

Contexts

Regardless of the type of evaluation being conducted, one must also consider the various contexts that might affect the evaluation. In the midst of conducting an evaluation, it is easy to become focused on the evaluation and lose sight of factors that might be influencing it. The prevailing social conditions are crucial when it comes to explaining the successes and failures of social programs (Pawson and Tilley 1997).

Indeed, many contextual factors might influence an evaluation's results. Among the factors that can be identified, the ones that are likely to affect the evaluation must be measured. Some factors cannot be measured; these must be recorded on tracking sheets, with a description of how they might affect the evaluation. This information will be particularly important when interpreting the results. In addition, detailed notes will strengthen the evaluation's credibility.

The following contexts should be considered, and there may be others as well. These conditions will vary from CAC to CAC; therefore, an evaluator should focus on the ones that are most relevant to their specific CAC.

Evaluation context

What is the evaluation context? What evaluation-related resources are available? What is the agency's history of conducting evaluations? How is the evaluation related to other agency activities?

Staff context

What is the involvement of staff in the evaluation? What experience do staff members have with evaluations (positive or negative)? What are the staff's attitudes toward evaluations? What do the staff know about evaluations?

Participant context

Are participants culturally diverse? Will they need translated instruments or similar tools? Are family and community supports available to families?

Social context

What is the social context in which the evaluation takes place? Social context includes unemployment, local economy, crime rates, health care funding, and government regulations.

Administrative context

What is the administrative context of the evaluation? Have there been changes in administration?

Cultural issues

Several CAC directors have commented that external evaluators have not been sensitive to the cultural aspects of their clients' needs. Be sure the evaluator is aware of these issues. The evaluation should reflect the community's norms, which may vary by ethnicity, religion, and socioeconomic status. The evaluation protocol may need to set different goals for different cultural groups.

"You must integrate the cultural issues relevant to your population into the evaluation. For example, an evaluation of a reservation CAC must integrate the spiritual aspects of Indian tribes."

Many people today are aware of cultural issues. However, it is important not only to be aware of cultural issues, but also to think about how cultural issues might affect the evaluation. The following cultural factors may impact an evaluation.

Evaluation methods and instruments should be culturally sensitive. Evaluation methods and instruments must be culturally appropriate for the participants. Many instruments are tested (i.e., standardized on middle-class white groups before they are released for use by the larger community). If the CAC's clientele consists largely of a minority population, the measures used should have been tested on the ethnicity of the client population. If not, determine whether the author of the instrument has developed a culturally relevant instrument. A representative of the ethnic community who will not be participating in the evaluation should review both the instrument and the data collection procedures.

Culture is not race. Race should not be confused with culture. Culture is an interplay of common attitudes, values, goals, and practices that one generation hands down to the next. Race, on the other hand, is a segment of the human population that is more or less distinguished by genetic physical characteristics.

"We had to copy the treatment surveys into Spanish because at our CAC a minority population is the majority population."

Concepts vary within and among groups. Some behaviors vary tremendously within and among ethnic groups. Physical discipline, for example, may be a normative response to child misbehavior among some ethnic groups, but considered deviant among other ethnic groups. Variations in parental discipline within an ethnic group may be even greater than variations among ethnic groups.

Cultural response sets differ. Philosophies that differ by cultural affiliation may affect how a person completes a questionnaire. For example, European descendants may endorse individuality, but members of some other ethnic groups may endorse collective norms.

Pre-post results can be affected by culture. Some variations in pre-post tests may be due to cultural differences. Members of some cultures consider it prying to ask them questions before they know you well; they may therefore provide minimal information when they enter a program. However, after they have completed the program (and presumably feel more comfortable with the staff), they may be more open to questions and those reports may be more reliable than their previous responses. A difference in pre-post responses may reflect greater comfort rather than the intervention.

Cultures vary. There are variations within a culture. For example, every language has different dialects. Therefore, a translated instrument should be written in the dialect of the participants who will be using it.

Troubleshooting

Planning an evaluation should include identifying potential problems and exploring how others have solved those problems. Below are a number of evaluation problems encountered by CAC directors and how they have solved those problems.

- **The team cannot agree on the goals and outcomes of the center.** Team members will need to put the CAC first and make some compromises. Team-building exercises (chapter 3) can facilitate reaching a consensus.

- **It is difficult for direct service providers to find valid instruments.** This is often an issue for anyone conducting research. However, several resources are available, such as university faculty, the American Evaluation Association (http://www.eval.org), or the Mental Measurements Yearbook Database. If these sources do not have an appropriate instrument, a new one may need to be created.

- **Agency turnover interrupts the evaluation.** Turnover can be a serious detriment to an evaluation and may indicate more systemic problems than this manual is intended to address. However, retreats, training seminars, and co-locating the multidisciplinary team (MDT) can strengthen team cohesion.

- **The response rate for returning surveys is low.** One solution to this problem is to have families complete the survey before leaving the center. Mailed surveys should include a self-addressed, stamped envelope in which to return the survey.

- **Staff cannot contact clients once they leave the center.** Chapter 7 discusses several steps that can be taken to maintain contact with families once they leave the center.

- **Parents are dissatisfied with the CAC because they are in crisis.** Some responses on client satisfaction questionnaires will be negative. However, grouping the surveys together will give a result that says, "On average, this is how satisfied the clients are." A few seriously negative reports will not be detrimental to the overall findings.

  Some families at the center report high satisfaction with the program, but later become disillusioned with the system and blame the CAC. This is an important scenario to understand, possibly suggesting that families need continued contact with CAC resources throughout the investigative process and into the court process.

- **Some parents confuse the CAC with Child Protective Services (CPS) or some other system agency.** Client satisfaction questionnaires should address only CAC activities. Questionnaires' administrators should clarify and reiterate for participants that they are interested only in the clients' perceptions of their visit to the CAC. Participants may be less confused if they complete the survey while at the CAC.

"Complaints by families are due to misunderstanding. Families confuse the CAC with CPS."

- **Families know nothing about MDTs and yet are asked about MDT members.** Again, the questionnaire should elicit knowledge that the clients have. Prompts may help. For example, a question about police officers could ask parents, "Who was the police officer who came to your home? Tell me about that person."

Note

1. For example, the fact that a school receives new computers that benefit students is good, but it cannot be overridden by the importance of preventing electrical shock to students. The "cannot" is an absolute value that must be considered (Scriven 1993).

Chapter 9: Data Collection

Previous chapters have emphasized designing and planning an evaluation. This chapter focuses on developing the data collection protocol and actually collecting data. Evaluation data can be any information about the program or its participants, taken from a variety of sources: program records (data already being collected, such as the number of families served); official records from Child Protective Services (CPS), law enforcement and prosecution agencies, or mental health professionals (although there may be some confidentiality concerns with sharing these records); information from specific individuals, such as participants, parents, teachers, and representatives of other agencies; and information obtained by trained observers who rate behavior, facilities, or environments.

> **"We decided to assess our program because I believed the CAC was helpful to kids, but there was no way to articulate the quality of the CAC without concrete data. We then partnered with researchers, which helped us become enthused."**

Any type of evaluation requires data collection. If data are collected, ethical considerations require that the data be used to monitor or change the program. That is, do not gather data—especially personal information from individuals—simply for the sake of doing so. Evaluation information does not have to be made public, but it does have to be used in some manner.

Sources of Information

A number of data sources are useful for the evaluation. The data gathered can be divided into two categories: qualitative and quantitative. Qualitative data include participants' thoughts or observable behaviors, obtained from personal interviews, focus groups, and direct observation. Qualitative data can be converted into quantitative data by assigning numerical values to the qualitative data (however, this kind of data must be interpreted very cautiously).

Quantitative information uses numerical values to represent information, allowing for statistical analyses. The main forms of quantitative data collection are questionnaires, ratings by trained observers, and service records. When determining which source of information to use, consider the following:

- Which source is the most accurate.
- The burden the source places on participants.
- The availability and accessibility of the source.
- Whether existing resources would work as well.

Collecting data from the multidisciplinary team

CAC directors have reported that at some point in an evaluation, they have difficulty

collecting information from representatives of the various agencies participating on the multidisciplinary team (MDT). Several data collection strategies may be useful in these situations.

Obtain information at case review. Obtaining information at case review can be done either informally or formally. Some directors simply listen passively and take down the information, while other directors ask agencies to make a formal report (written or verbal) at the start of each meeting.

Make providing information a funding requirement. Inform the agencies that this information is a funding requirement. Ask all agencies to submit a written monthly report to the center.

Call the agencies for the information. Agencies can provide evaluation information over the telephone.

Send case tracking forms to agencies. One strategy is to send color-coded tracking forms to the various agencies (e.g., pink for law enforcement and green for prosecution). Agencies fill in the requested information and return the form to the center. (See appendix D for examples of case tracking forms.)

Incorporate into the interagency agreement that the agency will provide this information. Write a paragraph in the interagency agreement stating that the member agencies will provide periodic reports to the center for evaluation purposes.

Go to the agency and ask the appropriate individual for the information. Although this method is time consuming, one is sure to obtain the needed information.

Obtain information about the outcome of a case at the court hearing. Many centers have personnel who attend court hearings with families. While at the hearing, make a record of the case outcomes for later entry into the database.

Obtain information while talking informally with MDT members. For example, the MDT members will often arrive at the center before the family. While casually talking about the weather, staff can also get needed information from the MDT members.

Make arrangements to use the agency's computers to access the needed information. Currently, few systems have coordinated computer networks. In Oregon, the district attorneys are adopting a State model that will integrate all the agency's computers to track cases more easily. A common problem with computer networks, however, is that each agency uses a different case-tracking system. In addition, although networking community agencies seems like the best solution, many agencies are concerned with confidentiality issues, which must be resolved before computer networking can be a viable solution.

Developing Instruments

It is relatively easy to write the first draft of a new instrument. However, it will likely take several drafts to develop a satisfactory instrument. Instruments are often blamed when no differences are found between or among groups, particularly if the measure was developed by the investigator and not tested on a large number of people. When developing a new instrument, take the following precautions:

- Word questions carefully. Research has demonstrated enormous differences in results of studies based on how questions are worded (Schwarz 1999).
- Make the survey as short as possible.

- Ensure that early questions do not affect later questions.
- Test the survey before administering it to the target population.

Two methods for obtaining information are available, each of which has certain implications (Yates 1996). Everyone can answer the same questions, allowing data from all the clients to be combined to allow for powerful statistical analyses and providing generalizable results. However, the unique types of outcomes experienced by the clients cannot be determined, and valuable information may be missed. Alternatively, each person can answer a set of individualized questions to maximize detection of improvements in individual lives. However, these outcomes cannot be generalized to other groups. Another approach is to begin with individualized questions to define the outcomes; then, when the important outcomes have been identified, use a more general level of measurement.

Timing of Data Collection

The timing and frequency of collecting information for the evaluation depend heavily on expectations about how people respond to the agency's program. For example, if children attend court school, how long after court school would one expect children to feel less anxious about testifying? Both theory and practical experience will help determine the appropriate timing for data collection. Timing is critical because effects may be missed if the timing of data collection is unsuitable for the evaluation or if the program takes effect at some point after the evaluation has been completed. Keep in mind that program effects can work in any of the following ways:

- **In a stairway fashion.** The effect increases, but incrementally in stages. For example, clients in therapy often experience plateaus and breakthroughs.
- **A gradual increase.** The effect increases steadily. For example, a medical examination may make children feel their bodies are physically healthy, which may help them deal more effectively with any psychological scars.
- **A quick increase and then a decrease.** The effect is seen initially, but then dissipates over time. For example, some directors have noted that participants are satisfied with the Child Advocacy Center (CAC) while they are participating in the center, but note that the positive effects decrease over time.
- **An increase after a long period of time.** The effect is delayed for some period of time (referred to as the "sleeper effect") and manifests at some point in the future. For example, the effects of therapy on revictimization likely fit this description (although no studies are currently available).

When to administer parent satisfaction questionnaires

CAC directors disagree about when to administer parent satisfaction questionnaires. Among the several choices, directors indicate that asking parents to complete the form just before leaving the center is the most effective way to ensure that participants complete the instrument. Exhibit 9.1 describes the advantages and disadvantages of each choice.

When to stop recruiting a family

To obtain trustworthy results, the CAC needs to collect information from all families seen at the center. However, at some point staff will need to cease trying to contact particular families. Paying attention to the family's cues can help

determine when to stop trying to contact a family. For example, stop calling a family if a number of messages have not been returned. If staff make contact with families, but they are always too busy to talk, stop trying to recruit them. After giving a persuasive pitch about why their participation is critical to the evaluation, give families an opportunity to decline and respectfully thank them for their time. Some families may not want to cooperate with the evaluation, and that is their right. However, be sure to collect some data on these families (e.g., information taken from the intake form) for subsequent comparison with those clients who did agree to participate to determine how these clients differ from those who participated in the evaluation. This information will help when interpreting the results and will point to ways to recruit these individuals in future evaluations.

> **"Explain the hazards of intrusion and tell people not to invade people's lives. For instance, you can't call families any time you want to. And you have to give families an opportunity to decline."**

Protocol for Data Collection

Consistent data collection is critical to a good evaluation. One way to achieve consistent data collection is to develop a data collection protocol that outlines and describes the steps to be taken in collecting information for an evaluation. This ensures that everyone who collects information for the evaluation does so in exactly the same way (i.e., the protocol is standardized), both in the beginning (as staff are learning to implement the protocol) and in the future (in determining whether staff have deviated from the protocol).

Data collection needs to be standardized because variations between groups could be due to variations in data collection procedures, not to the intervention. Therefore, it is critical to conduct pilot tests (discussed later in this chapter) and to adjust the protocol prior to beginning the actual evaluation.

The following issues should be addressed in any data collection protocol. The first four items are discussed in this chapter and the remaining items are discussed elsewhere in the manual:

- Administering the evaluation and collecting the data.
- Training in data collection.
- Data monitoring.
- Data storage.
- Data entry into a computer and data cleaning (chapter 10).
- Why the evaluation is important (chapter 1).
- Who will recruit participants (chapters 4 and 7).
- Who will participate (chapters 4 and 7).
- Where participants will be recruited (chapters 4 and 7).
- What data will be collected (chapters 4–6).
- Confidentiality (chapter 7).

Periodic reassessment of the protocol

An evaluation protocol ensures that procedures for gathering information are the same for all individuals in the evaluation.

Although pilot testing will prevent many problems, environments and priorities may change over time, requiring modification of your procedures, protocols, and expected outcomes after the evaluation has begun. Some programs reassess their protocol on a regular schedule (e.g., quarterly, semiannually, annually). Regardless of how often the agency chooses to reassess its protocol, a periodic formal review of the evaluation protocol is crucial. Be sure to involve the evaluation team in the reassessment, which should ask the following questions:

- Which aspects of the evaluation are working properly?
- Which aspects of the evaluation are not working well?
- Which aspects of the evaluation continue to be troublesome?

Although it is important to maintain stability in the program for purposes of an evaluation, program changes may be necessary after the evaluation has already begun. If changes are made in either the program or the evaluation protocol, be sure to identify key changes and when those changes occurred. This information can help identify types of project variations and take them into account when interpreting results and writing the evaluation report.

Training in Data Collection

Data collectors

The value of the data ultimately depends on the quality of the information collected, which is affected by the quality of the data collectors. Therefore, only designated and trained individuals should administer the questionnaires and interviews to participants. Data collectors must be able to follow procedures carefully. To prevent bias in data collection, avoid having program staff who work with participants collect the data. Data collectors may be program staff who do not work directly with participants, such as volunteers or university students.

Because consistency in data collection is critical to a good evaluation, procedures for data collection must be developed and followed uniformly by data collectors. Therefore, data collectors need to be trained in the data collection protocol. Data collectors can practice their skills by performing mock data collection exercises and role playing. Consider training data collectors in the following issues.

The importance of data collection protocols

Research has shown that variations among data collectors can affect the results of an evaluation. Therefore, it is important that all protocols for data collection are in writing and are followed explicitly. This method will ensure that how one data collector interacts with one participant is the same as how all other data collectors interact with all participants. With a written data collection protocol, the results can be attributed to the program and not to variations between and among the data collectors.

Confidentiality

Because confidentiality is such an important requirement in evaluation, data collectors will want to be well versed in issues of confidentiality (see chapter 7).

Ground rules for handling difficult situations

It is quite likely that at some point the data collector will encounter problems collecting data from participants. Therefore, anticipate problems and establish

ground rules for dealing with particular and recurring problems. For example, train data collectors how to handle outbursts of anger by clients. Visiting the CAC is a very tense time for most people and some people may be uncooperative with any evaluation efforts. It will be up to the data collector to defuse these situations.

Refusal to complete the questionnaire

Some clients will refuse to complete the questionnaire. However, staff can do several things to encourage their cooperation.

- Reiterate the importance of the evaluation and how the data are being used.
- Offer them the opportunity to complete the questionnaire at a more convenient time.
- Offer to send the questionnaire home with them to fill out at their leisure (although this strategy is not advised).
- If they still refuse, graciously thank them for their time.

Nondirective responding to questions

Data collectors can affect a participant's reports by the way they respond to questions. Therefore, data collectors need training in how to respond to questions in a nondirective manner (see Groves 1989 for a discussion of interviewer training). For example, if a participant is unsure how to answer a question, the interviewer should say, in a nonjudgmental tone of voice," There are no right or wrong answers, just choose the answer that best describes how you feel," or "Answer the question however you interpret it."

Child abuse reporting laws

Data collectors will be interacting with victims of abuse or parents of victims of abuse. Because these cases are governed by State child abuse reporting laws, it is imperative that the data collectors be aware of relevant State laws.

Responsibility for quality control

Data collectors are in the best position to observe problems, as they will have continual access to the data (i.e., completed questionnaires). Therefore, data collectors will need to continuously assess the data collection procedures. For example, it is quite possible that a particular question is always left blank on a questionnaire or that most participants fail to complete the back side of a questionnaire. One possible solution is that data collectors could say to participants prior to handing them the questionnaire, "Please note that this questionnaire has two sides." Quality control is critical to a successful evaluation because the results of the evaluation could be adversely affected if a considerable amount of data are missing. When problems are discovered, a method should be in place for bringing these problems to the attention of the evaluation team, proposing solutions, and adjusting the protocol as necessary to rectify the problem.

Issues Related to Completing Questionnaires

Administering questionnaires might seem simple at first: Hand a questionnaire to an individual and that person fills it out. However, centers need to be aware of a number of important issues.

Length of time

Throughout the evaluation, staff should collect information on how long it takes participants to complete questionnaires or interviews. To do this, record the date, the time started, and the time stopped on each questionnaire. If sending a mail survey, request information from participants on how long it took them to complete the survey.

Information about how long it takes participants to complete questionnaires is beneficial for several reasons. It allows the staff to—

- Determine when there is enough time during the CAC visit for participants to complete the survey. For example, is there enough time to complete the questionnaire while the child is being interviewed?
- Inform future participants of approximately how long it will take them to complete the questionnaire. Many participants will ask how long it will take them, and staff will need to be able to give a realistic approximation.
- Summarize in the evaluation report how long it took participants to complete the questionnaire. Readers of the evaluation report will want to know this information because if the questionnaire took a long time to complete, participants may have become fatigued or may have completed the questionnaire in a careless manner, affecting the results.

Administrators' proximity

While participants are completing questionnaires, staff should be nearby in case they have any questions, but staff should also give clients enough privacy to feel comfortable answering the questions honestly.

Checking for completeness

When the participant has completed the questionnaire, the data collector may want to look it over quickly to be sure it is complete. If there is missing information, the data collector might say, "I see here you have missed this question," and hand back the questionnaire. If the person does not want to answer the question, simply respond with "I understand," take back the questionnaire, and graciously thank the participant for his or her time.

Assurances of confidentiality

Assure participants that the team members working on their case do not have access to the questionnaires (if this is indeed the case). As further evidence of the center's commitment to confidentiality, when the client completes the questionnaire, place the questionnaire in an envelope, seal it, and place the envelope in a large sealed box with a slit in the top. This will help reassure clients that the information they provide is anonymous and confidential.

Comments on questionnaires

Most evaluations use quantitative questionnaires, which are readily transferable to a computer database, but leave no space for participants' comments. Even so, participants often write revealing or informative comments on forms. Keep track of these comments because they often provide valuable information for understanding why someone completed a questionnaire in a particular way. Also, this information may be useful when interpreting the results and writing the evaluation report.

Literacy

Literacy will be an issue for some families, and staff may need to administer the questionnaire in a different manner. One

way to do this and still maintain confidentiality is to give one questionnaire to the client and one to the data collector. The data collector then reads the questions and possible responses while the client indicates (writes/circles/checks) on his or her copy the desired response.

> "Families have a low literacy rate, so our rate of return is higher with face-to-face interviews (and many families don't have phones)."

Translation of standardized or commercial questionnaires

Unfortunately, most questionnaires are available only in English, which presents some difficulties for those centers with many non-English-speaking clients. Many standardized questionnaires have only been tested (i.e., established reliability and validity) on Caucasian populations; therefore, the questionnaire may not work the same way for a non-Caucasian population. Although some centers have bilingual staff who translate the questions from English to Spanish, the reliability and validity of the instruments may be compromised when they are translated. Also, many words and phrases cannot be translated directly from English into other languages.

Data Monitoring

Someone needs to monitor the data collected from participants; this person is often referred to as the data monitor. Ideally, one person acts as data monitor and is responsible for all the data monitoring tasks: receiving collected data, recording incoming data, controlling quality, and storing data. There are several methods to monitor the data; computer or paper tracking forms are the most effective and efficient.

The CAC will need to develop a data monitoring protocol. For example, a completed questionnaire should be turned in to the data monitor immediately and then logged into a data tracking form. If a completed questionnaire is missing, this tracking method will enable the data monitor to determine whether (a) the individual actually completed the questionnaire, which was subsequently lost, or (b) the individual never completed the questionnaire. Once the questionnaire has been logged in, it can be properly stored until data entry.

Throughout the data collection process, the data monitor should conduct routine quality control checks of the data and schedule meetings with data collectors to ensure that data collection procedures continue to be consistently followed. The data monitor should also check incoming questionnaires for quality (e.g., no items are missing, copied questionnaires look clean and readable). If lapses in quality are detected, the data monitor can inform data collectors of these problems and take steps to rectify them.

A list of data monitoring responsibilities should include the following:

- Conducting random observations of the data collection process.
- Conducting random checks of respondents' completed questionnaires.
- Ensuring completed questionnaires are kept in a secure place.
- Looking for anecdotal information written by participants on questionnaires.

Data tracking forms

Data tracking is an important part of organizing the data. Some methods, however, make tracking data easier. One method is to use paper or computer

tracking forms, which can be developed to fit the agency's needs. Data tracking forms often include the following information:

- Participant number.
- Date administered (or sent).
- Name of person who administered the questionnaire.
- Date received.
- Date entered into computer.
- Name of person who entered the data.

Exhibits 9.2 through 9.5 illustrate sample data collection tracking forms that can be tailored as needed. The forms may be combined or kept separate, whichever is more efficient for the purposes of the evaluation.

Data storage

Data monitors are also responsible for proper storage of the data. Two types of data will need to be stored.

Data that have been collected from participants, but not entered into a computer. Store completed questionnaires in a secure location, preferably where only the data collectors, data monitors, and data entry personnel have access to the questionnaires. This will prevent breach of confidentiality and loss of questionnaires. A data tracking form will allow staff to check which questionnaires should be in the CAC's possession at any given time.

Data that have been collected from participants and entered into the computer. Once the data have been entered into a computer, a computer security system can ensure that only the data monitor and data entry personnel have access to the files. Including a column on the data tracking form for the date a questionnaire was entered into the computer will allow staff to easily compare stored questionnaires with what has been entered into the computer. Once information from the questionnaire has been entered, questionnaires should be stored in a secure location for up to 7 years (depending on the State institutional review board requirements). Thereafter, the questionnaires should be destroyed.

Data entry

Data entry means transferring the information (most typically numbers) recorded on questionnaires or from coded interviews to a computer database. Data entry sounds relatively simple; however, a number of easy-to-make mistakes can affect the results of the evaluation. Thus, it is important to establish a data entry protocol, which might require the following steps.

Defining evaluation concepts. Each variable to be entered into the computer must be defined. For example, does tracking how many interviews are conducted with a child include only the number of interviews at the center, or does it include the number of "noninterviews"? For example, is it an interview when law enforcement personnel report that they had a short informal talk with the child, but state that it was not an "investigative interview"? Be sure to record these definitions for inclusion in the evaluation report.

Creating rules for entering data. Rules must specify what to do with problems such as missing data or when two items on a line are circled. A statistician can help identify the best way to handle missing data.

Data entry training

Errors in results can occur at any point in the evaluation process. Improper or careless data entry can seriously impair the results. Therefore, select one or two

conscientious individuals to enter the data, and invest in training these individuals. Each person who enters data must understand the following:

- How to use the computer system.
- Definitions of the concepts contained in the data entry protocol.
- The rules of data entry defined in the data entry protocol.
- Their role in implementing the evaluation.

Pilot Testing

No matter how carefully the data collection is planned, unforeseen problems are likely to arise. Therefore, after the planning phase is complete, the entire evaluation must be tested on a small subset of individuals selected from the group who will potentially participate in the evaluation (e.g., parents). This process is referred to as a pilot test. Either the entire protocol may be tested or, as segments of the evaluation are sufficiently developed, each segment may be tested individually.

Pilot testing identifies problems before the evaluation begins, thereby ensuring that the protocol will succeed and decreasing the need to change the protocol during the evaluation. A pilot test helps identify what the data collection system requires in terms of time, money, and other resources.

A pilot test can answer some important questions that will be helpful once the evaluation begins:

- How long does it takes participants to complete the instruments?
- Can self-administered questionnaires be completed without staff assistance?
- Can the instrument be completed in the allotted time frame?
- Are the procedures and instruments culturally appropriate?
- Are the notification procedures (letters, informed consent) easily implemented?
- How long will data collectors spend on each protocol?
- What are the response rates on first, second, and third mailings (for mail surveys)?
- How easily are former participants located?
- What is the refusal rate for in-person or telephone interviews?
- What data are frequently missing in program records?
- What data collection errors are common (e.g., missed questions)?
- What data are needed for analysis, but unavailable?
- What are the printing, postage, and other costs (beyond staff time)?
- When and how should staff follow up with participants?

Pilot testing the instruments

If the evaluation includes a questionnaire, at least six people representative of the pool of evaluation participants should complete the questionnaire. These participants will need to know that they are part of a pilot test. When instruments have been completed, inspect them for completeness and see whether the participants followed the instructions. Then ask for feedback on the following issues:

- The wording of questions (less of an issue with standardized measures).

- The content of the questions. Did some questions make participants uncomfortable?
- The adequacy of the response categories.
- The clarity of instructions.
- The layout and format of the instrument. Is it easy to miss a question? Is there enough space to write comments?

It is better to adjust the protocol during a pilot test than after the evaluation has begun.

If a protocol or instrument is changed, the revised protocol or instrument must be retested to ensure that the solutions corrected previous problems and did not cause any new problems. A little time at this stage will avoid considerable difficulty later in the evaluation. Also, these issues should be monitored throughout the entire evaluation.

Pilot analyses

Chapter 10 discusses data analysis in detail. However, it is worth noting here that some preliminary analyses of the pilot data can ensure that the planned core analyses are possible (Boruch 1997). Data from the pilot study can be used to—

- Refine the primary questions.
- Conduct quality control checks on the data.
- Lay out the tables that will summarize the final analyses.
- Compare groups on the basis of pilot data (if possible).

Management Information Systems

The best advice for developing a case-tracking system is to use a management information system (MIS). These systems organize information using computers and allow the information to be accumulated and displayed in a variety of ways. A variety of computer software programs can be purchased already programmed. With a little patience and training, staff can customize this kind of software to meet the CAC's specific needs. After the initial frustration of learning to program software, enter the data, and produce reports, case-tracking tasks will be much simpler.

It is possible to improve the accuracy of data entry through the use of an MIS. For example, drop-down menus can streamline data entry. Nonetheless, data entry is time consuming, and even drop-down menus are subject to error. The development of scannable questionnaires will reduce human data entry error and resources. Large amounts of data can be entered relatively easily, quickly, and accurately.

Many centers that get involved with an evaluation will probably continue to engage in some type of data collection once the formal evaluation has been completed. Thus, they need to be able to continue to collect and organize incoming information. Developing an MIS will allow them to generate periodic and ongoing reports quickly and easily. These reports provide up-to-date information that strengthens decisionmaking.

> "I would really like someone to set up the evaluation, then we could keep it going long term."

Chapter 10: Analyzing Evaluation Data

This chapter provides information relevant to analyzing the evaluation data. Discussions include the importance of selecting a data analyst, the steps in data analysis, interpreting the results, and generalizability.

The evaluation team should include a statistical analyst to help develop the data collection procedures, select the instruments for the evaluation, and conduct the analyses. The instruments selected affect the types of questions that can be asked and the types of analyses that can be performed. If no one on the team has these skills, an outside consultant should be hired to perform these duties.

Data Analysis

There are five steps to analyzing the data:

1. Cleaning the data.
2. Tabulating the data.
3. Conducting the core analyses.
4. Analyzing the data by key characteristics.
5. Interpreting the results.

Cleaning the data

Errors are likely to be made while transferring data from a questionnaire to a computer, and errors in data entry can cause faulty results. Therefore, it is necessary to "clean" the data. Data cleaning ensures that the numbers respondents indicated on the questionnaire match the numbers entered into the computer. Data can be cleaned in one of several ways.

An individual doublechecks the entered data. One individual checks the entered data (either on the computer or on a printout of the data) against the responses on the original questionnaire. Errors are noted and then corrected.

Two individuals doublecheck the entered data. One individual reads aloud the entered data (either on the computer or on a printout of the data), while the other person checks the responses on the respondent's original questionnaire. Errors are noted and then corrected.

Frequency analyses are conducted. A frequency analysis helps determine whether the entered numbers are within the range of possible responses on the questionnaire. For example, if the questionnaire contains a five-point Likert scale (from one to five), then the range of numbers for each question should be only between one and five. If a frequency analysis finds a question with a range of responses between one and eight, then it can be concluded that an item was entered incorrectly. However, this check ensures only that respondents stayed within the rating scale limits and not that the data were entered accurately.

A logic check is conducted. A logic check involves determining whether answers to various questions make sense. For example, if a respondent indicates that he or she has no children, all subsequent questions regarding children should have a

code of "not applicable." Any other response suggests a data entry error.

An accepted practice is to select at random 10 percent of the questionnaires. (See http://www.randomizer.org/form.htm for a random numbers table.) If these contain no or very few errors, one can be relatively confident that the data are clean. However, if pervasive mistakes are found, the entire data set will need to be checked and corrected. Tracking who enters the data may identify patterns of error associated with each data entry person.

Tabulating the data

Before calculating the core analyses, the evaluator should become familiar with the data. The best way to do this is to run frequencies on the data, which give such information as how many participants completed each question and the range of responses to those questions.

Typically, data are grouped to form summaries rather than to focus on a particular individual. For example, reporting on the number of participants in an evaluation simply means counting the total number of participants who completed questionnaires. However, reporting the percentage of people who agreed to participate in the study requires dividing the number of participants who completed a questionnaire by the total number of people invited to participate in the evaluation. Percentages are often preferable to averages because, depending on the response rate, averages can be affected by a few very high or very low scores.

Scoring instruments. Several standardized or commercial instruments used in evaluations require some manipulation to create a score for each participant. For example, the Conflict Tactics Scales (Straus et al. 1996) require summing certain items to create a score for each person. When selecting an instrument for an evaluation, be sure to obtain the instructions for scoring the instruments, regardless of who will analyze the data. Some instruments, such as the Child Behavior Checklist (Achenbach 1992), have available a computer program that scores the instrument.

Assigning weights to questions. Not all outcomes are equally important; therefore, certain questions may be weighted to have a greater effect on the results. For example, a question may have a weight of 1.5 if the outcome is particularly valuable, and a weight of 1.0 if the outcome is simply expected (Yates 1996).

Conducting the core analyses

Once the preliminary work is done, the core analyses can begin. The evaluation team should have decided during the planning stages which analyses to conduct; otherwise, once the data are collected, the great temptation is to conduct numerous analyses, which becomes unwieldy and overwhelming. The better strategy is to develop hypotheses (see chapter 5), plan the analyses around these hypotheses, and stick to the plan.

Rather than conducting the analyses only after all the data have been collected, analyses should occur periodically throughout the evaluation (e.g., monthly, quarterly). For example, first-quarter analyses can have several uses:

Enhancing adherence to the evaluation plan. Analyses conducted early in the evaluation can demonstrate that the evaluation is going to provide useful information, thus enhancing the team's commitment to the evaluation.

Determining the need to make corrections and changes. Analyses conducted early in the evaluation can reveal whether changes in the protocol need to be made before the evaluation is complete.

Determining why discrepancies in the protocol have occurred. Periodic reports may suggest the need for reminders to individuals involved in the evaluation about why adherence to the protocol is critical, as well as possible incentives for compliance, including peer recognition and rewards.

In addition to periodic reports of the analyses, the data analyst and evaluation team should meet regularly to discuss emerging findings. These meetings could be separate from other meetings or incorporated into regular meetings (e.g., evaluation team meetings, staff meeting, multidisciplinary team meetings). Be sure to invite discussion from the team members about the results. However, keep in mind that these results are preliminary and may change with the inclusion of the entire sample. Similarly, a chance difference that appears early may disappear by the end of the evaluation. Therefore, major decisions should not be based on periodic reports (Boruch 1997).

Analyzing the data by key characteristics

If a Child Advocacy Center (CAC) has information on subgroups of individuals, for example, certain ethnic groups or children who have testified in court, the data can be analyzed by subgroup. While this may make the analyses more complex, it will also yield more realistic and meaningful results. The most useful evaluation incorporates subgroup analyses to ask the following questions:

- What works about the program?
- For whom is the program most beneficial?
- Under what conditions is the program most beneficial?

Results based on subgroup analyses will help fine tune the program. For example, differences between ethnic groups on levels of child stress during a medical examination may indicate the need to adjust the protocol to accommodate the needs of the various subgroups. On the other hand, finding no differences between these groups would suggest that the protocol is affecting all clients equally.

Interpreting the results

Interpreting the results is often the most difficult aspect of any evaluation for several reasons, discussed below.

Numerical context and explanation. Numbers typically need to be placed in some context for their meaning to be discernable. Consider the following example:

> CAC Alpha shows an increase in prosecution rates from 35 percent to 50 percent, which is pretty good.
>
> CAC Beta shows an increase in prosecution rates from 5 percent to 20 percent, which is great.

Both examples show an increase of 15 percent in prosecution rates, and yet it is very different to be starting at 35 percent instead of 5 percent. The reader needs a context within which to interpret the numbers.

As another example, what does it mean to say that a center has served 300 children this year? Whether this is a lot or a little depends on the context in which the center operates. If CAC Alpha reported that there were 5,000 reports of child sexual abuse (CSA) in the counties that it serves, and the center served 300 of those children, the reader knows that the center is serving a small percentage (6 percent) of the children who allege that abuse has occurred. In contrast, if there

were 500 CSA cases in the counties that CAC Beta serves, and the center served 300 of those children, the reader knows that it is serving a large percentage (60 percent) of the children who allege that abuse has occurred. Thus, a CAC could be serving a few or a lot of children, but there is no way to know which without a numerical context. Numbers in isolation are basically meaningless.

> **"One of our outcomes was to increase the number of families who actually go into therapy. We found that 75 percent of families say they want to enter therapy, but only 30 percent actually do. Why don't they? What's going on here? This suggests some missing link here. Now we have to find the missing link."**

Not only do numbers need a context, they also require explanation to help readers understand what they mean. An explanation answers the question why—what accounts for these results? For example, the finding that 6 percent of the CSA cases are referred to a center can be explained in two ways. It could mean that the center is not serving very many children. However, another interpretation is that most of these cases are not being referred to the center. The question, then, is why not? With this information, agencies can then determine why agencies are referring so few cases to the center.

If the evaluation results differ from the predictions, this discrepancy must be explained. When thinking about possible explanations, always consider internal and external influences on the evaluation. For example, possible external influences on the results may include rising unemployment in the neighborhood or reduced funding for the program. Possible internal influences may be high staff turnover or the introduction of a new curriculum.

Implications and recommendations. Another difficult evaluation task is to derive implications from the findings: What can be inferred from these findings? It is insufficient to simply state a conclusion (i.e., a statement or a set of statements about the merit, worth, or value of the evaluation) without addressing the implications of that conclusion. For example, what are the implications of finding a drop in referrals for a particular ethnic group? Management might want to replace the director of program services, but the evaluator might want to conduct a followup study to determine why the drop in referrals occurred. Be sure to discuss with the team members the possible implications of the findings.

The team should discuss the implications of the findings because recommendations flow most naturally from the implications. Some of the exercises discussed at the end of chapter 3 can facilitate these discussions. The team will need to make explicit recommendations for the evaluation report because more often than not, data do not speak for themselves. In addition, even if the readers could form their own recommendations, they should also receive the evaluation team's recommendations, as the two sets of recommendations may differ. However, it is a considerable leap from conclusions to recommendations, so be cautious in making recommendations (Scriven 1993).

Statistical significance versus practical significance. Statistical significance refers to whether results occurred at a level greater than chance. Some events occur due to chance alone; therefore, a test is needed to determine whether the results were due to chance or whether the probability of a particular result occurred at greater-than-chance levels. Researchers have long agreed that there is statistical significance if the probability of the result occurring from chance alone is less than 5 percent (denoted by $p < .05$).

One shortcoming of relying on a significance level is that it depends on the number of participants in the evaluation. That is, it is far easier to reach significance with a large number of participants (i.e., a large sample size). Therefore, some researchers have started to report critical intervals rather than significance levels. Critical intervals indicate the degree of confidence one can have in the results when they fall within a particular range. In one example, there is a correlation of .63 between case review and the case being accepted for prosecution, and the confidence interval is 95 percent. One can be 95 percent confident that the result (the correlation) is not due to chance if the correlation falls between .61 and .65. That is, in 95 out of 100 samples from the same population, the estimated correlation should fall between .61 and .65.

Although researchers adhere to statistical significance, statistical significance and practical significance may be different. That is, statistical significance does not always reveal the importance of the result. For example, differences that are very small are not likely to be important, even if they are statistically significant (remember that significance is strongly affected by the number of participants in the evaluation). As a rule of thumb, differences of less than 5 percentage points are seldom meaningful for program managers or funding agencies. Differences of 10 or more percentage points are more likely to be of practical concern (United Way of America 1996).

Finding no differences. Directors are often concerned that an evaluation will fail to reveal the program's effectiveness. However, lack of significant change among the participants, for example, does not necessarily rule out program effectiveness (Boruch 1997). Below are several possible explanations of why an evaluation failed to reveal program effectiveness:

- *Differences may exist, but the data do not reflect this fact.* Often the program works differently for different people, and analyzing data only for the group of participants as a whole may not reveal differences. One way to test for this is to include in the analyses a measure of something that could affect the results (referred to as a *moderating variable;* see chapter 6). For example, if child age is a potential moderating variable in the analysis of child stress, older children may demonstrate significant differences in pre-post intervention levels of stress, while younger children may not.

- *The measurement of the response to the program was invalid.* Often instruments are blamed when no differences are found, particularly if the measure was developed by the investigator for a particular study, and therefore the validity and reliability are unknown. It may be that the instrument does not measure what the team intended to measure (in technical terms, the instrument is not valid). For example, a child behavior scale would not be a valid measure of child stress because it measures child behavior and not child stress.

- *The statistical power of the experiment is too low.* Statistical power refers to the probability of detecting differences in the effectiveness of the program. Fewer than 7 out of 10 studies are sufficiently powerful to detect differences of even moderate size. "No difference" results are a real possibility. However, one can ensure having enough statistical power to detect differences by conducting a power analysis (Cohen 1992a). In addition, recruiting participants who are similar on some important characteristics (referred to as "homogeneity")—for example, by

recruiting participants who are all victims of CSA—reduces the amount of variability among participants and therefore increases statistical power.

- *The wrong population participated in the evaluation.* This is less likely to occur at a CAC. However, data analysis may reveal no differences if, for example, the dysfunctional families are excluded from the study because they refuse to participate, they drop out of the program, or staff are unable to locate them at a later date, leaving only more functional families participating in your evaluation. Functional families may not benefit from the CAC's services as much as dysfunctional families, and therefore the evaluation would not find significant changes among functional families.

A number of factors may explain a finding of no difference, and sometimes the results will not be as expected.

Typically, several factors may explain the evaluation's results. Therefore, select a theory (or process) for why certain results may occur before implementing the evaluation and eliminate as many competing explanations as possible by measuring competing explanations (see chapter 5). For this reason, the evaluation should include the following:

- *Exposure to other important influences.* Chapter 8 discusses a number of contexts to consider when planning an evaluation. This might help determine which contexts could influence the results.
- *Program monitoring evaluation.* To ensure that the outcomes result from the program rather than from some other factor that was not measured, simultaneously conduct a program monitoring evaluation to ensure the services that were supposed to be provided to clients actually were provided.

Recruitment challenges: Voluntary participation and attrition. Voluntary participation refers to a sample selection method in which participants in the evaluation consist only of those individuals who voluntarily agree to participate. Many directors conducting client satisfaction surveys, for example, report difficulty obtaining information from every client and, therefore, data collection is limited to those individuals willing to participate. Although not purposefully selecting success-prone participants for the evaluation (known as "creaming"), by having data only on these voluntary participants, the program may appear more effective than it really is. Participant attrition, on the other hand, refers to individuals who started the program (and therefore some data may have been collected on them), but who fail to complete the program or are unable to be contacted later for followup data collection. As with voluntary participation, an evaluation report based on data collected only on individuals who completed the program or who were available for followup data collection may make the program appear more effective than it really is. More important, implications and recommendations based on information received from this limited pool of clients may be misleading, and even damaging, to the program.

Generalizability. Typically, a researcher selects a subset of individuals (referred to as the sample) from a total pool of individuals (referred to as the population) to participate in a study or evaluation. For example, a center might randomly select 25 percent of the clients seen at the CAC to complete a client satisfaction survey rather than requiring 100 percent of the clients to participate. The assumption is that the results from this random sample generalize to the population (that is, the sample is representative of the population of CAC clients). The results of an evaluation based on a representative subset of

participants would be the same if the evaluation included all CAC clients. Whether a study's results are generalizable depends heavily on the sample selection method and what questions are being asked.

For example, to learn how law enforcement personnel on the multidisciplinary team perceive the CAC, one should ask a subset of those law enforcement personnel who interact with the CAC to participate in the evaluation. To learn how law enforcement in the larger community perceive the CAC, one should ask a subset of all law enforcement in a particular jurisdiction to participate in the evaluation. These are very different samples of law enforcement that are perfectly appropriate for each of the questions being asked.

As another example, whether 10 percent of all reported CSA cases referred to a CAC is generalizable to all CAC cases depends on whether the 10 percent of cases referred to the CAC were similar to all CSA cases reported in the jurisdiction (making the results generalizable), or whether that 10 percent of cases represented only the most egregious CSA cases (making the results not generalizable).

Generalizability is hampered by a voluntary participation recruitment strategy because those who decline to participate in an evaluation may be systematically different from those who agree to participate (e.g., more serious cases, greater family dysfunction). An effect based on the voluntary sample may indeed hold for people like those in the voluntary group, but it cannot be determined whether the effect holds for the entire client population. Thus, defining eligibility criteria of potential participants is essential for understanding the generalizability of the evaluation (Boruch 1997).

One strategy for assessing the effect of attrition and voluntary participation on the evaluation results uses the data collected (e.g., on intake forms) from individuals who refuse to participate, who drop out, or who cannot be contacted for the followup to identify any differences between those individuals and individuals who agreed to participate in the evaluation. If differences are found, it may be argued that the program would be deemed less effective if all CAC clients were included in the evaluation. On the other hand, if no differences are found between the two groups, then there can be greater confidence that the evaluation results are generalizable.

Chapter 11: The Evaluation Report

This chapter provides information relevant to the evaluation report. Discussions include selecting the evaluation author, determining the evaluation audience, practical information on the content of various evaluation reports, and finally, presenting and disseminating the evaluation report.

The Evaluation Author

The first thing to determine is who is going to write the evaluation report. This person should have been selected during the planning phase of the evaluation and should serve on the evaluation team. The person responsible for writing the evaluation report should consult with the team while writing the report. When the report is finished, the team should also review the final document before it is released.

> "We hired an outside evaluator to look at how employees and board members worked together. We received a several-page report stating perceived problems. Steps have been taken to clear up those problems, but the main problem was never mentioned in the report. Some good things have come of the evaluation; for example, the lighting was changed."

Some evaluation reports will have one author, while others will share authorship. Determining the order of authorship (if there is more than one author) should also be decided during the planning stages to avoid later disputes. According to the American Psychological Association's Guidelines for Authorship (Fine and Kurdek 1993), authorship should be conferred on all individuals who make a substantial contribution to the document, commensurate with education and experience.

The Report's Audience

The evaluation report provides information to decisionmakers (Morris, Fitz-Gibbon, and Freeman 1987). However, different people will want different information, even to answer the same question. In addition, some users will expect the evaluation report to support a specific point of view. Therefore, it is important to identify decisionmakers' opinions early on in order to anticipate potential controversies and to design reporting procedures that take them into account. Furthermore, understanding the audience's motivations facilitates influencing them with the evaluation report.

Before the report is written (and preferably while planning the evaluation), the evaluation team should determine the users of the report. Potential audiences might include service providers, direct sponsors (grantors), indirect sponsors (legislature), special interest groups, researchers and other scholars, journalists, prominent political leaders, and the multidisciplinary team (MDT).[1]

Once the readership has been identified, the team can determine what information the readers will need and why by asking the following questions:

- Who are the key people?
- What do the key people want to know?
- What do the key people consider acceptable criteria for program success?
- What is the best means of communicating with the key people?
- Which issues do key people perceive as important?

What evaluators need to know about the audience

After creating an audience list and identifying some characteristics about the audience, the team should consider what it knows about all audience members, such as the following:

- Their philosophy of evaluations.
- Their relationship to the program.
- Their relevant personal characteristics.
- Their preference for communication forms and style.
- Their political affiliations.

This kind of information can be entered into a table for easy access (for an example, see exhibit 11.1). Be sure to elicit information from all team members about the audience because each team member may have a different, useful perspective.

Timeliness of and timetables for evaluation reports

Late reports may not be used or will be used less effectively in making decisions. Therefore, all reports must be completed on time to ensure they are useful. One method for ensuring timely reports is to obtain a commitment from the report's author that reports will be submitted on time; this stipulation may be in the statement of work (see chapter 3).

Effective reporting and communication must be ongoing throughout the evaluation. Periodic reports are useful for updating the audience and making incremental changes if necessary. The final report is necessary for summarizing and disseminating the big picture. While planning the evaluation, determine how often periodic reports will be generated and when the final report will be completed.

One difficulty with scheduling report due dates is that different users of the report may need the report at different times. Therefore, during the planning stages—

- Ask each user what information will be needed, and when.
- Determine when you can provide relevant information to the audience.
- Provide the audience with a schedule so they know when to expect reports (see exhibit 11.2).
- Develop a scheduling form that is clearly understood by the intended users.

The Content of the Evaluation Report

Below are some excellent tips for writing the evaluation report. However, the report should meet the needs of your audience. For example, a detailed analysis of the evaluation design might be of little interest to decisionmakers who are interested in the implications of the evaluation. However, when requesting future or further funding for the evaluation, the design of the evaluation will be critical.

The evaluation report should not look like a research report. However, the Joint Committee on Standards for Educational Evaluation states that standards in reporting research require full and frank disclosure of all results (Scriven 1993). This statement implies that the evaluation team must remember its mistakes, make note of them, and report those that may affect the evaluation.

The following are nine elements of a good evaluation report (Scriven 1993):

- **The report should always answer the question "So what?"** This is the first thing that a reader should learn from your report. Explain to the reader the overall purpose of the evaluation, the major findings, and what they mean.
- **The presentation of data should be standardized.** A report is more efficient and easier to understand if the results are presented in a consistent format.
- **The report should be comprehensible.** Jargon reduces the writer's ability to communicate clearly to those who are not members of his or her particular profession; for example, never use the terms "independent variable" or "dependent variable" in a report.
- **The report should be based on information from credible sources.** Collecting data from the right sources, regardless of the method employed, builds trust in the report.
- **The report should be concise.** The report should be as straightforward as possible.
- **The report should provide recommendations.** Always provide possible solutions for problems rather than just the negative results. Also, negative outcomes should include anecdotal explanations derived from conversations with colleagues and staff.
- **The report should integrate into the conclusion a consideration of unexpected outcomes.** Report both positive and negative unexpected results and possible explanations for their occurrence and why the results were not anticipated.
- **The report should discuss the generalizability of the findings.** Discuss whether the individuals who participated in the evaluation are the same as or different from clients in general on important characteristics.
- **The report should discuss the various standards affecting the evaluation.** This can be determined from a needs assessment, ethics, and the law.

Topics to cover in periodic reports

Generally, periodic reports are produced quarterly or less frequently. They are designed to inform staff about the progress of the evaluation and to facilitate the research team's efforts to keep the evaluation on track. These reports usually do not include analyses, partly because the statistical power is insufficient to detect changes due to the smaller number of participants. At different stages of the evaluation, the report will emphasize different facets of the project.

Early in the evaluation. One of the first reports will consist primarily of the evaluation design. Issues to address include the primary purpose for the evaluation, the design selected to answer the evaluation questions, the participants in the evaluation (e.g., pipeline-related data; see chapter 7), estimates of how many participants

are needed for the evaluation (derived from conducting a power analysis), the measures to be used, and the report's audience.

Midcourse and periodic reports. Midcourse and periodic reports might address problems encountered in selecting participants and a comparison group, with possible solutions; updates and modifications to the evaluation design; baseline data comparisons; preliminary results, if available; and any followup surveys of participants.

Later in the experiment. Near the end of the study, the report can present preliminary analyses. In addition, the report can address quality control issues and reporting and publication options.

Topics to cover in a final evaluation report

The final evaluation report summarizes and disseminates the big picture. However, its content will depend heavily on its audience. A comprehensive final evaluation report will contain the components listed below.

The executive summary. The executive summary discusses the evaluation's overall purpose, findings, and implications.

The evaluation question. This section of the report discusses the authorization and justification for the evaluation. Include in this section references to any related studies that support the evaluation design or evaluation questions.

The design of the study. Describe the study design in detail. Include the sponsor of the evaluation, statistical power (the number of participants), the pipeline study (if applicable), eligibility criteria, recruitment procedures, a description of the participants, a description of logic models and if-then statements, outcome variables, and measurement methods.

The description of control or comparison groups. This section describes the selection of any control or comparison and treatment groups and how the control or comparison group is similar to or different from the treatment group (i.e., Child Advocacy Center (CAC) client participants).

Integrity of the design. This section of the report describes baseline data comparisons, eligibility-related data, participant acceptance rates, validity and reliability of the measures (standardized questionnaires should provide this information), changes in the design of the evaluation that occurred during the course of the study, attrition, and missing data.

Analyses and results. The analyses and results are typically presented simultaneously. First, discuss which type of analysis was performed, followed by the results of that analysis. Comparisons among groups or subgroup analyses (i.e., what works for whom) should be included here. Also include any limitations of the analyses and special problems, such as missing data.

Conclusions and implications. This section discusses the findings and interprets the results. The implications of the findings are important and must be specified for the reader. Also discuss how various internal and external factors that could not be measured might have affected the evaluation (see chapter 8).

Recommendations (when applicable). Typically, recommendations accompany an evaluation report and follow the section on implications because the recommendations emerge from the finding's implications.

References. Provide references or citations for any published or unpublished work used in the evaluation report.

Appendixes. A number of appendixes may be included in the evaluation report: survey questions, inventories, administrative reporting form(s), a copy of the informed consent form(s), and supporting statistical tables (if they are not in the text).

Public-use data file (if applicable). If your funding agency requires researchers to place their data in a public-use data depository, then specify in the report where the data can be accessed.

Presenting the Data

Several formats can be used to present the results of the evaluation:

- **Present both totals and subgroups in a table.** Present the data by subgroups broken down by relevant characteristics (e.g., gender, age, or racial groups), as well as by the whole sample. This kind of information is often more useful than a simple total. (Exhibit 11.3 shows a sample trauma symptom checklist for children.)
- **Present only subgroups in a table.** Present all of the results only by subgroups, such as gender, age, or racial groups.
- **Present comparison groups in a table.** Present the results by treatment and comparison group (see a sample in exhibit 11.4). Statistical computer packages have a cross-tabulations command to calculate this information automatically.
- **Present data visually by graphing the data.** Graphs tend to jump out at readers and capture their attention. However, a visible difference between two lines on a graph can occur because of chance alone and does not mean that there is a statistically significant difference between the two lines. Thus, the text needs to explicitly interpret the graph for the reader.

Reviewing the Evaluation Report

An effective evaluation report will contain no surprises because all major issues will have been discussed among the team members, and group decisions will have been made before writing the evaluation report. To further prevent surprises, preliminary drafts of the evaluation report should be shared with the evaluation team to obtain their reactions to the report's content and style. The team may provide missing data and anecdotal information that may make the report more complete. The team should also have an opportunity to comment on the final draft of the report. Consider attaching a cover letter requesting team members and any external reviewers to answer the following questions:

- Do the findings seem reasonable?
- Are they presented clearly?
- What questions do they raise that are not answered in the report?
- Are explanations of problem areas and proposed remedies satisfactory?
- What other tables or charts would be helpful?
- Does anything seem to be missing, such as an overlooked outcome or influencing factor?

The statement of work may stipulate that the entire team must approve the evaluation report before it is released (Gunn 1987). After it has been approved by the entire evaluation team, release the report to the larger audience.

Disseminating the Report

How the report is disseminated will affect how it is written. Some funding sources may stipulate how the report is to be disseminated. If the evaluation is sponsored through a government or foundation grant, for example, the authority to release the report lies with the principal investigator (Boruch 1997). Different venues for disseminating the evaluation report will reach very different audiences:

- **Conference presentations.** Conference presentations allow delivery of the results of the evaluation to a potentially large and diverse audience.
- **Newspapers.** Newspaper notices regarding the evaluation can increase community awareness about the center.
- **Newsletters.** Publishing the evaluation report in a newsletter, such as the National Children's Alliance newsletter, notifies other centers of the evaluation activities. This method allows a large number of people to learn from the center's evaluation methods and results.
- **Open houses.** Invite the community to an open house at the center and display the results of the evaluation in several locations throughout the center. Both the open house and the display of the evaluation results will foster positive community relations.
- **Journals.** Depending on the evaluation, the results may be published in a journal. Journals that would be amenable to an evaluation report include *Child Abuse & Neglect, Child Maltreatment, The Advisor,* and *New Directions for Program Evaluation.* If unsure where to submit the evaluation, consult with a faculty member at a local university or with staff at the American Evaluation Association.

Presenting the report publicly

It is sometimes difficult to determine who will present the evaluation to a group of people, for example, at a conference. Thus, decide during planning who "owns" the evaluation data.

In some cases, a sole evaluator may be responsible for the evaluation. This person will know the evaluation data best and will be in the best position to present the report to the public. However, in some situations it may be preferable for the director (or some other team member) to present the report. The audience to whom the evaluation is being reported may dictate who should present the evaluation results.

Making the presentation

The evaluation report should be delivered in a manner consistent with the evaluation questions asked, although the specific information presented depends on the audience. Visual aids should accompany any presentation. The presentation should include the evaluation theory, the evaluation predictions (i.e., hypotheses), the design of the study (who participated, the measures used, and the timeline of the study), analyses and results, and implications and recommendations.

Discoverability of the evaluation report

Depending on State statutes, the evaluation report may be discoverable. That is, the report could be subpoenaed and used as evidence in legal proceedings against the center. As these statutes vary from State to State, the applicable law in the State must be identified.

Summary comments

This resource book was written to educate CAC administrators about evaluation and to encourage administrators to engage in evaluation. Evaluation is important because it is the only way to ensure that a program is benefiting, not harming, the people it is trying to help (Thompson and McClintock 1998). Furthermore, in this time of increased accountability, it is imperative that administrators arm themselves with data to support the contention that CACs are a beneficial method of processing child sexual abuse cases. Administrators have to be able to say more than "I know it works."

With the publication of this manual, all CAC administrators can engage in some form of evaluation (program monitoring, outcome evaluation, or impact evaluation). This resource book contains all the necessary tools to conduct an evaluation, either independently or with the assistance of an evaluation professional. For example, it provides CAC administrators with practical information on recruiting and retaining participants, collecting data, analyzing the data, and writing the evaluation report. In addition, this volume contains a large range of instruments for use in various types of evaluations. Although undertaking an evaluation can be challenging, the benefits of doing so far outweigh the challenges.

Note

1. Some centers share evaluation reports with the MDT and some do not. If the MDT is completing surveys, then it seems only fair that they should have access to the results. Spend 5 minutes at case review highlighting the results or give team members a one-page summary with bulleted results.

Appendix A

Brief Descriptions of Other Types of Evaluations

Multisite Evaluation

Many directors evaluate their own Child Advocacy Centers (CACs). However, at times one may want to collaborate with other CACs to conduct a multisite evaluation (i.e., the same evaluation in multiple locations).

Prospective multisite evaluations have been defined by Sinacore and Turpin (1991) as evaluations in which—

- An investigator intends to use multiple sites at the beginning of the evaluation.
- The evaluation is a planned activity.
- Preferably, the evaluation is implemented in the same way at different geographical locations.
- The analysis consists of analyzing original data.[1]

Conducting a multisite evaluation offers many benefits:

- The sample size is larger.
- More data are collected over a shorter period of time.
- Deliberate sampling can obtain a more diverse sample (referred to as heterogeneity).

The greatest hurdle faced in conducting a multisite evaluation is standardizing evaluation protocols. This will require detailed planning and training so that data collection is consistent from site to site. Training manuals are helpful for standardization so that everyone has the various protocols in writing. Standardized methods of data organization (i.e., data collection, storage, entry, and cleaning) ensure that all sites treat the data in the same way.

When evaluations operate in a number of locations, a core set of performance measures can be supplemented with "local" performance measures.

Efficiency Analysis

This section introduces the concepts involved in efficiency analysis; it does not describe in detail how to conduct an efficiency analysis. Implementing an efficiency analysis is impractical for most people because of the required technical procedures, the methodological sophistication, the moral controversies over placing economic values on services, and the absence of a single "right" way to conduct this type of evaluation (Rossi, Freeman, and Lipsey 1999). Nonetheless, it may be helpful to know the terminology and methodology. The purpose of an efficiency analysis is twofold:

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1. In practice, evaluators tend to add all the data together from each site (referred to as a data pooling technique) to conduct statistical analyses. However, one can check for differences by sites by using a statistic called an analysis of variance. If one location stands out from the others on a particular variable, that group may need to be analyzed separately.

- To gain knowledge about program costs.
- To determine the differential payoff of one program versus another.

There are two types of efficiency analysis: cost-effectiveness analysis and cost-benefit analysis.

Cost-effectiveness analysis

Cost-effectiveness analysis compares the costs of two or more programs with similar goals to determine which program is most cost effective. Cost-effectiveness requires monetizing the program's costs so that the program's benefits are expressed in outcome units (Rossi, Freeman, and Lipsey 1999). For example, in a comparison of two program components designed to reduce child stress, the outcome unit would be a specific reduction in child stress as measured by a standardized instrument.

The disadvantage of this type of analysis is that it cannot ascertain the worth or merit of a given intervention in monetary terms. Even so, Rossi and colleagues recommend a cost-effectiveness analysis for most social programs.

Cost-benefit analysis

Cost-benefit analysis requires estimating the benefits (i.e., outcomes produced, both tangible and intangible) and the costs (i.e., resources consumed, both direct and indirect) of undertaking a program. Once specified, the benefits (outcomes) and the costs are either measured in the same units, typically monetary, or translated into a common measure (usually monetary), and outcomes are contrasted with costs (Rossi, Freeman, and Lipsey 1999). However, cost analysis should consider costs other than money (Scriven 1993), such as psychological costs, space costs (displacing something), and opportunity costs (displacing other programs).

The most direct cost-benefit analysis subtracts costs from benefits. Typically the benefits of a program are greater than its costs, resulting in a net benefit. Sometimes, however, the costs of a program are greater than its benefits; this does not always mean the program should be discontinued. For example, the community is responsible for treating child victims of sexual abuse. Even though the costs may be very high, no monetary value can be placed on helping these individuals. However, one may want to compare the costs and benefits of two different programs that treat child victims of sexual abuse, such as onsite therapy versus offsite therapy. A cost-benefit analysis can help determine which model to implement.

When conducting a cost-benefit analysis, beware of the following pitfalls.

Identifying and measuring all program costs and benefits. When important benefits are disregarded because they cannot be measured or monetized, the project may appear less efficient than it is; if certain costs are omitted, the project will seem more efficient than it is, resulting in misleading estimates.

Expressing costs and benefits in terms of monetary values. Expressing all costs and benefits in terms of a common denominator, such as a monetary value, may not capture the essence of the outcome. For example, what value should be placed on providing treatment to child sexual abuse (CSA) victims?

A cost-benefit analysis requires many people to accomplish many tasks (Yates 1996). To isolate the resources spent on each client, evaluators must calculate the costs of every aspect of a program, including personnel, facilities, equipment, and supplies.

The ratio of benefits to costs indicates the profitability of the program. If the ratio exceeds 1:1, the benefits are greater than the costs and the program is profitable. However, Rossi, Freeman, and Lipsey (1999) recommend against using a cost-benefit ratio because a ratio is more difficult to interpret.

Coverage

Many CAC directors have reported concerns that not all CSA cases are being referred to their center. This issue is referred to as *coverage* (Rossi, Freeman, and Lipsey 1999). The concern is whether the agency is serving the population in need of its services. There are two forms of coverage: *undercoverage,* measured by the proportion of clients in need of services who actually receive those services, and *overcoverage,* the proportion of clients who are not in need of services compared with the total number of clients in a particular population not in need of services. In an effort to maximize reaching those in need and minimize reaching those not in need, *coverage efficiency* is measured by the following formula:

$$\text{Coverage efficiency} = 100 \times \frac{\text{Number in need served}}{\text{Total number in need}} - \frac{\text{Number not in need served}}{\text{Total number not in need}}$$

To determine a center's coverage, use official records or survey the community to determine how many CSA cases are reported and compare those numbers to the number of clients referred to the center.

Appendix B

Results of a Telephone Interview With CAC Directors

To design an evaluation resource book that would benefit Child Advocacy Center (CAC) directors, it was necessary to understand the services that CACs provide. It was also important to learn what directors were doing in terms of evaluations and to elicit their thoughts on what the resource book should contain. Therefore, telephone interviews were conducted with CAC directors. CACs may have membership in the National Children's Alliance (referred to as member and associate member centers) or not (referred to as nonmember centers).

Methodology

Participants

A stratified random selection design (stratified by State, number of children served, ethnicity of children served, and member/nonmember status) was used to select potential participants. Participants were 117 CAC directors. Exhibit B.1 lists the directors' characteristics, shown by member and nonmember status and by the entire sample.

Semistructured interview

The investigator developed a semistructured interview. The first section of the interview asked about services provided by centers. This section was based on the National Children's Alliance proposed guidelines for membership. These are core components that are a part of the majority of the centers' programs—with the exception of organizational and cultural capacity (i.e., a child-friendly facility, a multidisciplinary team, a child investigative interview, a medical evaluation component, a mental health component, victim advocacy, case review, and case tracking). Results of this part of the survey are presented elsewhere (Jackson 2004).

The second section of the questionnaire asked directors about their activities and thoughts regarding evaluations. The results of this part of the survey are presented here.

Procedure

Letters were sent to invite 142 CAC administrators to participate in the study. Followup telephone calls were made to directors to schedule the telephone interview. Twenty-five centers either could not be contacted or were no longer a CAC (e.g., one nonmember program was redesigned to mentor adolescents).

Over a 4-month period of time, semistructured telephone interviews were conducted with 117 CAC administrators. The total sample consisted of 74 member administrators and 43 nonmember administrators. Contact was made with both a member and a nonmember center in every State but six where there were both types of centers. (Only a member center was contacted in Montana and only nonmember centers were contacted in Colorado, Indiana, South Carolina, Utah, and Vermont.) The interviews lasted between 30 and 120 minutes.

Results

Exhibit B.2 summarizes part of the telephone interview. Results revealed that many centers (53 percent) are conducting some type of evaluation.

As exhibit B.3 shows, many directors across the country are engaged in a number of different evaluation activities.

However, directors also had excellent ideas for needed research and evaluation (exhibit B.4). The percentage beside each type of evaluation or research question indicates the percentage of CAC directors who identified that evaluation or research activity. The exhibit is divided by member and nonmember status; to maintain anonymity, no identifying information is given as to which centers are engaged in which type of evaluation.

Exhibit B.1. Directors' Demographics

	Member (*N* = 74)		Nonmember (*N* = 43)		Total	
Directors' Background*	Social work	40%	Social work	59%	Social work	47%
	Business and social work	16%	Law enforcement	8%	Business and social work	11%
	Medical	7%	Counseling	5%	Medical	7%
			Medical	5%		
			Education	5%		
Directors' Education	MSW	22%	MSW	22%	MSW	22%
	MA Counseling	7%	MA Counseling	11%	MA Counseling	9%
	BS Education	7%	BS Social work	8%	BS Education	7%
	BS Nursing	6%	BS Criminal justice	6%	BS Social work	6%
	MA Public administration	6%	BS Nursing	6%	BS Nursing	6%
Length of Time as Director at the Center	Average	4.4 years	Average	4.2 years	Average	4.3 years
	Range	0–14 years	Range	0–12 years	Range	0–14 years

* Only the most common backgrounds and levels of education are presented here. A list of all directors' backgrounds and education is available from the author.
BA = Bachelor of Arts
BS = Bachelor of Science
MA = Master of Arts
MSW = Master of Social Work

Exhibit B.2. Results of Telephone Interviews With Child Advocacy Center Directors (*N* = 117)

Question	Directors' Responses	Respondents in Agreement
Are you conducting any kind of an assessment of your program?	Yes	53%
When did you begin the evaluation?*	At some point after the center was opened	63%
	At the time the center opened	37%
What kinds of things are you evaluating?*†	Client satisfaction	65%
	Agency satisfaction	62%
What made you decide to evaluate your program?*	For grants (writing or receiving grants)	19%
	To determine if our program is on track	10%
	To meet a requirement (e.g., parent organization)	10%
Who is doing the evaluation?*	CAC director and/or staff	71%
	External evaluator	20%
	A combination of internal and external individuals	9%
Whom would you prefer to conduct your evaluation?	Prefer a combination of internal and external	45%
	Prefer someone external	27%
	Prefer someone internal	21%
	I don't know	7%
What are some benefits to conducting an evaluation?†	To improve the program	56%
	To document how the center is doing	40%
	To obtain funding for the program	33%
	To be accountable to the community	9%
	To boost morale of staff and MDT members	8%
What are some barriers to conducting an evaluation?†	Time	40%
	Evaluation skill/knowledge	22%
	Money	21%
	Fear of results	21%
	No cooperation (team, families, staff)	21%
	No need for evaluation (e.g., "I just know")	7%
What are some things that might motivate you to begin an evaluation?†	If we wanted to improve our program	56%
	If we needed to document how we are doing	40%
	If we wanted to use the results to obtain funding	33%
	If we thought we needed to be responsive to the community's needs	9%
	If someone required it (e.g., parent organization)	9%
	If there was an evaluation tool	9%
	If we wanted to boost the morale of our staff and MDT members	8%
	If I was given the money to do the evaluation	6%
	If I was receiving complaints about the program	5%
	There are no motivators (e.g., "I know how the program is working")	4%
	If I had more time	2%
What kinds of things would you like to evaluate?†	Aspects of the center itself	50%
	Aspects of the MDT	44%
	The impact of the CAC on children	30%
	Client satisfaction	22%
	Aspects of therapy	18%
	Aspects of the child interview process	18%
	Research questions	18%
	Aspects of prosecution	16%
	Children's satisfaction with the center	15%
	Aspects of the medical examination	7%

Exhibit B.2. Results of Telephone Interviews With Child Advocacy Center Directors (*N* = 117) (continued)

Question	Directors' Responses	Respondents in Agreement
How much money would you be willing to spend on an evaluation?	I don't know	33%
	A lot	31%
	A small amount	24%
	Zero	12%

*These questions were asked only of center directors who were conducting an evaluation.
† Responses to these questions are not mutually exclusive.

Exhibit B.3. Percentage of CAC Evaluators Currently Engaged in Each Type of Evaluation Activity

Member		Nonmember	
Agency satisfaction	89%	Agency satisfaction	65%
Client satisfaction	70%	Client satisfaction	63%
Peer review of videotaped interviews	11%	Pre-post education evaluation	13%
MDT issues	11%	Prosecution rates	12%
Pre-post education evaluation	8%	Peer review of videotaped interviews	6%
Paperwork protocols	8%	Pre-post evaluation of groups or therapy	6%
Pre-post evaluation of groups or therapy	4%	Paperwork protocols	5%
Pre-post medical exam	3%	Evaluation of office staff	2%
Pre-post child interview	3%		
Focus groups	3%		
Child satisfaction	1%		
Co-locating assessment	*		
Community survey	*		
Cost-benefit analysis	*		
Evaluation of forensic evaluations	*		
Family pre-post therapy	*		
Mother advocate program	*		
Prosecution rates	*		
Tracking revictimization, juvenile justice, teen pregnancy, and domestic violence	*		
Utilization of the CAC	*		

* Less than 1% of respondents gave this answer.

Exhibit B.4. Percentage of CAC Directors Who Would Like to Engage in Each Type of Evaluation

Member		Nonmember	
Impact of CACs on children	40%	Client satisfaction	43%
MDT issues	36%	MDT issues	30%
Client satisfaction	31%	Impact of CACs on children	20%
Breadth and adequacy of CAC services	21%	Quality of forensic interviewers	19%
Agency satisfaction	21%	Breadth and adequacy of CAC services	15%
Pre-post evaluation of groups or therapy	13%	Agency satisfaction	14%
Impact of trained versus untrained child interviewers	13%	Prosecution rates	13%
Quality of forensic interviewers	11%	Impact of trained versus untrained child interviewers	8%
Mental health of staff	10%	Reliability of medical assessments	7%
Prevention of child sexual abuse	9%	Mental health of staff	3%
Prosecution rates	9%	Child satisfaction	3%
Timeliness in responding to a report	7%	Pre-post evaluation of groups or therapy	3%
Whether medical evidence affects prosecution	5%	Timeliness in responding to a report	3%
Effectiveness of a medical examination	4%	Peer review of videotaped interviews	3%
Completion of clinical services	3%	Paperwork protocols	3%
Child satisfaction	3%	How do cases close	*
Pre-post medical exam	2%	Risk factors for revictimization	*
Pre-post child interview	2%	Utilization of the CAC	*
Juvenile justice outcomes	2%	Expertise of personnel	*
Facility expansion	*	Prevention of child sexual abuse	*
Whether children are safer than before they disclosed	*	The effects of live versus videotaped testimony	*
Risk factors for revictimization	*	Effectiveness of court school	*
Public defenders' perceptions of the CAC	*	Ways to increase the sensitivity of FBI agents	*
Whether immediate parental support helps children improve faster	*	Ways to increase Tribal/non-Tribal coordination	*
Impact on siblings	*	Whether clients enter counseling	*
Factors contained in medical records that predict child sexual abuse	*	Whether the court process helped children feel secure	*
Expertise of personnel	*	How best to govern a CAC	*
Advisory Board	*	Increasing mental health coordination	*
Judges' perceptions of the CAC	*	The most useful case review methods	*
Ways to empower parents	*		
Mental health outcomes between domestic violence, child sexual abuse, and the CAC	*		

Exhibit B.4. Percentage of CAC Directors Who Would Like to Engage in Each Type of Evaluation (continued)

Member	Nonmember
Utilization of the CAC	*
Impact of CAC on prosecution	*
Cost-benefit analysis	*
Community residents' perceptions of the CAC (e.g., residents in the grocery store)	*

* Less than 1% of respondents gave this answer.

Appendix C

Sample Measures for Conducting a Program Monitoring Evaluation

Child-Friendly Facility Program Monitoring Evaluation Questionnaires

Child-Friendly Facility: General Program Monitoring Questionnaire—Staff Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. Are there toys for both girls and boys?	❑ Yes	❑ Somewhat	❑ No
2. Are there activities for adolescents?	❑ Yes	❑ Somewhat	❑ No
3. Is the room clean?	❑ Yes	❑ Somewhat	❑ No
4. Does someone greet the family right away?	❑ Yes	❑ Somewhat	❑ No
5. Does someone interact with the children while they are waiting?	❑ Yes	❑ Somewhat	❑ No
6. Does someone explain to families what is going to happen while at the center?	❑ Yes	❑ Somewhat	❑ No
7. Is the walkway to the center child friendly?	❑ Yes	❑ Somewhat	❑ No
8. Is there too much stuff for young kids?	❑ Yes	❑ Somewhat	❑ No
9. Is good use being made of the waiting room?	❑ Yes	❑ Somewhat	❑ No

Child-Friendly Facility: Specific Program Monitoring Questionnaire—Staff Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

Waiting Room

1. The waiting room provides maximum separation of the child from the alleged offender.	❑ Yes	❑ Somewhat	❑ No
2. The waiting room is physically safe for children.	❑ Yes	❑ Somewhat	❑ No
3. The staff are always able to observe the individuals in the waiting room.	❑ Yes	❑ Somewhat	❑ No
4. The CAC provides a separate area where children and parents can wait.	❑ Yes	❑ Somewhat	❑ No
5. The available materials and toys reflect the interests and needs of children of all ages.	❑ Yes	❑ Somewhat	❑ No

Other Rooms

6. The CAC provides a separate area for case consultation.	❑ Yes	❑ Somewhat	❑ No
7. The CAC provides a separate area for meetings with caregivers.	❑ Yes	❑ Somewhat	❑ No
8. The CAC provides a separate area for interviews.	❑ Yes	❑ Somewhat	❑ No
9. The CAC provides a place for team members to observe the actual interview.	❑ Yes	❑ Somewhat	❑ No
10. Overall, the CAC environment reflects the social, cultural, and ethnic makeup of the community served.	❑ Yes	❑ Somewhat	❑ No
11. The location of the CAC is convenient to clients.	❑ Yes	❑ Somewhat	❑ No
12. The location of the CAC is convenient to team members (to the maximum extent possible).	❑ Yes	❑ Somewhat	❑ No

Home Observation for Measurement of the Environment (HOME)

Authors: B. Caldwell and R. Bradley

Purpose: This instrument can be adapted to measure the CAC environment for child appropriateness. The instrument has established reliability and validity and has been used extensively in research with children and families.

Resource: *Administration Manual: Home Observation for Measurement of the Environment* (revised ed.). Little Rock: University of Arkansas at Little Rock, 1984.

Child-Friendly Facility: General Program Monitoring Questionnaire—Multidisciplinary Team Form

Recruitment Script: Please help us evaluate our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine what we need to work on to serve you and our clients better. Completed surveys are anonymous and will be kept absolutely confidential. Center staff will not have access to individual responses, but general feedback on the range of responses will be provided to ensure service improvement.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. Are there toys for both girls and boys?	❑ Yes	❑ Somewhat	❑ No
2. Are there activities for adolescents?	❑ Yes	❑ Somewhat	❑ No
3. Is the room clean?	❑ Yes	❑ Somewhat	❑ No
4. Does someone greet you right away?	❑ Yes	❑ Somewhat	❑ No
5. Does someone interact with the children while they are waiting?	❑ Yes	❑ Somewhat	❑ No
6. Are the staff courteous?	❑ Yes	❑ Somewhat	❑ No
7. Does someone explain to the family what is going to happen while at the center?	❑ Yes	❑ Somewhat	❑ No
8. Is the walkway to the center child friendly?	❑ Yes	❑ Somewhat	❑ No
9. Is there too much stuff for young kids?	❑ Yes	❑ Somewhat	❑ No
10. Is good use being made of the waiting room?	❑ Yes	❑ Somewhat	❑ No

Child-Friendly Facility: Specific Program Monitoring Questionnaire—Multidisciplinary Team Form

Recruitment Script: Please help us evaluate our Child Advocacy Center (CAC). We are interested in your honest opinion, whether positive or negative. Your feedback will help determine what we need to work on to serve you and our clients better. Completed surveys are anonymous and will be kept absolutely confidential. Center staff will not have access to individual responses, but general feedback on the range of responses will be provided to ensure service improvement.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

Waiting Room

1. The waiting room provides maximum separation of the child from the alleged offender.	❑ Yes	❑ Somewhat	❑ No
2. The waiting room is physically safe for children.	❑ Yes	❑ Somewhat	❑ No
3. The staff are always able to observe the individuals in the waiting room.	❑ Yes	❑ Somewhat	❑ No
4. The CAC provides a separate area where children and parents can wait.	❑ Yes	❑ Somewhat	❑ No
5. The available materials and toys reflect the interests and needs of children of all ages.	❑ Yes	❑ Somewhat	❑ No

Other Rooms

6. The CAC provides a separate area for case consultation.	❑ Yes	❑ Somewhat	❑ No
7. The CAC provides a separate area for meetings with caregivers.	❑ Yes	❑ Somewhat	❑ No
8. The CAC provides a separate area for interviews.	❑ Yes	❑ Somewhat	❑ No
9. The CAC provides a place for team members to observe the actual interview.	❑ Yes	❑ Somewhat	❑ No

10. Overall, the CAC environment reflects the social, cultural, and ethnic makeup of the community served.	❑ Yes	❑ Somewhat	❑ No
11. The location of the CAC is convenient to clients.	❑ Yes	❑ Somewhat	❑ No
12. The location of the CAC is convenient to team members (to the maximum extent possible).	❑ Yes	❑ Somewhat	❑ No

Child-Friendly Facility: General Program Monitoring Questionnaire—Parent Form

Recruitment Script: Please help us evaluate our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine what we may need to work on to serve you and other families better. Completed surveys are anonymous and will be kept absolutely confidential. Staff will not have access to individual responses, but general feedback on the range of responses will be provided to ensure service improvement.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. Are there toys for both girls and boys?	❑ Yes	❑ Somewhat	❑ No
2. Are there activities for adolescents?	❑ Yes	❑ Somewhat	❑ No
3. Is the room clean?	❑ Yes	❑ Somewhat	❑ No
4. Did someone greet you right away?	❑ Yes	❑ Somewhat	❑ No
5. Did someone interact with your child while you were waiting?	❑ Yes	❑ Somewhat	❑ No
6. Were the staff courteous?	❑ Yes	❑ Somewhat	❑ No
7. Did someone explain to you what was going to happen while at the center?	❑ Yes	❑ Somewhat	❑ No
8. Is the walkway to the center child friendly?	❑ Yes	❑ Somewhat	❑ No
9. Do you feel like this is some place you like visiting?	❑ Yes	❑ Somewhat	❑ No
10. Do you feel safe here?	❑ Yes	❑ Somewhat	❑ No
11. Does this feel like a safe place to talk to people about what happened?	❑ Yes	❑ Somewhat	❑ No
12. Is there too much stuff for young kids?	❑ Yes	❑ Somewhat	❑ No
13. Is the center making good use of its waiting room?	❑ Yes	❑ Somewhat	❑ No

Child-Friendly Facility: General Program Monitoring Questionnaire—Youth Form

Recruitment Script: We are trying to figure out whether we are doing the best possible job here at the Child Advocacy Center. We need to know what you think about things here, whether you think they are good or bad. If you had a bad time here, we need to know why so we can make things better. The people whom you talked with today are not going to see your answers to these questions, so you can be completely honest.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. Are there toys for both girls and boys?	❑ Yes	❑ Somewhat	❑ No
2. Are there activities for people your own age?	❑ Yes	❑ Somewhat	❑ No
3. Is the room clean?	❑ Yes	❑ Somewhat	❑ No
4. Did someone greet you right away?	❑ Yes	❑ Somewhat	❑ No
5. Did someone interact with you while you were waiting?	❑ Yes	❑ Somewhat	❑ No
6. Were the staff nice to you?	❑ Yes	❑ Somewhat	❑ No
7. Did someone explain to you what was going to happen while you were at the center?	❑ Yes	❑ Somewhat	❑ No
8. Did you like the toys at the center?	❑ Yes	❑ Somewhat	❑ No
9. Is this some place you like visiting?	❑ Yes	❑ Somewhat	❑ No
10. Do you feel safe here?	❑ Yes	❑ Somewhat	❑ No
11. Does this feel like a safe place to talk to people about what happened?	❑ Yes	❑ Somewhat	❑ No

Child Investigative Interview Program Monitoring Evaluation Questionnaires

Child Investigative Interview Program Monitoring Questionnaire—Child Interviewer Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. The CAC promotes investigative interviews that are legally sound. ❑ Yes ❑ Somewhat ❑ No
2. The CAC promotes investigative interviews that are developmentally appropriate. ❑ Yes ❑ Somewhat ❑ No
3. The CAC promotes investigative interviews that are neutral. ❑ Yes ❑ Somewhat ❑ No
4. The CAC promotes investigative interviews that are of a fact-finding nature. ❑ Yes ❑ Somewhat ❑ No
5. The CAC promotes investigative interviews that are coordinated to avoid duplicate interviewing. ❑ Yes ❑ Somewhat ❑ No
6. The CAC has the capacity to allow team members to observe interviews. ❑ Yes ❑ Somewhat ❑ No
7. The CAC has the capacity to relay feedback to the interviewer during the interview. ❑ Yes ❑ Somewhat ❑ No
8. Team interviews are routinely conducted at the CAC. ❑ Yes ❑ Somewhat ❑ No
9. Team interviews are conducted in field settings. ❑ Yes ❑ Somewhat ❑ No
10. The team's written guidelines include a section regarding an appropriate interviewer. ❑ Yes ❑ Somewhat ❑ No
11. The team's written guidelines include a section regarding sharing information with investigators. ❑ Yes ❑ Somewhat ❑ No
12. If children have been interviewed elsewhere, please explain.

_____

_____

_____

Child Investigative Interview Program Monitoring Questionnaire—Child Interviewer Form—Short Form

1. Was a joint investigation conducted? ❑ Yes ❑ No
2. Number of investigative interviews: _____
3. How much information did you obtain from the child (please check one)?
   - ❑ A little
   - ❑ Partial disclosure, but not enough to prosecute
   - ❑ Partial disclosure, enough to prosecute
   - ❑ Full disclosure, but no evidence of abuse
   - ❑ Full disclosure
4. Was your performance as an interviewer ever evaluated? ❑ Yes ❑ No
5. Do you receive feedback about your interviewing performance? ❑ Yes ❑ No
6. Did you receive initial training? ❑ Yes ❑ No
7. If yes, please describe your training.

   _____

   _____

   _____
8. Do you receive ongoing training? ❑ Yes ❑ No

Child Investigative Interview Program Monitoring Questionnaire—Parent Form

Recruitment Script: Please help us evaluate our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine what we may need to work on to serve you and other families better. Completed surveys are anonymous and will be kept absolutely confidential. Staff will not have access to individual responses, but will receive general feedback on the range of responses.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. My questions regarding my child's interview were answered to my satisfaction.	❑ Yes	❑ Somewhat	❑ No
2. My child seemed calm after the interview.	❑ Yes	❑ Somewhat	❑ No
3. I was as informed as possible about my child's interview.	❑ Yes	❑ Somewhat	❑ No
4. The person who interviewed my child made me feel comfortable about the interview.	❑ Yes	❑ Somewhat	❑ No
5. I understand why I could not be with my child during the interview.	❑ Yes	❑ Somewhat	❑ No
6. I think I should be able to observe my child's interview.	❑ Yes	❑ Somewhat	❑ No

Child Investigative Interview Program Monitoring Questionnaire—Youth Form

Recruitment Script: We are trying to figure out whether we are doing the best possible job here at the Child Advocacy Center. We need to know what you think about things here, whether you think they are good or bad. If you had a bad time here, we need to know why, so we can make things better. The people whom you talked with today are not going to see your answers to these questions, so you can be completely honest.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. I was told what to expect before I was interviewed.	❑ Yes	❑ Somewhat	❑ No
2. The person who interviewed me was nice to me.	❑ Yes	❑ Somewhat	❑ No
3. I was scared about being interviewed.	❑ Yes	❑ Somewhat	❑ No
4. The room where I was interviewed was uncomfortable.	❑ Yes	❑ Somewhat	❑ No
5. The interview was not as bad as I thought it would be.	❑ Yes	❑ Somewhat	❑ No
6. I was given something to draw with during the interview.	❑ Yes	❑ Somewhat	❑ No
7. I was told what to do if I needed to go to the bathroom.	❑ Yes	❑ Somewhat	❑ No
8. I was told that I could say "I don't know" any time that was the truth.	❑ Yes	❑ Somewhat	❑ No
9. The interviewer talked to me in a nice voice.	❑ Yes	❑ Somewhat	❑ No
10. The interviewer took me back to my parent or guardian when we were done talking.	❑ Yes	❑ Somewhat	❑ No

Child Investigative Interview Program Monitoring Questionnaire—Multidisciplinary Team Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. The CAC promotes investigative interviews that are legally sound. ❑ Yes ❑ Somewhat ❑ No
2. The CAC promotes investigative interviews that are developmentally appropriate. ❑ Yes ❑ Somewhat ❑ No
3. The CAC promotes investigative interviews that are neutral. ❑ Yes ❑ Somewhat ❑ No
4. The CAC promotes investigative interviews that are of a fact-finding nature. ❑ Yes ❑ Somewhat ❑ No
5. The CAC promotes investigative interviews that are coordinated to avoid duplicate interviewing. ❑ Yes ❑ Somewhat ❑ No
6. The CAC has the capacity to allow team members to observe interviews. ❑ Yes ❑ Somewhat ❑ No
7. The CAC has the capacity to relay feedback to the interviewer during the interview. ❑ Yes ❑ Somewhat ❑ No
8. Team interviews are routinely conducted at the CAC. ❑ Yes ❑ Somewhat ❑ No
9. Team interviews are conducted in field settings. ❑ Yes ❑ Somewhat ❑ No
10. The team's written guidelines include a section regarding an appropriate interviewer. ❑ Yes ❑ Somewhat ❑ No
11. The team's written guidelines include a section regarding sharing information with investigators. ❑ Yes ❑ Somewhat ❑ No
12. If children have been interviewed elsewhere, please explain.

_____

_____

_____

Medical Examination Program Monitoring Evaluation Questionnaires

Medical Examination Program Monitoring Questionnaire—Health Care Providers Form

Recruitment Script: Please help us evaluate the medical examination component of our Child Advocacy Center (CAC). We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve families better.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. A specialized medical evaluation is available to the CAC.	❑ Yes	❑ Somewhat	❑ No
2. The CAC's medical policies describe under what circumstances a medical evaluation is recommended.	❑ Yes	❑ Somewhat	❑ No
3. The CAC's medical policies describe how the medical evaluation is made available to clients.	❑ Yes	❑ Somewhat	❑ No
4. The CAC's medical policies describe how taking the medical history is coordinated with investigative interviewing.	❑ Yes	❑ Somewhat	❑ No
5. Each team member receives a written protocol for the medical evaluation.	❑ Yes	❑ Somewhat	❑ No
6. Medical evaluations are provided by specially trained personnel at the CAC.	❑ Yes	❑ Somewhat	❑ No
7. The CAC is able to arrange a medical evaluation by a specially trained physician in an appropriate facility.	❑ Yes	❑ Somewhat	❑ No
8. Medical response is available on a 24-hour basis.	❑ Yes	❑ Somewhat	❑ No
9. Medical services are made available to all CAC clients regardless of their ability to pay.	❑ Yes	❑ Somewhat	❑ No
10. CAC staff are trained about the purpose and nature of the medical evaluation.	❑ Yes	❑ Somewhat	❑ No
11. Parents and caregivers are told about the purpose and nature of the medical evaluation.	❑ Yes	❑ Somewhat	❑ No

12. Children are told about the purpose and nature of the medical evaluation. ❑ Yes ❑ Somewhat ❑ No

13. Findings of the medical evaluation are shared with investigators and prosecutors on the multidisciplinary team in a routine manner. ❑ Yes ❑ Somewhat ❑ No

14. Findings of the medical evaluation are shared with investigators and prosecutors on the multidisciplinary team in a timely manner. ❑ Yes ❑ Somewhat ❑ No

Factors Associated With Reduced Stress Associated With a Medical Examination—Health Care Providers Form[1]

Recruitment Script: Please help us evaluate the medical examination component of our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve families better.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. I address the immediate questions and concerns of the child. ❑ Yes ❑ Somewhat ❑ Not Applicable
2. The person who prepares the child is not the person who conducts the examination. ❑ Yes ❑ Somewhat ❑ Not Applicable
3. The child is given a tour of the clinic. ❑ Yes ❑ Somewhat ❑ Not Applicable
4. The child can choose whether the examiner is a male or female. ❑ Yes ❑ Somewhat ❑ Not Applicable
5. The child can choose who will be present during the examination. ❑ Yes ❑ Somewhat ❑ Not Applicable
6. The child is encouraged to make a written report card about the physician. ❑ Yes ❑ Somewhat ❑ Not Applicable
7. The child is taught imagery and breathing techniques. ❑ Yes ❑ Somewhat ❑ Not Applicable
8. I discuss with the child what to say to me when feeling frightened or uncomfortable. ❑ Yes ❑ Somewhat ❑ Not Applicable
9. I have the child practice the positions that will be required of the child during the examination. ❑ Yes ❑ Somewhat ❑ Not Applicable
10. I have the child write a letter to me after the examination expressing his or her feelings about the examination and toward me. ❑ Yes ❑ Somewhat ❑ Not Applicable
11. I meet with the child and parent before the examination. ❑ Yes ❑ Somewhat ❑ Not Applicable

1. Berson, Nancy L., Marcia E. Herman-Giddens, and Thomas E. Frothingham. 1993. Children's perceptions of genital examinations during sexual abuse evaluations. *Child Welfare* LXXII (1): 41–49.

12. I advise parents not to discuss the examination with their child prior to the examination because of parents' possible misperceptions. ❑ Yes ❑ Somewhat ❑ Not Applicable

13. The parent is not given an active role during the examination, but is there for support and comfort. ❑ Yes ❑ Somewhat ❑ Not Applicable

14. The parent is not allowed to look at the genital area during the examination. ❑ Yes ❑ Somewhat ❑ Not Applicable

15. The parent of the opposite sex is not allowed to be present (unless the child is very young). ❑ Yes ❑ Somewhat ❑ Not Applicable

16. I explain to parents that the examination is different from adult gynecological or urological examinations. ❑ Yes ❑ Somewhat ❑ Not Applicable

17. I allow the child to have a favorite toy or animal during the examination. ❑ Yes ❑ Somewhat ❑ Not Applicable

18. I avoid discussing the results of the examination in front of the child because of possible misperceptions. ❑ Yes ❑ Somewhat ❑ Not Applicable

19. I reassure the child that the examination found her or him healthy and normal. ❑ Yes ❑ Somewhat ❑ Not Applicable

20. I do not question the child about the abuse during the medical examination (thereby separating the role of interviewer from medical examiner). ❑ Yes ❑ Somewhat ❑ Not Applicable

21. If the child wants to talk about the abuse, I tell the child to talk about the experience with the interviewer. ❑ Yes ❑ Somewhat ❑ Not Applicable

22. The child gives me a grade on how well I did. ❑ Yes ❑ Somewhat ❑ Not Applicable

Quality Assurance for Medical Examination Chart Review—CAC Staff Form

(CARES—Boise, Idaho, at St. Luke's)

Recruitment Script: Please help us evaluate the medical recordkeeping at the Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve families better.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. Is the history of the presenting concerns clearly documented?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
2. Is there documentation of who brought the child in for the exam?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
3. Is there documentation about prior sexual or physical abuse history?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
4. Is the past medical history complete?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
5. Are the child's statements recorded?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
6. Is there a description of the child's behavior/affect during the examination?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
7. Are the examiner's questions documented?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
8. Are the examination positions documented?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
9. Is the complete exam documented?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
10. Are the genital findings documented using accepted terminology?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
11. Are the interpretations documented?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
12. If labs are ordered, is the order documented?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
13. Are followup recommendations documented?	❑ Yes	❑ Somewhat	❑ No	❑ N/A
14. Is there documentation of prior genital examinations and findings?	❑ Yes	❑ Somewhat	❑ No	❑ N/A

15. Other Comments? _____

_____

Medical Examination Program Monitoring Questionnaire—Parent Form

Recruitment Script: Please help us evaluate the Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve you and other families better. Completed surveys are anonymous and will be kept absolutely confidential. Staff will not have access to individual responses, but will receive general feedback on the range of responses.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the word that best reflects your opinion.

1. I was informed about what my child's medical examination would be like.	❑ Yes	❑ Somewhat	❑ No
2. I was told before the medical examination whether or not I could be with my child during the examination.	❑ Yes	❑ Somewhat	❑ No
3. The person who provided the medical examination answered all of my questions about the examination.	❑ Yes	❑ Somewhat	❑ No

Medical Examination Program Monitoring Questionnaire—Youth Form

Recruitment Script: We are trying to figure out whether we are doing the best possible job here at our Child Advocacy Center. We need to know what you think about things here, whether you think they are good or bad. If you had a bad time here, we need to know why so we can make things better. The people who you talked with today are not going to see your answers to these questions, so you can be completely honest.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. I was told what the medical examination would be like. ❑ Yes ❑ Somewhat ❑ No
2. Before the medical examination began, I was told I could bring whomever I wanted into the exam room. ❑ Yes ❑ Somewhat ❑ No
3. The person who examined me answered all of my questions about the examination. ❑ Yes ❑ Somewhat ❑ No

Mental Health Services Program Monitoring Evaluation Questionnaires

Mental Health Services Program Monitoring Questionnaire—Therapist Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the response that best reflects your opinion.

1. Mental health services are available to clients at the CAC.	❑ Yes	❑ Somewhat	❑ No
2. The CAC coordinates mental health services for clients through other treatment providers.	❑ Yes	❑ Somewhat	❑ No
3. The team's written protocol includes statements about mental health treatment availability.	❑ Yes	❑ Somewhat	❑ No
4. The team's written protocol includes statements about the role of the mental health clinician on the multidisciplinary team.	❑ Yes	❑ Somewhat	❑ No
5. The team's written protocol includes statements about the mental health clinician's role in case tracking.	❑ Yes	❑ Somewhat	❑ No
6. The team's written protocol includes statements about the mental health clinician's role in case reviews.	❑ Yes	❑ Somewhat	❑ No
7. Mental health services for the child client are routinely made available onsite.	❑ Yes	❑ Somewhat	❑ No
8. Mental health services for the child client are routinely made available through agreements with other agencies.	❑ Yes	❑ Somewhat	❑ No
9. Mental health services for the nonoffending caregiver(s) are routinely made available onsite.	❑ Yes	❑ Somewhat	❑ No
10. Mental health services for the nonoffending caregiver(s) are routinely made available through agreements with other agencies.	❑ Yes	❑ Somewhat	❑ No
11. Mental health treatment services are available regardless of ability to pay.	❑ Yes	❑ Somewhat	❑ No

12. There is a clear delineation between the treating mental health clinician and any individual who may be conducting the investigative interview. ❑ Yes ❑ Somewhat ❑ No

13. There is a clear delineation between the treating mental health clinician and any individual who may be involved in the ongoing investigation. ❑ Yes ❑ Somewhat ❑ No

Therapeutic Intervention Program Monitoring Questionnaire—Therapist Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the word that best reflects your opinion.

1. Mental health services are available to clients at the CAC. ❑ Yes ❑ No
2. The CAC coordinates mental health services for clients through other treatment providers. ❑ Yes ❑ No
3. The team's written protocol includes statements about mental health treatment availability. ❑ Yes ❑ No
4. The team's written protocol includes statements about the role of the mental health clinician in case tracking. ❑ Yes ❑ No
5. The team's written protocol includes statements about the role of the mental health clinician in case review. ❑ Yes ❑ No
6. The team's written protocol includes statements about the role of the mental health clinician on the multidisciplinary team. ❑ Yes ❑ No
7. Mental health services for the child client are routinely made available onsite. ❑ Yes ❑ No
8. Mental health services for the child client are routinely made available through linkage agreements with other agencies. ❑ Yes ❑ No
9. Mental health services for the nonoffending caregiver(s) are routinely made available onsite. ❑ Yes ❑ No
10. Mental health services for the nonoffending caregiver(s) are routinely made available through linkage agreements with other agencies. ❑ Yes ❑ No
11. Mental health treatment services are available regardless of ability to pay. ❑ Yes ❑ No
12. There is a clear delineation between the treating mental health clinician and any individual who may be conducting the forensic interview. ❑ Yes ❑ No
13. There is a clear delineation between the treating mental health clinician and any individual who may be involved in the ongoing investigation. ❑ Yes ❑ No

Mental Health Services Program Monitoring Questionnaire—Parent Form

Recruitment Script: Please help us evaluate our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve you and other families better. Completed surveys are anonymous and will be kept absolutely confidential. Staff will not have access to individual responses, but will receive general feedback on the range of responses.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the word that best reflects your opinion.

1. I was told about mental health services that are available to my child.	❑ Yes	❑ Somewhat	❑ No
2. I was given information on how to contact mental health agencies for my child.	❑ Yes	❑ Somewhat	❑ No
3. I was told about mental health services available for myself.	❑ Yes	❑ Somewhat	❑ No
4. The person who told me about available mental health services was not the person who interviewed my child.	❑ Yes	❑ Somewhat	❑ No

Mental Health Services Program Monitoring Questionnaire—Youth Form

Recruitment Script: We are trying to figure out whether we are doing the best possible job here at our Child Advocacy Center. We need to know what you think about things here, whether you think they are good or bad. If you had a bad time here, we need to know why, so we can make things better. The people you talked with today are not going to see your answers to these questions, so you can be completely honest.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the appropriate response.

1. I was told about mental health services that are available to me. ❑ Yes ❑ Somewhat ❑ No
2. I was given information on how to contact mental health agencies for myself. ❑ Yes ❑ Somewhat ❑ No
3. The person who told me about available mental health services was not the person who interviewed me. ❑ Yes ❑ Somewhat ❑ No

Victim Advocacy Program Monitoring Evaluation Questionnaires

Victim Advocacy Program Monitoring Questionnaire—Victim Advocate Form

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the word that best reflects your opinion.

1. Victim advocacy services were available throughout the investigation and prosecution.	❑ Yes	❑ Somewhat	❑ No
2. The team's written protocol describes the availability of victim support.	❑ Yes	❑ Somewhat	❑ No
3. The team's written protocol describes the availability of advocacy services.	❑ Yes	❑ Somewhat	❑ No
4. Victim support and advocacy services are available at the CAC.	❑ Yes	❑ Somewhat	❑ No
5. Victim support and advocacy services are available through agreements with other service agencies.	❑ Yes	❑ Somewhat	❑ No
6. Crisis intervention is routinely provided throughout the investigation.	❑ Yes	❑ Somewhat	❑ No
7. Crisis intervention is routinely provided throughout the prosecution.	❑ Yes	❑ Somewhat	❑ No
8. Procedures are in place to provide periodic followup contacts with the child.	❑ Yes	❑ Somewhat	❑ No
9. Procedures are in place to provide periodic followup contacts with the nonoffending caregiver.	❑ Yes	❑ Somewhat	❑ No
10. Court preparation is routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No
11. Court accompaniment is routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No
12. Assistance preparing victim impact statements is routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No
13. Assistance with presentencing reports is routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No
14. Referrals for corollary services are routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No

15. Referrals for housing assistance are routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No
16. Referrals for transportation assistance are routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No
17. Referrals for public assistance are routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No
18. Referrals for domestic violence are routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No
19. Information regarding local services is routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No
20. Information regarding the rights of crime victims is routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No
21. Information regarding victim compensation is routinely available to all clients.	❑ Yes	❑ Somewhat	❑ No

Victim Advocacy Program Monitoring Questionnaire—Parent Form

Recruitment Script: Please help us evaluate the Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help us serve you and other families better. Completed surveys are anonymous and confidential. Staff will not have access to individual responses, but they will receive general feedback on the range of responses.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the response that best reflects your opinion.

1. The victim advocate provided referrals for things I needed. ❑ Yes ❑ Somewhat ❑ No
2. The victim advocate maintained contact with me while I was at the center. ❑ Yes ❑ Somewhat ❑ No
3. The victim advocate answered any questions I had about what was going on at the center. ❑ Yes ❑ Somewhat ❑ No

Victim Advocacy Program Monitoring Questionnaire—Youth Form

Recruitment Script: We are trying to figure out whether we are doing the best possible job here at the Child Advocacy Center. We need to know what you think about things here, whether you think they are good or bad. If you had a bad time here, we need to know why, so we can make things better. The people you talked with today are not going to see your answers to these questions, so you can be completely honest.

Please place a checkmark by the response that best reflects how you feel about each of the following statements.

1. The victim advocate was very helpful to me. ❑ Yes ❑ Somewhat ❑ No
2. I felt comfortable with the victim advocate. ❑ Yes ❑ Somewhat ❑ No
3. The victim advocate told me what to expect while I was at the center. ❑ Yes ❑ Somewhat ❑ No

Case Review Program Monitoring Evaluation Questionnaires

Case Review Program Monitoring Questionnaire—A

Please indicate your level of agreement with the following statements by placing a checkmark by the response that best reflects your opinion.

1. Criteria for case review procedures are included in the team's written protocols.	❑ Yes	❑ Somewhat	❑ No
2. A forum for the purpose of reviewing cases is conducted on a regularly scheduled basis.	❑ Yes	❑ Somewhat	❑ No
3. An individual is identified to coordinate the case review process.	❑ Yes	❑ Somewhat	❑ No
4. Team members are timely in their review of cases.	❑ Yes	❑ Somewhat	❑ No
5. Representatives of all team disciplines participate in case review.	❑ Yes	❑ Somewhat	❑ No
6. Recommendations from case reviews are communicated to appropriate parties for implementation.	❑ Yes	❑ Somewhat	❑ No

Case Review Program Monitoring Questionnaire—B

1. In your opinion, what is the primary purpose of case review?

   - ❑ Best interests of the child
   - ❑ Prosecution
   - ❑ Arrest of alleged perpetrator
   - ❑ Safety for children
   - ❑ Health status of the child
   - ❑ Mental health of the child
   - ❑ Other

2. What are the barriers in the proceedings of the case review?_____
   _____
   _____

3. What do you like best about case review?_____
   _____
   _____

4. What can we do to improve services?_____
   _____
   _____

5. Are there services the CAC could provide that are not being provided?_____
   _____
   _____

Case Review Meetings and Procedures Questionnaires

For each of the following statements, please circle the number that best describes your response to each of the following statements.

Case Review

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Our MDT is good at sharing information at case review.	1	2	3	4	5
2. The quality of the team's decisionmaking is excellent.	1	2	3	4	5
3. Our MDT meetings are too long.	1	2	3	4	5
4. Our MDT does not review enough cases at each case review.	1	2	3	4	5
5. The entire team always attends case review.	1	2	3	4	5
6. The MDT has just the right number of members.	1	2	3	4	5
7. Team members attend case review on a regular basis (95 percent of the time).	1	2	3	4	5
8. The team does a good job overall.	1	2	3	4	5
9. The team makes joint decisions rather than one person making an autocratic decision.	1	2	3	4	5
10. Case review scheduling should be different.	1	2	3	4	5
11. Someone always leads the meetings.	1	2	3	4	5
12. The location of the team meetings is convenient for me.	1	2	3	4	5
13. The case review meeting has good leadership.	1	2	3	4	5
14. I like it when our CAC provides lunch during case review.	1	2	3	4	5
15. The timing of case review meets my needs (day of week and hour).	1	2	3	4	5
16. The meetings have sufficient structure.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
17. Case review is just another one of a million meetings I have to attend.	1	2	3	4	5
18. There are penalties (tangible or intangible) involved if I fail to attend case review.	1	2	3	4	5
19. The team follows formal procedures for case review.	1	2	3	4	5
20. We need to review more cases.	1	2	3	4	5
21. The appropriate person is leading the case review.	1	2	3	4	5
22. A procedure is in place to ensure that each team member is following through with assigned duties.	1	2	3	4	5
23. Anyone can add a case to case review.	1	2	3	4	5
24. We follow the case review agenda strictly.	1	2	3	4	5
25. I have input into team decisionmaking.	1	2	3	4	5
26. Interpersonal issues are set aside during case review.	1	2	3	4	5
27. The MDT has no investment in the case review.	1	2	3	4	5
28. I do not have enough input into the cases during case review.	1	2	3	4	5
29. Our team focuses more on problem solving than on blaming one another.	1	2	3	4	5
30. Case review gives me an opportunity to ask interdisciplinary questions.	1	2	3	4	5
31. The team members are helpful in answering questions I have about the investigation.	1	2	3	4	5
32. The team members educate one another about all the pieces of the investigation.	1	2	3	4	5
33. Case review is not a high priority for me.	1	2	3	4	5
34. I understand the case review protocol.	1	2	3	4	5
35. I would prefer to have case review only when it was absolutely necessary.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
36. We plan, as a team, how to proceed on a case.	1	2	3	4	5
37. I learn something from the other members during case review.	1	2	3	4	5
38. Our team has fun during case review.	1	2	3	4	5
39. Team members are comfortable making jokes during case review.	1	2	3	4	5
40. A problem that arises at case review is dealt with immediately.	1	2	3	4	5

Multidisciplinary Team (MDT)

1. The team members are able to talk with one another informally as needed.	1	2	3	4	5
2. I have the support of my supervisors.	1	2	3	4	5
3. Team members are good at following through on a case.	1	2	3	4	5
4. There is too much turnover among team members.	1	2	3	4	5
5. There is too much turnover among supervisors.	1	2	3	4	5
6. There is no clear division of responsibility among the team members.	1	2	3	4	5
7. I read the protocol periodically to remind me of the mission and agreement.	1	2	3	4	5
8. I am forced to do things I do not want to on the MDT.	1	2	3	4	5
9. I enjoy being face to face with the people I work with on the MDT.	1	2	3	4	5
10. I believe in the team process.	1	2	3	4	5
11. I follow the protocol outlined in our interagency agreement.	1	2	3	4	5
12. The team shares my burden in these investigations.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
13. Our team is suffering from lack of leadership.	1	2	3	4	5
14. There are too many personality conflicts on our team.	1	2	3	4	5
15. The team celebrates victories together.	1	2	3	4	5
16. Co-location is the key to a successful MDT.	1	2	3	4	5
17. I readily share information with the other MDT members.	1	2	3	4	5
18. Our team makes more political decisions than child-centered decisions.	1	2	3	4	5
19. We do a little of everything, rather than specialize in certain kinds of cases.	1	2	3	4	5
20. I always follow through on things that are expected of me.	1	2	3	4	5
21. My level of education is appropriate for my position.	1	2	3	4	5
22. My level of expertise is appropriate for my position.	1	2	3	4	5
23. I interact regularly with the team members outside of case review.	1	2	3	4	5
24. I tell other employees in my agency how well the MDT works.	1	2	3	4	5
25. Other team members understand my agency-imposed limitations.	1	2	3	4	5
26. I do not want anyone telling me what to do about a particular case.	1	2	3	4	5
27. I do not take criticism from the team well.	1	2	3	4	5
28. There is too much criticism among the MDT.	1	2	3	4	5
29. The team is always telling me what to do.	1	2	3	4	5
30. The team members are all on different tracks.	1	2	3	4	5
31. Team members respect me.	1	2	3	4	5
32. Team members support one another.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
33. Team members share their frustrations with one another.	1	2	3	4	5
34. Team members share their joys and triumphs with one another.	1	2	3	4	5
35. The quality of the investigation is paramount.	1	2	3	4	5
36. Each team member has a different expectation for the investigation.	1	2	3	4	5
37. There is a lot of give and take among the team members.	1	2	3	4	5
38. My team members listen to what I have to say.	1	2	3	4	5
39. Our team does fun things together, like attend parties, write a newsletter, and acknowledge birthdays, marriages, and births.	1	2	3	4	5
40. The team does not know how much work I do behind the scenes.	1	2	3	4	5
41. My agency is understaffed.	1	2	3	4	5
42. We are investigating more cases as a result of the MDT.	1	2	3	4	5
43. I know how the case is progressing at all times.	1	2	3	4	5
44. The number of interviews children receive has decreased because of the MDT.	1	2	3	4	5
45. Team members are all on the same page, so cases do not get lost.	1	2	3	4	5
46. I am adequately trained to be doing this kind of work.	1	2	3	4	5
47. Being a part of the team enhances my productivity.	1	2	3	4	5
48. Our team socializes together.	1	2	3	4	5
49. I believe in the CAC concept.	1	2	3	4	5
50. The MDT is the best way to conduct investigations.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
51. The MDT shares responsibilities.	1	2	3	4	5
52. When disagreements occur, the team handles them immediately.	1	2	3	4	5
53. Team members respect one another.	1	2	3	4	5
54. I am mandated to work as a team member in my State.	1	2	3	4	5
55. My supervisor supports my participation in the MDT.	1	2	3	4	5
56. The MDT has the support of the district attorney.	1	2	3	4	5
57. My input is valuable to the team.	1	2	3	4	5
58. Our team attends team training.	1	2	3	4	5
59. A problem among or between MDT members is dealt with immediately.	1	2	3	4	5
60. We immediately welcome/embrace new members (e.g., we take them to lunch).	1	2	3	4	5
61. We have a forum for recognizing outstanding contributions by team members.	1	2	3	4	5

Child Advocacy Center (CAC)

1. I have received professional support from the CAC.	1	2	3	4	5
2. I have received professional training from the CAC.	1	2	3	4	5
3. The CAC staff make me feel as though my opinions are valid.	1	2	3	4	5
4. I use the services provided by the CAC.	1	2	3	4	5
5. I feel comfortable at the center.	1	2	3	4	5
6. The CAC does everything it can to help me during the investigation.	1	2	3	4	5
7. The CAC benefits me personally.	1	2	3	4	5
8. The CAC asks me where it needs to make improvements.	1	2	3	4	5

Parent Satisfaction Program Monitoring Evaluation Questionnaires

Parents' Perceptions of the Medical Examination

For each of the following statements, please mark the response that best describes your opinion.

1. Rate the doctor's kindness.	❑ Very kind	❑ Okay	❑ Terrible
2. Rate the doctor's gentleness.	❑ Very gentle	❑ Okay	❑ Terrible
3. How well did your child do compared to other doctor visits?	❑ Better	❑ Same	❑ Worse
4. Would you choose this doctor for regular pediatric care?	❑ Yes	❑ No	❑ Maybe
5. Has your child previously had a genital exam?	❑ Yes	❑ No	

Parent Satisfaction With Mental Health Services—Five Questions

For each of the following three questions, please check the response that best reflects your opinion.

1. Do you feel like you received crisis intervention while at the center? ❑ Yes ❑ No
2. Would you prefer to have therapy at the center rather than at a community agency? ❑ Yes ❑ No
3. Do you feel you are going to be better off after treatment? ❑ Yes ❑ No

Please answer the following two questions. You may use the back of the paper if you need more space to write.

4. How long did it take you to get an appointment with a therapist?_____
   _____
   _____
5. What is your greatest barrier to attending therapy?_____
   _____
   _____

Parent Satisfaction Regarding Prosecution

Please circle the number that best describes your response to each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The prosecutor was supportive.	1	2	3	4	5
2. I was appropriately informed about the court process.	1	2	3	4	5
3. The prosecutor was nonjudgmental.	1	2	3	4	5
4. I felt comfortable with the prosecutor.	1	2	3	4	5
5. The prosecutor seemed comfortable with my child.	1	2	3	4	5
6. The prosecutor seemed well trained.	1	2	3	4	5
7. The prosecutor did not worsen the trauma my child has experienced.	1	2	3	4	5
8. I had difficulty locating the courthouse.	1	2	3	4	5
9. I was kept informed of the progress of the investigation.	1	2	3	4	5
10. I was adequately informed of cancellations or postponements of court proceedings.	1	2	3	4	5
11. My child was prepared to testify.	1	2	3	4	5
12. I received adequate assistance when I came to court.	1	2	3	4	5
13. I found the atmosphere of the courtroom to be child friendly.	1	2	3	4	5

What did the CAC do that was helpful to you during your involvement in the case?

_____

_____

_____

Is there an area you feel needs improvement? _____

_____

_____

_____

Parent Satisfaction With Mental Health Services

Please respond to the following seven questions.

1. I received mental health services

   _____ at the center.
   _____ in the community.

2. My child completed _____ number of therapy sessions.

3. I completed _____ number of therapy sessions.

4. The following people were present during therapy:

   _____ myself
   _____ the therapist
   _____ my child
   _____ other (specify_____)

5. On a scale of 1 to 10, the intensity of therapy was a _____.

6. I met with the therapist _____ times a week/month.

7. The therapist was highly qualified. ❑ Agree ❑ Neutral ❑ Disagree

Parent Satisfaction With the Victim Advocate

For each of the following questions, please mark the response that best reflects your opinion or experience. Please note that question 10 asks you to write out your response.

1. Did you feel comfortable contacting the victim advocate whenever you needed to? ❑ Yes ❑ Somewhat ❑ No
2. How long did it take the victim advocate to return your calls? ❑ Minutes ❑ Hours ❑ Days
3. Did the victim advocate generally answer your questions or put you in contact with those who could answer your questions? ❑ Yes ❑ Somewhat ❑ No
4. Did the victim advocate tell you about court services? ❑ Yes ❑ Somewhat ❑ No
5. Did you receive the appropriate referrals to meet your needs? ❑ Yes ❑ Somewhat ❑ No
6. Were you comfortable with the victim advocate? ❑ Yes ❑ Somewhat ❑ No
7. Did the victim advocate address your concerns? ❑ Yes ❑ Somewhat ❑ No
8. Was the information provided by the victim advocate useful? ❑ Yes ❑ Somewhat ❑ No
9. Were you able to contact the referrals you needed to contact? ❑ Yes ❑ Somewhat ❑ No
10. What referral services did the victim advocate make for you?_____
    _____
    _____
    _____

Parent Satisfaction—3-Month Followup

Date: _____
Month Day Year

How do you feel about the services you received at our center? _____

Were the staff friendly? ❑ Yes ❑ No Please explain _____

Were all of your questions answered to your satisfaction? ❑ Yes ❑ No
Please explain _____

What was it like completing the questionnaires? _____

Was the feedback you received about the questionnaires helpful? ❑ Yes ❑ No

Do you have any suggestions on how we can better serve families in the future?

Parent Status—3-Month Followup

Date: _____
Month Day Year

How has your child been since your visit to this center? _____
_____
_____
_____

Have you noticed any changes in the following behaviors? Check all that apply:

_____ Sleep
_____ Appetite
_____ School grades
_____ Interest in school
_____ Peer relationships
_____ Interactions with family

Have you noticed any of the following? Check all that apply:

_____ Sadness
_____ Fearfulness
_____ Withdrawal
_____ Aggression
_____ Guilt
_____ Low self-esteem
_____ Nightmares
_____ Bed wetting
_____ Stomachaches
_____ Headaches

Has your child received treatment? ❑ Yes ❑ No

If yes, what types of services were provided? _____

If yes, how long did your child receive services? _____

If yes, were the services helpful? ❑ Yes ❑ No Explain _____
_____
_____
_____
_____

What was the outcome of the investigation? _____

_____

_____

Are there any [additional] services you feel your child or family needs? _____

_____

_____

_____

Is your child currently involved with the legal system? ❑ Yes ❑ No

If yes, where does your child's case stand now? _____

_____

_____

What was the legal outcome? _____

_____

_____

Parent Status—6-Month Followup

Date: _____
Month Day Year

How has your child been in the past 3 months?_____
_____
_____
_____

Have you noticed any changes in the following behaviors? Check all that apply:

_____ Sleep
_____ Appetite
_____ School grades
_____ Interest in school
_____ Peer relationships
_____ Interactions with family

Have you noticed any of the following? Check all that apply:

_____ Sadness
_____ Fearfulness
_____ Withdrawal
_____ Aggression
_____ Guilt
_____ Low self-esteem
_____ Nightmares
_____ Bed wetting
_____ Stomachaches
_____ Headaches

Are there any services you feel your child or family needs? ❑ Yes ❑ No
Please explain _____
_____
_____
_____

Do you have any concerns about abuse possibly reoccurring? ❑ Yes ❑ No
Please explain _____
_____
_____
_____

Ask the following if these questions were not answered at 3 months.

Has your child received treatment? ❑ Yes ❑ No
Please explain _____

How long did your child receive services? _____

If your child received services, what types of services were provided? _____

If your child received services, were the services helpful? ❑ Yes ❑ No
Please explain _____

What was the outcome of the investigation? _____

Is your child currently involved with the legal system? ❑ Yes ❑ No
Please explain _____

If yes, where does your child's case stand now? _____

What was the legal outcome? _____

Parent Status—1-Year Followup

Date: _____
Month Day Year

How has your child been in the past 6 months?_____
_____
_____
_____

Have you noticed any changes in the following behaviors? Check all that apply:

_____ Sleep
_____ Appetite
_____ School grades
_____ Interest in school
_____ Peer relationships
_____ Interactions with family

Have you noticed any of the following? Check all that apply:

_____ Sadness
_____ Fearfulness
_____ Withdrawal
_____ Aggression
_____ Guilt
_____ Low self-esteem
_____ Nightmares
_____ Bed wetting
_____ Stomachaches
_____ Headaches

Are there any services you feel your child or family needs? _____
_____
_____

Do you have any concerns about abuse possibly reoccurring? ❑ Yes ❑ No

Ask the following if these questions were not answered at 6 months.

Has your child received treatment in the past 6 months? ❑ Yes ❑ No
How long did your child receive services? _____

If your child has received services in the past 6 months, what types of services were provided? _____
_____
_____

Were the services helpful? ❑ Yes ❑ No
Please explain _____
_____
_____

What was the outcome of the investigation? _____
_____
_____

Is your child currently involved with the legal system? ❑ Yes ❑ No
Please explain _____
_____
_____

If your child is involved in the legal system, where does your child's case stand now?
_____
_____
_____

What was the legal outcome? _____
_____
_____

Parent Satisfaction Questionnaire

Our Child Advocacy Center (CAC) wants to provide the best possible services to the children and families that we serve. Please take some time to complete and return this survey so that we may assess and improve our services.

1. What types of services did you receive at the CAC (check all that apply)?

   _____ Medical exam
   _____ Family history
   _____ Crisis counseling
   _____ Child interview
   _____ Referrals
   _____ Courtroom orientation
   _____ Prevention session
   _____ Other (please specify_____)

2. Did we explain to you why you were referred to the CAC? ❑ Yes ❑ Somewhat ❑ No
3. Did we listen to what you had to say? ❑ Yes ❑ Somewhat ❑ No
4. Was your child treated with care and respect? ❑ Yes ❑ Somewhat ❑ No
5. Were you treated with care and respect? ❑ Yes ❑ Somewhat ❑ No
6. Were the surroundings child friendly? ❑ Yes ❑ Somewhat ❑ No
7. Were you provided with helpful information? ❑ Yes ❑ Somewhat ❑ No
8. Were your telephone calls returned promptly? ❑ Yes ❑ Somewhat ❑ No
9. If needed, would you be comfortable returning to the CAC? ❑ Yes ❑ Somewhat ❑ No

10. Please rate your satisfaction with the following aspects of the CAC by circling one response per question:

	Poor	Fair	Excellent	Not Applicable
Child protection specialist	1	2	3	NA
CAC receptionist/greeter	1	2	3	NA
Medical examination	1	2	3	NA
Waiting time for services	1	2	3	NA

11. Please use the scale below to rate overall the services we have provided to you:

Worst service 1 2 3 4 5 6 7 8 9 10 **Best service**

12. Please tell us how we can improve our program:_____

_____

_____

_____

Thank you for completing this survey.

If you would like to speak with someone at our agency about the services you received, or your family's situation, please feel free to contact us at 555–555–5555.

Parent/Caregiver Survey

Recruitment Script: Please help us evaluate the care you and your child have received at our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help determine how we can serve you and other families better. Completed surveys are anonymous and confidential. Staff will not have access to individual responses, but will receive general feedback on the range of responses.

Today's date:_____

Please indicate your level of agreement or disagreement with the following statements about your first visit to our center.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The person who scheduled my appointment took time to explain what would happen and answer my questions.	4	3	2	1
2. The person who scheduled my appointment made sure I understood the purpose of my visit to the center.	4	3	2	1
3. The travel directions were clear.	4	3	2	1
4. The center is convenient to public transportation.	4	3	2	1
5. When I first came to the center, my child(ren) and I were seen within a reasonable period of time.	4	3	2	1
6. The receptionist seemed friendly and nonjudgmental and made me feel at ease.	4	3	2	1
7. The playroom staff were nice to my child(ren) and made them feel comfortable.	4	3	2	1
8. The center provided a safe space for my child(ren) and me.	4	3	2	1
9. The interview process was clearly explained to me before my child's interview took place.	4	3	2	1

	Strongly Agree	Agree	Disagree	Strongly Disagree
10. I was given information on possible behaviors I can expect from my child as a result of what happened to her/him.	4	3	2	1
11. I was given information on how to handle those behaviors.	4	3	2	1
12. I was told about the various services and benefits provided by the center.	4	3	2	1
13. I was given information regarding other services available in my community.	4	3	2	1

Now we would like you to respond to the following questions.

14. Have you received as much help as you wanted? ❑ Yes ❑ No

15. Please list the services you needed, but did not receive.

_____
_____
_____
_____
_____
_____

16. Do you have any concerns that this survey did not address?

_____
_____
_____
_____
_____
_____

Thank you for completing this survey!

Parent Survey

We are here to help serve you and your child. We need your suggestions on ways we can do a better job. We also want to hear from you when we do good work. Please take some time to complete and return this survey so that we can assess and improve the CAC.

Please check the appropriate response:

1. The staff of the CAC were courteous and responsive to your requests.	❑ Yes	❑ Somewhat	❑ No
2. The CAC is a child-friendly place.	❑ Yes	❑ Somewhat	❑ No
3. The social worker was courteous and responsive to your requests.	❑ Yes	❑ Somewhat	❑ No
4. The law enforcement officer was courteous and responsive to your requests.	❑ Yes	❑ Somewhat	❑ No
5. The counselor you met with was courteous and responsive to your needs.	❑ Yes	❑ Somewhat	❑ No
6. The medical exam was scheduled at a convenient time.	❑ Yes	❑ Somewhat	❑ No
7. The district attorney's office was courteous and responsive to your requests.	❑ Yes	❑ Somewhat	❑ No
8. You were provided with helpful information.	❑ Yes	❑ Somewhat	❑ No
9. If needed, would you feel comfortable returning to the CAC?	❑ Yes	❑ Somewhat	❑ No

Please comment:

10. Please tell us what you liked best about the CAC: _____

_____

_____

_____

_____

Other comments: _____

_____

_____

_____

_____

Family Satisfaction With CAC Services

Please complete this questionnaire at the end of your first visit to the Child Advocacy Center (CAC). Please rate the following statements using the 6-point scale below.

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

1. Our initial contact with the CAC was positive.

0 1 2 3 4 5

2. The phone call from CAC staff explaining the interview process was helpful.

0 1 2 3 4 5

3. The waiting room at the CAC was relaxing for my children.

0 1 2 3 4 5

4. The purpose of the interview was clearly explained to me before we arrived.

0 1 2 3 4 5

5. My child did not wait too long in the waiting room before being interviewed.

0 1 2 3 4 5

6. CAC staff were available to offer my child support while in the waiting room.

0 1 2 3 4 5

7. The environment at the CAC was comforting.

0 1 2 3 4 5

8. The environment at the CAC was appropriate for children.

0 1 2 3 4 5

Scheduling

9. The scheduling of our interview was timely.

0 1 2 3 4 5

10. CAC staff were accommodating in terms of meeting our scheduling needs.

0 1 2 3 4 5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

11. Getting to the CAC was made easy because of the transportation provided.

0 1 2 3 4 5

12. The CAC location was easily accessible to everyone, including people with disabilities.

0 1 2 3 4 5

Parental Interview

13. The questions asked of me were necessary.

0 1 2 3 4 5

14. CAC staff asked me too many questions.

0 1 2 3 4 5

15. It seemed as if I had to keep telling our story over and over to different people while at the CAC.

0 1 2 3 4 5

16. CAC staff helped me to feel comfortable during our interview.

0 1 2 3 4 5

17. CAC staff were able to offer me support throughout my interview with them.

0 1 2 3 4 5

18. In our interview, CAC staff gave me sufficient information about the interview process for my child.

0 1 2 3 4 5

19. I felt that any concerns I had were responded to adequately.

0 1 2 3 4 5

Parent Satisfaction—Multiple Systems Form

Using the following rating scale, for each statement below, please circle the number that best represents how you feel.

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

CAC Interaction With Families

1. CAC staff supported me and my child.

   0 1 2 3 4 5

2. CAC staff were well trained to handle issues arising from sexual abuse of my child.

   0 1 2 3 4 5

3. CAC staff made my child's trauma worse through insensitivity.

   0 1 2 3 4 5

4. I felt comfortable with my child being interviewed by the investigation team.

   0 1 2 3 4 5

5. CAC staff were nonjudgmental.

   0 1 2 3 4 5

Child's Interview

6. My child seemed upset after the interview.

   0 1 2 3 4 5

7. Throughout the investigation, my child was interviewed too many times.

   0 1 2 3 4 5

8. CAC staff were available to my child before and after the interview.

   0 1 2 3 4 5

9. I would rather have had my child interviewed someplace else.

   0 1 2 3 4 5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Child Protective Services (CPS) Worker Contact

10. CPS staff supported me and my child.

0 1 2 3 4 5

11. CPS staff were well trained to handle issues arising from sexual abuse of my child.

0 1 2 3 4 5

12. CPS staff made my child's trauma worse through insensitivity.

0 1 2 3 4 5

13. I felt comfortable with the CPS staff.

0 1 2 3 4 5

14. CPS staff were nonjudgmental.

0 1 2 3 4 5

Police Officer Contact

15. Police officers supported me and my child.

0 1 2 3 4 5

16. Police officers were well trained to handle issues arising from sexual abuse of my child.

0 1 2 3 4 5

17. Police officers made my child's trauma worse through insensitivity.

0 1 2 3 4 5

18. I felt comfortable with the police officers.

0 1 2 3 4 5

19. Police officers were nonjudgmental.

0 1 2 3 4 5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Referrals and Access to Services

20. CAC offered to provide needed information about services for my child.

0 1 2 3 4 5

21. CAC staff made it clear that we could use their services at any time.

0 1 2 3 4 5

22. I clearly understood recommendations for services made by the CAC.

0 1 2 3 4 5

Criminal Justice System

23. CAC staff clearly explained the steps in the police investigation to me.

0 1 2 3 4 5

24. CAC staff provided me with information about court school.

0 1 2 3 4 5

25. CAC staff answered any questions I had about the criminal justice system.

0 1 2 3 4 5

26. CAC staff indicated that they would be available to go with me to any court hearing upon my request.

0 1 2 3 4 5

27. I was informed about crime victim compensation.

0 1 2 3 4 5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Court System and Attorneys

28. Attorney staff clearly explained the steps in the legal proceedings.

0 1 2 3 4 5

29. Attorney staff ensured that we knew about court school.

0 1 2 3 4 5

30. Attorney staff answered any questions I had about the criminal justice system.

0 1 2 3 4 5

Please make any additional comments: _____

_____

_____

_____

_____

_____

Thank you so much for your input. Families who respond to this survey help us offer services at the CAC in the best possible way for all families.

To be completed by the CAC staff.

Type of interview: _____

Who was present for the joint interview?

_____ CAC
_____ CPS
_____ Police
_____ Attorney
_____ Mental health professional
_____ Other (_____)

Who was the lead interviewer (check one)?

_____ CAC child interviewer
_____ CPS
_____ Police
_____ Attorney
_____ Mental health professional
_____ Other (_____)

Parent Questionnaire—Initial Telephone Interview

Interview date:_____

Interviewer: _____

Interviewee: M F Guardian Parent

No phone: _____ Unable to contact: _____ Refuse to participate: _____

Police case #: _____

The following questions ask your opinions about the quality of services provided to your child. We are interested in learning whether the work done by the police, social workers, and others has been helpful to you and your child. You do not need to fill out this form. A researcher from the police department will call you in a few days to ask you these questions. We will be combining the information from many people to learn about the quality of services provided by our agencies. **Participation in this telephone survey will in no way affect your child's case.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am satisfied with how my child was interviewed.	1	2	3	4	5
2. The interview process was clearly explained to me before my child's interview took place.	1	2	3	4	5
3. I felt supported by the police officer.	1	2	3	4	5
4. I felt supported by the child protective service worker.	1	2	3	4	5
5. I felt my concerns about this problem have been listened to.	1	2	3	4	5
6. I was told what to expect in the future regarding the investigation of my child's case.	1	2	3	4	5
7. The interview was a helpful experience for my child.	1	2	3	4	5
8. I was told about counseling and support services available for my family.	1	2	3	4	5
9. I feel I can trust the people working on my child's case.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
10. The setting of my child's interview put me at ease.	1	2	3	4	5
11. I feel I know what is going on in my child's case.	1	2	3	4	5
12. I know what is expected of my child for the investigation of the abuse.	1	2	3	4	5
13. I am confident I can handle questions my child asks me.	1	2	3	4	5
14. I know whom to call if I have questions about the investigation of my child's case.	1	2	3	4	5
15. I feel alone in dealing with this problem.	1	2	3	4	5
16. I feel things will get better now that the case has been investigated.	1	2	3	4	5
17. The investigators seemed to be in a hurry when they talked to my child.	1	2	3	4	5
18. I was told some things I didn't understand.	1	2	3	4	5
19. Overall, I am satisfied with the help I received.	1	2	3	4	5

Parent Questionnaire—3-Month Followup Telephone Interview

Interview date:_____

Interviewer: _____

Interviewee: M F Guardian Parent

No phone: _____ Unable to contact: _____ Refuse to participate: _____

Police case #: _____

The following questions ask your opinions about the quality of services provided to your child. We are interested in learning whether the work done by the police, social workers, and others has been helpful to you and your child. You do not need to fill out this form. A researcher from the police department will call you in a few days to ask you these questions. We will be combining the information from many people to learn about the quality of services provided by our agencies. **Participation in this telephone survey will in no way affect your child's case.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am satisfied with how my child's case has been handled since the first interview.	1	2	3	4	5
2. I felt supported by the police officer.	1	2	3	4	5
3. I felt supported by the child protective service worker.	1	2	3	4	5
4. I felt my concerns about this problem had been listened to.	1	2	3	4	5
5. I was told what to expect in the future regarding the investigation of my child's case.	1	2	3	4	5
6. The interview process was a helpful experience for my child.	1	2	3	4	5
7. I was told about counseling and support services available for my family.	1	2	3	4	5
8. I feel I can trust the people working on my child's case.	1	2	3	4	5
9. I feel I know what is going on in my child's case.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
10. I know what is expected of my child for the investigation of the abuse.	1	2	3	4	5
11. I am confident I can handle questions my child asks me.	1	2	3	4	5
12. I know whom to call if I have questions about the investigation of my child's case.	1	2	3	4	5
13. I feel alone in dealing with this problem.	1	2	3	4	5
14. I feel things will get better now that the case has been investigated.	1	2	3	4	5
15. I was told some things I didn't understand.	1	2	3	4	5
16. Overall, I am satisfied with the help I received.	1	2	3	4	5

Parent Satisfaction With the Child Advocacy Center

Recruitment Script: Please help us assess our Child Advocacy Center. We are interested in your honest opinion, whether positive or negative. Your feedback will help us serve you and other families better. Completed surveys are anonymous and confidential. Staff will not have access to individual responses, but will receive general feedback on the range of responses.

Please indicate your level of agreement or disagreement with the following statements by placing a checkmark by the response that best reflects your opinion.

1. Were you comfortable while you were here?	❑ Yes	❑ Somewhat	❑ No
2. Was the location of the CAC convenient for you to get to?	❑ Yes	❑ Somewhat	❑ No
3. Did you feel the services were accessible to you?	❑ Yes	❑ Somewhat	❑ No
4. Regardless of the outcome of your case, did the CAC do everything they could to provide all the services you needed?	❑ Yes	❑ Somewhat	❑ No
5. Did the CAC schedule your appointment in a timely manner?	❑ Yes	❑ Somewhat	❑ No
6. Did you understand the purpose of your visit?	❑ Yes	❑ Somewhat	❑ No
7. Were the travel directions made clear to you?	❑ Yes	❑ Somewhat	❑ No
8. Once at the center, were you seen within a reasonable time?	❑ Yes	❑ Somewhat	❑ No
9. Was the receptionist friendly and nonjudgmental?	❑ Yes	❑ Somewhat	❑ No
10. Did the playroom staff make your child feel comfortable?	❑ Yes	❑ Somewhat	❑ No
11. Were you given information on possible behaviors you might expect from your child as a result of what happened to him or her?	❑ Yes	❑ Somewhat	❑ No
12. Were you given information on how to handle your child's behaviors?	❑ Yes	❑ Somewhat	❑ No
13. Did you receive thorough information before you arrived at the CAC?	❑ Yes	❑ Somewhat	❑ No
14. Was the district attorney supportive of you?	❑ Yes	❑ Somewhat	❑ No

15. Did the atmosphere at the CAC make a difference to you?	❑ Yes	❑ Somewhat	❑ No
16. Did the district attorney follow through on your case?	❑ Yes	❑ Somewhat	❑ No
17. Were the staff cooperative?	❑ Yes	❑ Somewhat	❑ No
18. Did someone explain the CAC's services to your satisfaction?	❑ Yes	❑ Somewhat	❑ No
19. Was there something you needed to know, but no one told you?	❑ Yes	❑ Somewhat	❑ No
20. Was there comfortable seating for you?	❑ Yes	❑ Somewhat	❑ No
21. Was the center child friendly?	❑ Yes	❑ Somewhat	❑ No
22. Was your child comfortable while here?	❑ Yes	❑ Somewhat	❑ No
23. Were the toys age appropriate?	❑ Yes	❑ Somewhat	❑ No
24. Did you feel safe while you were here?	❑ Yes	❑ Somewhat	❑ No
25. Did the doctor make you feel comfortable?	❑ Yes	❑ Somewhat	❑ No
26. Were the staff courteous to you?	❑ Yes	❑ Somewhat	❑ No
27. Did you feel you were treated fairly?	❑ Yes	❑ Somewhat	❑ No
28. Were you easily able to contact the agency representative?	❑ Yes	❑ Somewhat	❑ No
29. Did the CAC make a difference for you in this process?	❑ Yes	❑ Somewhat	❑ No
30. Were the staff on time?	❑ Yes	❑ Somewhat	❑ No
31. Were you satisfied with the demeanor of the staff?	❑ Yes	❑ Somewhat	❑ No
32. Do you feel you have an assurance of safety?	❑ Yes	❑ Somewhat	❑ No
33. Do you feel you have been informed of everything you need to know?	❑ Yes	❑ Somewhat	❑ No
34. Have you been informed of victim's rights?	❑ Yes	❑ Somewhat	❑ No
35. Do you feel like you can trust the CAC staff?	❑ Yes	❑ Somewhat	❑ No

36. What was the most frustrating part of the process for you? _____

37. How did your child feel after the interview? _____

38. How long did you have to wait for an appointment? _____

39. What kind of services did you receive while you were here? _____

40. What could each of the agencies have done differently?

CAC _____

Child Protective Services _____

Police _____

Medical _____

Victim advocate _____

Other _____

Parent Survey—11 Questions

We are here to help serve you and your child. We need your suggestions on ways we can do a better job. We also want to hear from you when we do good work. Please take some time to complete and return this survey so that we can assess and improve the Child Advocacy Center (CAC).

Please check the response that best reflects your agreement or disagreement with each statement.

1. Were the staff at the CAC courteous and responsive to your requests?	❑ Yes	❑ Somewhat	❑ No
2. Was the CAC a child-friendly place?	❑ Yes	❑ Somewhat	❑ No
3. Was the social worker courteous and responsive to your requests?	❑ Yes	❑ Somewhat	❑ No
4. Was the law enforcement officer courteous and responsive to your requests?	❑ Yes	❑ Somewhat	❑ No
5. If you met with a counselor, was the counselor courteous and responsive to your needs?	❑ Yes	❑ Somewhat	❑ No
6. If your child needed a medical exam, was it scheduled at a convenient time?	❑ Yes	❑ Somewhat	❑ No
7. If you have had contact with the district attorney's office, were the staff courteous and responsive to your requests?	❑ Yes	❑ Somewhat	❑ No
8. Were you given helpful information while at the CAC?	❑ Yes	❑ Somewhat	❑ No
9. If needed, would you feel comfortable returning to the CAC?	❑ Yes	❑ Somewhat	❑ No

Please write your comments to the following statements.

10. What I liked best about the CAC is: _____
_____
_____
_____

11. Other comments: _____
_____
_____
_____

Evaluation of Services

Recruitment Script: You have recently received services from the Child Advocacy Center (CAC). In order to improve our services, we are asking for your feedback. We value your opinion and appreciate your time in completing this form.

1. With whom did you have contact at the CAC? Please place a check after the staff members that you met with and rate your satisfaction with the way that you were treated by circling a number from 1 to 5, with 5 being the most and 1 being the least satisfied.

Staff Member	Met With ✔	Level of Satisfaction Least Satisfied				Most Satisfied
Receptionist		1	2	3	4	5
Social worker		1	2	3	4	5
Police officer		1	2	3	4	5
Victim advocate		1	2	3	4	5
Doctor		1	2	3	4	5
Nurse		1	2	3	4	5
District attorney		1	2	3	4	5
Other (specify_____)		1	2	3	4	5

2. Did you have any difficulty contacting the CAC? ____Yes ____No
   Comments: _____
   _____
   _____

3. Were you kept informed of the progress of the investigation? ____Yes ____No
   Comments: _____
   _____
   _____

4. If your case went to court for a trial or other court proceedings, were you adequately informed of cancellations or postponements of court proceedings?
   ____Yes ____No
   Comments: _____
   _____
   _____

5. If your case went to court for a trial or other court proceedings, were you adequately prepared to testify? ____Yes ____No
   Comments: _____
   _____
   _____

6. If your case went to court for a trial or other court proceedings, did you receive adequate assistance when you came to court? ____Yes ____No
   Comments: _____
   _____
   _____

7. The CAC was designed to provide a child-friendly atmosphere. Did you find this to be true? ____Yes ____No
   Comments: _____
   _____
   _____

8. Did your child find the CAC to be child friendly? ____Yes ____No
   Comments: _____
   _____
   _____

9. What did the CAC do that was helpful to you during your involvement in this case?
   _____
   _____
   _____
   _____

10. Is there any area of the center that you feel needs improvement?
    _____
    _____
    _____
    _____

The Child Advocacy Center Parent Survey

This survey is optional and completely confidential. Your participation will help the center better serve future clients. Please take a few moments to answer the questions and return the form to us.

For each statement below, please circle the number that best represents how you feel.

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

About the Center

1. My initial contact with the center was positive.

   0 1 2 3 4 5

2. The phone call from the CAC explaining the appointment was helpful.

   0 1 2 3 4 5

3. The purpose of my visit to the CAC was clearly explained to me before I arrived.

   0 1 2 3 4 5

4. My appointment at the center was scheduled in a timely manner.

   0 1 2 3 4 5

5. The CAC staff were willing to work with my schedule.

   0 1 2 3 4 5

6. I was given clear directions to get to the CAC.

   0 1 2 3 4 5

7. The CAC is easily accessible to everyone, including people with disabilities.

   0 1 2 3 4 5

8. The reception area at the CAC was relaxing for my child(ren).

   0 1 2 3 4 5

9. My child(ren) did not have to wait too long at the CAC.

   0 1 2 3 4 5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

10. The CAC has a child-friendly environment.

0	1	2	3	4	5

11. The CAC staff helped me to feel comfortable.

0	1	2	3	4	5

About the Process

12. The questions asked of me (or my child) seemed important to the investigation.

0	1	2	3	4	5

13. The CAC staff answered my questions about my child's (children's) interview and explained the process to us before it began.

0	1	2	3	4	5

14. My child(ren) did not seem upset after the interview.

0	1	2	3	4	5

15. I felt comfortable with my child(ren) being interviewed at the CAC.

0	1	2	3	4	5

16. The CAC staff answered my questions about the medical exam and explained the process to us before it began.

0	1	2	3	4	5

17. The CAC staff were sensitive to my child's (children's) feelings.

0	1	2	3	4	5

18. I felt comfortable with my child(ren) receiving the medical exam at the CAC.

0	1	2	3	4	5

19. The doctor or nurse practitioner who examined my child(ren) helped me understand the results of the exam.

0	1	2	3	4	5

20. My child(ren) did not seem upset after the medical exam.

0	1	2	3	4	5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

About the Team

21. CAC staff involved were supportive to me and my child(ren).

0 1 2 3 4 5

22. The CPS worker involved was supportive to me and my child(ren).

0 1 2 3 4 5

23. Police officers involved were supportive to me and my child(ren).

0 1 2 3 4 5

24. The steps involved in the police investigation were clearly explained to me.

0 1 2 3 4 5

25. My questions about the criminal justice system were adequately answered.

0 1 2 3 4 5

26. The juvenile officer involved was supportive to me and my child(ren).

0 1 2 3 4 5

27. CAC staff provided me with counseling referral information for myself and my child.

0 1 2 3 4 5

28. CAC staff invited me to call them if I have questions.

0 1 2 3 4 5

29. I was informed of the CAC followup call I would receive from the center's case manager.

0 1 2 3 4 5

We'd Like to Hear From You

Recently, you and some of your family members visited the Child Advocacy Center (CAC). We care about what you think, and your comments will help us better serve other families who come to the center.

Check all that apply.

1. What was your first impression of the CAC itself?

   - ❑ Welcoming
   - ❑ Scary
   - ❑ Other (explain_____)

2. I found the volunteers (check all that apply):

   - ❑ Helpful
   - ❑ Not helpful
   - ❑ Friendly
   - ❑ Not friendly
   - ❑ Other (explain_____)

3. The staff helped me understand (check all that apply):

   - ❑ The center
   - ❑ The team
   - ❑ No information was shared with me

4. At the center, I felt:

   - ❑ Comfortable
   - ❑ Uncomfortable

   Please tell us why you felt either comfortable or uncomfortable: _____
   _____
   _____

5. At the center, my child felt:

   - ❑ Comfortable
   - ❑ Uncomfortable

   Please tell us why your child felt either comfortable or uncomfortable:
   _____
   _____
   _____

6. How old are your children? Please circle a number for each child's age.

   Under 1 1 2 3 4 5 6 7 8 9 10 11

   12 13 14 15 16 over 16

7. Were you or your child interviewed about this case at another location before your visit to the CAC? _____Yes _____No

   If yes, where? (Check all that apply.)

   - ❑ Police station
   - ❑ Child welfare offices
   - ❑ School
   - ❑ Other (where?_____)

8. Is there anything specific we could have done to help you or your child while you were at the center? _____Yes _____No

   If yes, please explain:_____
   _____
   _____

Client Satisfaction Questionnaires (CSQ–18A; CSQ–18B; CSQ–8)

Purpose: The client satisfaction questionnaire instruments are self-report questionnaires constructed to measure satisfaction with services received by individuals and families.

Cost: The scales are copyrighted and cost $250 for 500 uses ($.50 per use) and $.30 per use in blocks of 100 for more than 500.

Contact: Clifford Attkisson, Ph.D.
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Fax: 415–476–9690
E-mail: cliff@saa.ucsf.edu

Multidisciplinary Team Satisfaction Program Monitoring Evaluation Questionnaires

Multidisciplinary Team Questionnaire

1. Please check which of the following are official members of the multidisciplinary team (MDT):

   _____ Law enforcement
   _____ Child Protective Services
   _____ Prosecution
   _____ Mental health professional
   _____ Medical personnel
   _____ Victim advocate
   _____ Other (please specify_____)

For each of the following statements, please check the response that best reflects your level of agreement or disagreement with the statement.

2. The Child Advocacy Center (CAC) has written agreements, protocols, and/or guidelines signed by authorized representatives of all team components. ❑ Yes ❑ Somewhat ❑ No

3. All members of the multidisciplinary team, as defined by the needs of the case, are routinely involved in investigations. ❑ Yes ❑ Somewhat ❑ No

4. The CAC provides a routine opportunity for the multidisciplinary team to provide feedback and suggestions regarding procedures and operations of the agency. ❑ Yes ❑ Somewhat ❑ No

5. The CAC provides opportunities for multidisciplinary team members to receive ongoing and relevant training, including cross-cultural training. ❑ Yes ❑ Somewhat ❑ No

6. The CAC has implemented procedures for routine sharing of needed information among team members. ❑ Yes ❑ Somewhat ❑ No

Multidisciplinary Team Survey

Please write your response to each of the following questions in the space provided.

1. What is the purpose, role, and function of the MDT? _____

_____

_____

2. Why would you not use the center? _____

_____

_____

3. Why would you use the center? _____

_____

_____

4. What makes you decide whether or not to refer a child to our center? _____

_____

_____

For the remaining questions, please circle the response that best describes your response to each question.

	Excellent	Good	Satisfactory	Needs Improvement	Terrible
	1	2	3	4	5
1. How would you rate the interview?	1	2	3	4	5
2. How would you rate the therapist?	1	2	3	4	5
3. How would you rate the court?	1	2	3	4	5
4. How would you rate the teamwork?	1	2	3	4	5
5. How do you view your treatment here?	1	2	3	4	5

Multidisciplinary Team (MDT) Member's Perceptions of the MDT

For each of the following statements, please circle the number that best reflects your response to each statement.

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Questions Regarding the MDT

1. I know the MDT model can work.

   0 1 2 3 4 5

2. MDT members are never raked over the coals for errors.

   0 1 2 3 4 5

3. MDT members have insurmountable philosophical differences.

   0 1 2 3 4 5

4. MDT members are professional in their behavior.

   0 1 2 3 4 5

5. MDT members enjoy working together on a case.

   0 1 2 3 4 5

6. I feel burned out as a result of being a member of the MDT.

   0 1 2 3 4 5

7. MDT members constantly battle over how to make things work.

   0 1 2 3 4 5

8. MDT members have territorial issues.

   0 1 2 3 4 5

9. MDT members would not take it well if they were told that parents had made negative comments about them.

   0 1 2 3 4 5

10. I do not have to have my way every time.

    0 1 2 3 4 5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

11. When I have a concern about something, I feel free to raise it with the MDT.

0 1 2 3 4 5

12. There is no consistency in our MDT composition.

0 1 2 3 4 5

13. The other MDT members do not work as hard as I do.

0 1 2 3 4 5

14. The other MDT members are not doing their job.

0 1 2 3 4 5

15. The MDT discusses personal issues informally.

0 1 2 3 4 5

16. I am comfortable giving feedback to the MDT.

0 1 2 3 4 5

17. I understand the barriers other MDT members face.

0 1 2 3 4 5

18. MDT members do not experience role confusion.

0 1 2 3 4 5

19. The MDT membership is generally stable.

0 1 2 3 4 5

20. MDT members always help the newcomers along.

0 1 2 3 4 5

21. Change among the MDT membership is constant.

0 1 2 3 4 5

22. I feel comfortable disagreeing with my supervisor.

0 1 2 3 4 5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

23. The MDT has had some positive experiences in terms of case outcomes.

0 1 2 3 4 5

24. I feel like someone on the MDT is always looking over my shoulder.

0 1 2 3 4 5

25. The MDT members are generally comfortable with one another.

0 1 2 3 4 5

26. The MDT is open to suggestions and criticism.

0 1 2 3 4 5

27. The MDT members do not know one another very well.

0 1 2 3 4 5

28. The MDT members socialize outside of work.

0 1 2 3 4 5

29. The MDT members trust one another.

0 1 2 3 4 5

30. The MDT members blame one another.

0 1 2 3 4 5

31. The MDT is part of my support system.

0 1 2 3 4 5

32. Awards are presented to MDT members.

0 1 2 3 4 5

33. Our MDT engages in ongoing team-building activities.

0 1 2 3 4 5

34. I am proud of the MDT.

0 1 2 3 4 5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

35. The MDT members are comfortable bringing up problems.

0 1 2 3 4 5

36. The turnover and transfer rates are affecting the MDT.

0 1 2 3 4 5

37. I am dedicated to the MDT.

0 1 2 3 4 5

38. The MDT is a good idea.

0 1 2 3 4 5

39. The MDT has a regular forum for discussing system issues.

0 1 2 3 4 5

40. MDT members have no accountability when there is an MDT.

0 1 2 3 4 5

41. The MDT should be able to require a team member to perform some act.

0 1 2 3 4 5

42. I am frustrated by the outcome of the cases the MDT has been involved with.

0 1 2 3 4 5

43. It is preferable for the MDT to be co-located.

0 1 2 3 4 5

44. It was easier to investigate cases the conventional way.

0 1 2 3 4 5

45. I am able to see the benefit on the MDT of what I do.

0 1 2 3 4 5

46. I would never want to work without the MDT.

0 1 2 3 4 5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

47. The MDT leader is neutral.

0 1 2 3 4 5

48. The MDT's primary agenda is the best interests of the child.

0 1 2 3 4 5

49. The MDT model is better for kids.

0 1 2 3 4 5

50. The MDT members should evaluate the CAC.

0 1 2 3 4 5

51. The MDT is under one roof and that helps a lot.

0 1 2 3 4 5

52. I know how the MDT model works.

0 1 2 3 4 5

53. I support the MDT model.

0 1 2 3 4 5

54. We need more MDT training.

0 1 2 3 4 5

55. It's hard to keep the MDT going because the CAC has no authority over the team.

0 1 2 3 4 5

56. I read the protocol occasionally to remind myself of the agreement.

0 1 2 3 4 5

57. At times, the MDT members are able to laugh, which releases some tension.

0 1 2 3 4 5

Questions Regarding the CAC

58. I am generally cynical about the CAC.

0 1 2 3 4 5

Does Not Apply	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

59. The location of the CAC is inconvenient.

0 1 2 3 4 5

60. The accessibility of services is appropriate.

0 1 2 3 4 5

61. I am not comfortable coming to the CAC; for example, I do not feel welcome.

0 1 2 3 4 5

62. Working with the CAC has increased our team's cohesion.

0 1 2 3 4 5

63. The CAC director is good at settling issues.

0 1 2 3 4 5

64. The CAC should not have decisionmaking authority within the MDT.

0 1 2 3 4 5

65. The CAC staff are available to meet our needs.

0 1 2 3 4 5

66. The CAC staff provide the services we need.

0 1 2 3 4 5

Multidisciplinary Team Satisfaction

Please tell us how you feel about each of the following statements by circling the number that best reflects your response to each statement.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

1. The team members follow the mandates contained in the written protocol.

   1 2 3 4 5

2. I follow the written protocol.

   1 2 3 4 5

3. I find the written protocol useful.

   1 2 3 4 5

4. I am not comfortable discussing cases with other team members (in terms of confidentiality issues).

   1 2 3 4 5

5. I am very satisfied with the way my team members resolve conflicts in the context of the MDT.

   1 2 3 4 5

6. Participation in an MDT results in less system-inflicted trauma to children.

   1 2 3 4 5

7. Participation in an MDT results in better case decisions.

   1 2 3 4 5

8. Participation in an MDT results in more accurate investigations.

   1 2 3 4 5

9. Participation in an MDT results in more appropriate interventions.

   1 2 3 4 5

10. I am satisfied with the designation of the lead agency.

    1 2 3 4 5

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

11. I do not know the method of resolving team disputes among team members.

1	2	3	4	5

12. Our team works collaboratively.

1	2	3	4	5

13. Collaboration among team members produces the best case results.

1	2	3	4	5

14. It would be valuable for my team to participate in joint training exercises.

1	2	3	4	5

15. My team participates in social activities outside case reviews.

1	2	3	4	5

16. My supervisor supports my participation in the MDT.

1	2	3	4	5

17. We have provisions for joint training in our written protocols.

1	2	3	4	5

18. My agency provides sufficient staffing for participation in an MDT.

1	2	3	4	5

19. My agency provides sufficient budget for participation in an MDT.

1	2	3	4	5

20. I am not satisfied with our interagency coordination.

1	2	3	4	5

21. There are turf issues among the MDT members.

1	2	3	4	5

22. I am engaged in joint training with the other agencies.

1	2	3	4	5

Agency Satisfaction Survey

1. Which professional agency are you affiliated with (please check one)?

   ❑ Police

   ❑ Child Protective Services

   ❑ District attorney's office

2. How many evaluations do you attend in a year (please check one):

   ❑ I attend all or almost all evaluations.

   ❑ I attend 1–5 evaluations per year.

   ❑ I attended more than 5 evaluations in the past year.

Please tell us how you feel about each of the following statements by circling the number that best describes your response to each statement.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

1. CAC staff answer the phone in a courteous manner.

   1 2 3 4 5

2. CAC staff respond to my needs.

   1 2 3 4 5

3. I am confident telephone messages are given to the appropriate staff.

   1 2 3 4 5

4. CAC intake staff return an initial referral call within 1 business day.

   1 2 3 4 5

5. Evaluations (nonacute) are scheduled within 2 weeks of referral.

   1 2 3 4 5

6. Child Protective Services (CPS) is made to feel like part of the team on evaluation day.

   1 2 3 4 5

7. Law enforcement agencies (LEAs) are made to feel like part of the team on evaluation day.

   1 2 3 4 5

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

8. CPS is consulted before concluding an evaluation.

1	2	3	4	5

9. LEA is consulted before concluding an evaluation.

1	2	3	4	5

10. Evaluations are done in a child-sensitive and caring manner.

1	2	3	4	5

11. The child and family are treated with respect.

1	2	3	4	5

12. CPS has a clear understanding at the end of the evaluation process what program staff will state in their written report.

1	2	3	4	5

13. LEA has a clear understanding at the end of the evaluation process what program staff will state in their written report.

1	2	3	4	5

14. Reports are written in a clear, accurate, and comprehensive manner that reflects the evaluation process.

1	2	3	4	5

15. Written reports are mailed within 2 weeks of an evaluation.

1	2	3	4	5

16. Staff are responsive to the need for a report to be transcribed on an urgent basis.

1	2	3	4	5

17. Staff are available to consult on difficult cases.

1	2	3	4	5

18. The staff are prepared and testify well in court.

1	2	3	4	5

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

19. The best interest of the child is served by the program evaluation process.

1	2	3	4	5

20. Overall, my impression of the program is favorable.

1	2	3	4	5

Additional comments are welcome. Thank you.

State Multidisciplinary Team Evaluation

1. Do the team members show up for scheduled meetings? ❑ Yes ❑ No
2. Do team members sign the sign-in and confidentiality forms at each meeting? ❑ Yes ❑ No
3. Which services are needed but not available? _____
4. Which services are available and used? _____
5. Does Child Protective Services follow the group's recommendation for treatment? ❑ Yes ❑ No
6. Are families getting treatment? ❑ Yes ❑ No
7. We make _____ number of referrals to the prosecutor.
8. The prosecutor accepts _____ number of cases.
9. What are the outcomes of the prosecutions (e.g., plea is now considered a success)? _____
10. Is the team working well together? ❑ Yes ❑ Somewhat ❑ No

Child Advocacy Center Agency Survey

The Child Advocacy Center (CAC) seeks to effectively meet the needs of the professionals and volunteers who use the CAC. Please take some time to complete and return this survey so that we can evaluate and improve our work.

For each of the following questions, please check the response that best reflects your opinion.

1. When you call the CAC, are the staff courteous and helpful? ❑ Yes ❑ No ❑ N/A
2. When you call to make an appointment, are you able to schedule a time that is convenient for you and the client? ❑ Yes ❑ No ❑ N/A
3. When you arrive at the center, are the forms, tools, and equipment necessary to do your job ready and available? ❑ Yes ❑ No ❑ N/A
4. Are the staff of the CAC responsive to your requests? ❑ Yes ❑ No ❑ N/A
5. Is the case review meeting scheduled at a convenient time? ❑ Yes ❑ No ❑ N/A
6. Do the meetings start and end on time? ❑ Yes ❑ No ❑ N/A
7. Are you benefiting from the case review process? ❑ Yes ❑ No ❑ N/A

Please comment:

8. What would you change about the facility itself if you could? _____
   _____
   _____
9. What would you change about the case review meeting if you could? _____
   _____
   _____
10. What is the best thing about the CAC? _____
    _____
    _____

Other comments: _____
_____
_____

Multidisciplinary Team Questionnaire

Date: _____

Department you represent: _____

Please tell us how much you feel the CAC has contributed to the cases you discussed today. Even if you have had minimal involvement with the cases discussed at today's meeting, you may be able to give your impressions about the services offered. Circle the appropriate response below. Circle 8 if the question does not apply (N/A).

1. For cases discussed today, how much have the CAC services contributed to the following?

Not at All			Somewhat			Very Much	N/A
1			4			7	8

a. The overall efficiency of the investigation process.

1 2 3 4 5 6 7 8

b. Improving communication among professionals involved in the case.

1 2 3 4 5 6 7 8

c. Improving coordination through multiprofessional meetings.

1 2 3 4 5 6 7 8

d. Decreasing further trauma to the child during the investigation.

1 2 3 4 5 6 7 8

e. Maintaining up-to-date information about the case.

1 2 3 4 5 6 7 8

f. Ensuring therapeutic services for the child and family.

1 2 3 4 5 6 7 8

g. Minimizing duplicate services among professionals involved in the case.

1 2 3 4 5 6 7 8

h. Ensuring that the victim is protected from further abuse.

1 2 3 4 5 6 7 8

Not at All			Somewhat			Very Much	N/A
1			4			7	8

i. Helping me with my work on this case.

1	2	3	4	5	6	7	8

Using a different scale, rate your agreement with the following two questions.

2. Overall, the CAC's contribution to the cases discussed assisted me in working on my cases.

Strongly Agree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

3. Overall, the CAC's contribution to the cases discussed is helpful to victims and family members.

Strongly Agree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Child Advocacy Center Team Evaluation

Please rate the following statements about the multidisciplinary team, based on your personal opinion. Please place the number that best describes your perception on the line before each sentence.

Not at All **Consistently**

1 2 3 4

1. _____ The team is clear about what it needs to accomplish and is unified in its purpose.
2. _____ Team members know that each person needs to accomplish team goals.
3. _____ Team members share values that support the team.
4. _____ Team members get and give prompt, direct, reliable, and useful feedback (positive, negative, developmental) about the performance of the team.
5. _____ All team members participate; contributions are acknowledged; consensus is sought.
6. _____ Team members trust one another enough to talk about issues openly and promptly.
7. _____ Team members feel a sense of belonging to the team, both emotionally and professionally.
8. _____ Team members express ideas on both problems and group process.
9. _____ Team members listen to one another.
10. _____ Disagreement is valued and used to improve the performance of the team.
11. _____ The leader does not dominate, and the group does not overly depend on the leader.
12. _____ Team members celebrate personal and team accomplishments.
13. _____ Team members possess and consistently use the following teamwork skills (check all that apply):

    - ❑ Problem solving
    - ❑ Conflict management
    - ❑ Confrontation
    - ❑ Listening
    - ❑ Validation/support
    - ❑ Coordination

Child Advocacy Center Yearend Survey

Please rate the following statements based on your personal opinion, using the scale below.

Not at All			Consistently
1	2	3	4

To what extent has the Child Advocacy Center approach been helpful in each of the following areas?

1. _____ Reducing the number of individuals a child must interact with during the initial investigation.
2. _____ Making the interview process less intimidating for the child.
3. _____ Strengthening your efforts in individual cases.
4. _____ Videotaping to enhance the investigative process.
5. _____ Fostering communication among participating professionals.
6. _____ Fostering cooperation among participating agencies.

Please indicate your role in the investigative process.

- ❑ Child Protective Services
- ❑ County attorney
- ❑ District attorney
- ❑ Police
- ❑ Probation
- ❑ Victim advocate
- ❑ Offender treatment
- ❑ Other (please specify _____)

Please use the space below for any additional comments.

_____
_____
_____
_____
_____
_____

Mental Health Agency Satisfaction Survey

Name of agency: _____

Name of therapist: _____

Name of client: _____

Please rate the following statements using the scales provided. Note that each question uses a different scale.

1. What was your overall satisfaction level with the services provided by the Child Advocacy Center (CAC) for this particular child?

Extremely Pleased	Pleased	Generally Satisfied	Somewhat Unsatisfied	Totally Dissatisfied
1	2	3	4	5

2. Did staff respond in a timely manner to your initial request and ongoing needs pertaining to this case?

Very Quick Response	Timely Response	Average	A Little Slow to Respond	Very Slow
1	2	3	4	5

3. Did the services provided by the CAC help you conduct your work with the child?

Extremely Helpful	Quite Helpful	No Difference	Not Very Helpful	Did not Help
1	2	3	4	5

4. How would you rate the courtesy and cooperativeness of the staff?

Excellent	Good	Average	Fair	Poor
1	2	3	4	5

5. Please provide any additional comments below. Thank you._____
_____
_____
_____

Agency Satisfaction Questionnaire

(TEDI BEAR)

Please respond to the following questions.

1. Have you ever heard of the Child Advocacy Center (CAC)? ❑ Yes ❑ No

2. How were you informed about the CAC?

   ❑ Agency supervisor/worker
   ❑ County department of social services
   ❑ Area law enforcement
   ❑ Area district attorney
   ❑ Area mental health center
   ❑ Physician
   ❑ Other (please specify_____)

3. What services do you have difficulty obtaining when working with abused or neglected children? (Please check all that apply.)

   ❑ Individual therapy
   ❑ Medical examinations
   ❑ Family therapy
   ❑ Forensic interviewing
   ❑ Mental health evaluations
   ❑ Parenting classes
   ❑ Psychological assessments
   ❑ Multidisciplinary team review
   ❑ Case consultation
   ❑ Other (please specify_____)

4. What other resources do you need when working with abused or neglected children? (Please check all that apply.)

   ❑ Child-friendly location in which to interview children.
   ❑ Educational opportunities to learn how to interview children.
   ❑ Educational opportunities to learn how to treat children.
   ❑ Professional support system in which to process cases and deal with burnout.
   ❑ Other (please specify_____)

5. Have you used the CAC? ❑ Yes ❑ No

   If yes, how? _____

6. What CAC services have you used?

   ❑ Medical examination
   ❑ Child investigative interview
   ❑ Therapeutic services
   ❑ Consultation
   ❑ Other (please specify_____)

7. Please rate our overall performance in your case:

   ❑ Poor ❑ Fair ❑ Good ❑ Excellent

   Comments:_____

8. Please rate our location:

   ❑ Poor ❑ Fair ❑ Good ❑ Excellent

9. Please rate the layout of the facility (for example, are the individual rooms set up appropriately?):

Lobby	❑ Poor	❑ Fair	❑ Good	❑ Excellent
Interview room	❑ Poor	❑ Fair	❑ Good	❑ Excellent
Observation room	❑ Poor	❑ Fair	❑ Good	❑ Excellent
Medical exam room	❑ Poor	❑ Fair	❑ Good	❑ Excellent
Therapy room	❑ Poor	❑ Fair	❑ Good	❑ Excellent
Conference room	❑ Poor	❑ Fair	❑ Good	❑ Excellent

   Comments:_____

10. Please rate our scheduling (for example, did we schedule your referral quickly?):

    ❑ Poor ❑ Fair ❑ Good ❑ Excellent

    Comments:_____

11. Please rate the timeliness in which your reports were returned:

❑ Poor ❑ Fair ❑ Good ❑ Excellent

Comments:_____

_____

_____

12. Please rate the services of the medical examiner:

❑ Poor ❑ Fair ❑ Good ❑ Excellent

Comments:_____

_____

_____

13. Please rate the services of the interviewer:

❑ Poor ❑ Fair ❑ Good ❑ Excellent

Comments:_____

_____

_____

14. Please rate the services of the child and family therapist:

❑ Poor ❑ Fair ❑ Good ❑ Excellent

Comments:_____

_____

_____

15. Please rate the services of the child life specialist:

❑ Poor ❑ Fair ❑ Good ❑ Excellent

Comments:_____

_____

_____

16. Please rate the services of the reception staff:

❑ Poor ❑ Fair ❑ Good ❑ Excellent

Comments:_____

_____

_____

17. Please rate the treatment that the child and family received:

❑ Poor ❑ Fair ❑ Good ❑ Excellent

Comments:_____

_____

_____

18. If our services were not available or if you chose not to use our services, where did you refer the client for assessment or treatment? (Please check all that apply.)

❑ Local mental health center
❑ Local physician
❑ Other child advocacy center
❑ County department of social services
❑ Other (please specify_____)

19. With which type of agency are you employed?

❑ County department of social services
❑ Law enforcement
❑ Medical
❑ Mental health
❑ Other

County in which you are employed:_____

Other comments, concerns, or ideas: _____

_____

_____

_____

Agency Evaluation

For each of the following questions, please check the response that best reflects your opinion. Please provide written comments when requested.

1. Have you referred a child to the center for a child investigative interview? ❑ Yes ❑ No

2. If no, why not? _____
   _____
   _____
   _____

3. If you answered yes to question 1, were you satisfied with the services? ❑ Yes ❑ No

4. Have you taken a child to the center for a medical examination? ❑ Yes ❑ No

5. Were you satisfied with the center and its furnishings? ❑ Yes ❑ No

6. Did the office furnishings and equipment meet your needs? ❑ Yes ❑ No

7. Do you have any suggested improvements for the facility? _____
   _____
   _____
   _____

8. Do you have any suggested program improvements? _____
   _____
   _____
   _____

Survey of the Multidisciplinary Team Regarding Protocols

My profession is _____

Circle the response that best describes how you feel about each of the following statements.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

1. I am aware that local county protocols exist.

1 2 3 4 5

2. I have a copy of my county protocol.

1 2 3 4 5

3. I attended local protocol training.

1 2 3 4 5

4. I have read the section of the protocol that applies to me.

1 2 3 4 5

5. I follow the protocols for my county.

1 2 3 4 5

6. I think my county should conduct more joint investigations of child sexual abuse.

1 2 3 4 5

7. I think my county should conduct more joint investigations of child physical abuse.

1 2 3 4 5

8. I believe joint investigations of child sexual abuse promote better prosecution of these cases.

1 2 3 4 5

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

9. I believe joint investigations of physical abuse promote better prosecution of these cases.

1	2	3	4	5

10. Child investigative interviews are effective for gathering information from a child victim.

1	2	3	4	5

11. I believe child investigative interviews help reduce the number of times a child victim must be interviewed.

1	2	3	4	5

Director and Staff Satisfaction Questionnaire

For each of the following questions, please check the choice that best reflects your response to the question.

1. Do staff trust the director?	❑ Yes	❑ Somewhat	❑ No
2. Are the staff's skills appropriate for their positions?	❑ Yes	❑ Somewhat	❑ No
3. Do the staff feel burned out?	❑ Yes	❑ Somewhat	❑ No
4. Does the director treat the staff with respect?	❑ Yes	❑ Somewhat	❑ No
5. Does the staff treat the director with respect?	❑ Yes	❑ Somewhat	❑ No
6. Do staff spend the appropriate amount of time with families?	❑ Yes	❑ Somewhat	❑ No
7. Does the staff take appropriate care of families while they are at the center?	❑ Yes	❑ Somewhat	❑ No
8. Are the staff enthusiastic about their work?	❑ Yes	❑ Somewhat	❑ No
9. Are there team-building activities for the staff?	❑ Yes	❑ Somewhat	❑ No

10. How much is reasonable to expect from staff each week? _____

Child Satisfaction Program Monitoring Evaluation Questionnaires

Child Satisfaction With the Prosecution

Are you happy, sad, mad, or scared about the way your case was decided?

❑ Happy ❑ Sad ❑ Mad ❑ Scared

Did the attorney talk nicely to you? ❑ Yes ❑ No

Would you recommend this center to someone else? ❑ Yes ❑ No

Child Satisfaction With the Medical Examination

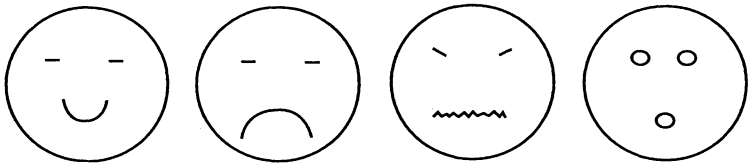
Please check the choice that best reflects your response to each of the following questions.

1. Were you told what would happen during the exam? ❑ Yes ❑ No ❑ Don't Know
2. Do you think it was helpful to know what was going to happen during the examination? ❑ Yes ❑ No ❑ Don't Know
3. Did the doctor tell you what was found after the examination was done? ❑ Yes ❑ No ❑ Don't Know
4. Was the doctor who examined you nice to you? ❑ Yes ❑ No ❑ Don't Know

Child Interview—Child Form

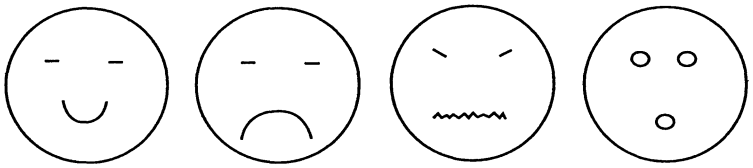
Instructions: Show the child the four faces and explain the emotion word below each face (e.g., while pointing to the face say "This face is happy."). Then ask the child the following three questions (e.g., How did you feel today?). Then while pointing to each face, say to the child: "Did you feel happy, sad, mad, or scared?"

1. How did you feel today?



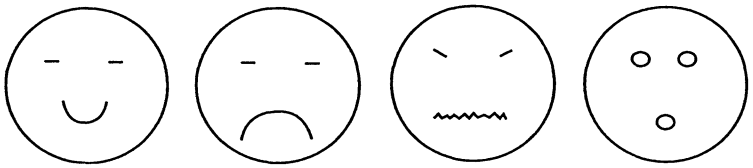
Happy Sad Mad Scared

2. How did you feel during the interview?



Happy Sad Mad Scared

3. How did you feel talking about _____ today?



Happy Sad Mad Scared

Child Satisfaction With Child Advocacy Center Services

Type of interviewer: _____

Age of child: _____

Answer "a little," "a lot," or "not at all" to each of the following questions.

1. How much did you like the waiting room at the CAC?	❑ A Little	❑ A Lot	❑ Not at All
2. How much time did you have to wait at the CAC?	❑ A Little	❑ A Lot	❑ Not at All
3. How much did you like the toys in the waiting room?	❑ A Little	❑ A Lot	❑ Not at All
4. How much did you like the people you spoke to at the CAC?	❑ A Little	❑ A Lot	❑ Not at All
5. How safe did you feel at the CAC?	❑ A Little	❑ A Lot	❑ Not at All
6. How comfortable did you feel during your interview?	❑ A Little	❑ A Lot	❑ Not at All
7. How upset were you during the interview?	❑ A Little	❑ A Lot	❑ Not at All
8. How much sense did the interview questions make to you?	❑ A Little	❑ A Lot	❑ Not at All

Answer "yes" or "no" to the next three questions.

9. Would you rather have been interviewed someplace else?	❑ Yes	❑ No
10. Were you interviewed too many times?	❑ Yes	❑ No
11. Did the interviewer ask questions in the best way for you?	❑ Yes	❑ No

Youth Satisfaction Questionnaire

Please help us to make this program better by answering questions about the services you received here. We want to know how you felt—good or bad. Please answer all of the questions. Thanks.

Please check the response that best describes how you feel for each question below:

1. Did you like the help you were getting?	❑ Yes	❑ Somewhat	❑ No
2. Did you get the help you wanted?	❑ Yes	❑ Somewhat	❑ No
3. Did you need more help than you got?	❑ Yes	❑ Somewhat	❑ No
4. Were you given more services than you needed?	❑ Yes	❑ Somewhat	❑ No
5. Have the services helped you with your life?	❑ Yes	❑ Somewhat	❑ No

Please circle a grade for each of the following areas:

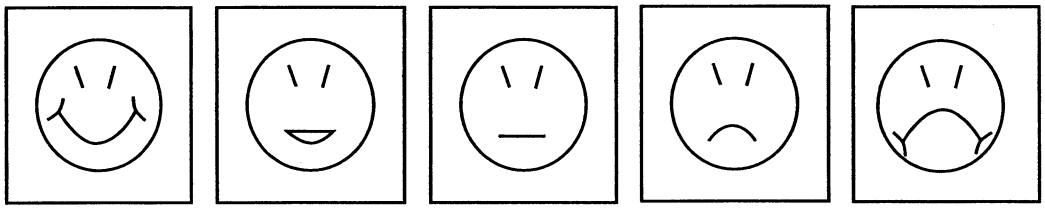
The age-appropriateness of the center	A	B	C	D	F	N/A
The interview	A	B	C	D	F	N/A
The medical examination	A	B	C	D	F	N/A
Mental health services	A	B	C	D	F	N/A
Staff support from the CAC while at the center	A	B	C	D	F	N/A
[Add other services the CAC offers]	A	B	C	D	F	N/A

Child Questionnaire

Instructions. I would like you to answer two questions about how you felt about what happened here today.

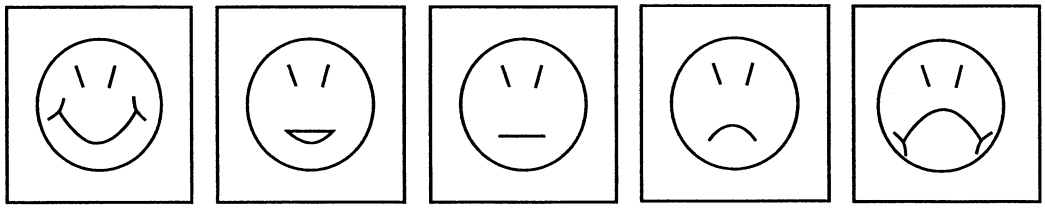
1. Would you point to the face that shows how you felt about talking to the interviewer just now?

Very Good	Good	A Little Good	Bad	Very Bad
1	2	3	4	5



2. Would you point to the face that shows how you felt about the rooms where you have been waiting and talking to people here today?

Very Good	Good	A Little Good	Bad	Very Bad
1	2	3	4	5



Appendix D

Sample Measures for Conducting an Outcome Evaluation

Multidisciplinary Team Outcome Evaluation Questionnaires

Child Advocacy Center Team Evaluations

For each of the following questions, using the rating scale to the right of the question, please circle the response that best describes how you feel.

Question	Not at All			Consistently
1. The team is clear about what it needs to accomplish and unified in its purpose.	1	2	3	4
2. Team members know they need each other to accomplish team goals.	1	2	3	4
3. Team members share values that support the team.	1	2	3	4
4. Team members get and give prompt, direct, reliable, useful feedback.	1	2	3	4
5. All team members participate, contributions are acknowledged, consensus is sought.	1	2	3	4
6. Team members trust each other enough to talk about issues openly and promptly.	1	2	3	4
7. Team members feel a sense of belonging to the team, both emotionally and professionally.	1	2	3	4
8. Members express ideas on both problems and group process.	1	2	3	4
9. Members listen to one another.	1	2	3	4
10. Disagreement is valued and used to improve the performance of the team.	1	2	3	4
11. The leader does not dominate, and the group does not overly depend on the leader.	1	2	3	4
12. Team members celebrate personal and team accomplishments.	1	2	3	4
13. Members possess and consistently use teamwork skills such as problem solving.	1	2	3	4

For each of the following questions, using the rating scale to the right of the question, please circle the response that best describes how you feel.

Question	Not at All			Consistently
14. Members possess and consistently use teamwork skills such as conflict management.	1	2	3	4
15. Members possess and consistently use teamwork skills such as confrontation.	1	2	3	4
16. Members possess and consistently use teamwork skills such as listening.	1	2	3	4
17. Members possess and consistently use teamwork skills such as validation/ supporting.	1	2	3	4
18. Members possess and consistently use teamwork skills such as coordinating.	1	2	3	4

Key Informant Interview Questions

Assessing Interagency Collaboration

Understanding Goals of the Agency Represented by the Key Informant

1. What are the goals of your agency?
2. In your view, how do your agency's goals differ from that of the other agencies in the collaborative system?
3. What effect, if any, does this difference have on service delivery?
4. In what ways are your goals similar? (and/or what are the system goals?)

Roles and Perceptions of the Interagency Collaborative Process

1. What is your agency's role in the collaborative process?
2. Is your agency effective in that role? What makes your agency effective?
3. What ways would you suggest that would improve the effectiveness?
4. What are the roles of the other agencies with which you work closely? Are they effective in their roles?
5. In your view, how do the other agencies see your role? Do they view you as effective in your role?

Focus on Interagency Communication

1. Do you believe that the various agencies (e.g., Children First, Department for Social Services, Commonwealth Attorney's Office) communicate well with each other?
2. How do you communicate your needs to other agencies? (e.g., verbal/written, frequency, kinds of information, etc.)
3. How do other agencies communicate their needs to you? (e.g., verbal/written, frequency, kinds of information, etc.)
4. Is this communication effective? What makes it effective? What would make it more effective?
5. How is a client transferred/referred in and out of your agency? What are the steps involved in this process?

Focus on Agency View on Client as Part of the Collaborative System/Empowerment of the Client

1. How do you involve the client/victim/family in the collaborative process?
2. In your view, do the services provided by the collaborative system empower the client/victim/family? How?
3. In your view, do the services provided by the collaborative system disempower the client/victim/family? How?
4. How could the collaborative system more effectively empower the client/victim/family?

Focus on Interagency Teamwork and Interdependence

1. In what ways does the collaborative system share resources (e.g., staff, training, financial, information, etc.)? How could this process improve?
2. Do you view the other agencies as being emotionally supportive of your agency? In what ways? What would you like to see different?
3. What are the strengths of the services delivered by the collaborative system?
4. What are the weaknesses of the services delivered by the collaborative system?

Focus on Interagency Conflict

1. What are typical kinds of interagency conflicts within the collaborative system?
2. How are these conflicts usually handled (e.g., avoidance, minimizing, power struggle, or systemic examination of the problem)? Are conflicts (inter- or intra-agency) formally documented in any way?
3. How could the management of interagency conflict be improved?

Interagency Collaboration Questionnaire Forms

(Beauchamp, Tewksbury, and Sanford 1997)

As part of an effort to evaluate the interagency collaborative system that addresses and responds to child sexual abuse in our community, we are interested in the perceptions and experiences that the staff of this agency have had with the other agencies in the collaborative system.

For each statement, use the rating scale below to describe how you feel about that statement. For the questions, please provide a brief answer regarding your opinion about the particular issue.

Interagency Collaboration Questionnaire

Question	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
1. Managers of the various agencies meet on a regular basis to discuss cases and other collaboration issues.	1	2	3	4	5	6	7
2. The collaborative agencies involved in addressing child sexual abuse share similar goals.	1	2	3	4	5	6	7
3. There is very little, if any, unnecessary overlap of roles among the various agencies.	1	2	3	4	5	6	7
4. The various collaborative agencies communicate effectively with each other.	1	2	3	4	5	6	7
5. Sufficient training opportunities exist within the collaborative system.	1	2	3	4	5	6	7
6. The services provided by the collaborative system empower the family and victim.	1	2	3	4	5	6	7
7. Victims and families are told what to expect during the investigative, legal, and treatment phases.	1	2	3	4	5	6	7
8. Opportunities for consultation between agencies are sufficient.	1	2	3	4	5	6	7

9. What effect, if any, does this overlap of roles have on service delivery?

_____

_____

_____

_____

10. What effect, if any, do differences in agency goals have on service delivery to victims and families?

_____
_____
_____
_____

11. What are the strengths of the collaborative system?

_____
_____
_____
_____

12. What are the weaknesses of the collaborative system?

_____
_____
_____
_____

13. What would make interagency communication more effective?

_____
_____
_____
_____

14. How could the collaborative system more effectively empower the family of a victim of child sexual abuse?

_____
_____
_____
_____

Child Protective Services Workers

Question	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
15. The CAC and Social/Protective Services readily share case information.	1	2	3	4	5	6	7
16. The CAC and Social/Protective Services communicate effectively with each other.	1	2	3	4	5	6	7
17. The referral process between the CAC and Social/Protective Services is effective.	1	2	3	4	5	6	7

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
18. Case information provided to the CAC by Social/Protective Services is helpful in the treatment planning process.	1	2	3	4	5	6	7
19. The CAC and Social/Protective Services share similar goals.	1	2	3	4	5	6	7
20. When they arise, conflicts between the CAC and Social/Protective Services are usually resolved effectively.	1	2	3	4	5	6	7

21. How could communication between the advocacy center and Social/Protective Services be improved?

_____
_____
_____
_____

22. What is the role of Social/Protective Services in the collaborative system?

_____
_____
_____
_____

23. How could conflict resolution between the advocacy center and Social/Protective Services be improved?

_____
_____
_____
_____

Mental Health Services

Question	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
24. The CAC and treatment agency/ agencies readily share case information.	1	2	3	4	5	6	7
25. The referral process between the CAC and the treatment agency/ agencies is effective.	1	2	3	4	5	6	7
26. The CAC and the treatment agency/ agencies share similar goals.	1	2	3	4	5	6	7

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
27. Conflicts arise between the CAC and the treatment agency/agencies.	1	2	3	4	5	6	7
28. When they arise, conflicts between the CAC and the treatment agency/ agencies are usually resolved effectively.	1	2	3	4	5	6	7

29. What is the role of the treatment agency/agencies in the collaborative system?

_____
_____
_____
_____

30. How could conflict resolution between the CAC and the treatment agency/agencies be improved?

_____
_____
_____
_____

31. How could communication between the CAC and the treatment agency/agencies be improved?

_____
_____
_____
_____

Law Enforcement

Question	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
32. The CAC and law enforcement agency/agencies readily share case information.	1	2	3	4	5	6	7
33. The CAC and the law enforcement agency/agencies communicate effectively with each other.	1	2	3	4	5	6	7
34. Case information provided to the CAC by the law enforcement agency/agencies is helpful in the treatment planning process.	1	2	3	4	5	6	7
35. The CAC and the law enforcement agency/agencies share similar goals.	1	2	3	4	5	6	7
36. When they arise, conflicts between the CAC and the law enforcement agency/agencies are usually resolved effectively.	1	2	3	4	5	6	7

37. How could communication between the CAC and the law enforcement agency/agencies be improved?

_____
_____
_____
_____

38. What is the role of the law enforcement agency/agencies in the collaborative system?

_____
_____
_____
_____

39. How could conflict resolution between the CAC and the law enforcement agency/agencies be improved?

_____
_____
_____
_____

Child Advocacy Center Team Meeting Assessment

(CAC, Poughkeepsie, New York)

Please rate the following statements according to the number that best describes your opinion of this meeting.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

1. The meeting was orderly, with few (if any) side conversations.

   1 2 3 4

2. Cases were discussed clearly and succinctly, with little irrelevant information.

   1 2 3 4

3. Disagreement was accepted without defensive reactions.

   1 2 3 4

4. We demonstrated that we were listening to each other very well.

   1 2 3 4

5. I felt connected to the team process, even when I was not directly involved in the discussion.

   1 2 3 4

6. The meeting was very productive.

   1 2 3 4

7. The meeting was hard to follow due to lack of order and many side conversations.

   1 2 3 4

8. Cases were discussed in a disjointed, lengthy manner with much irrelevant information.

   1 2 3 4

9. Defensive reactions to disagreements blocked team process.

   1 2 3 4

10. We didn't listen to each other very well.

    1 2 3 4

11. I did not feel a part of the team process.

    1 2 3 4

12. The meeting was not at all productive.

    1 2 3 4

Child Investigative Interview Outcome Evaluation Questionnaire

Assessment of the Interviewer[1]

(Newman 1998)

For each item, rate whether you strongly agree, agree, disagree, or strongly disagree with the statement.

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

Rapport Building

1. ____ Interviewer started the interview with a statement of date, time, location, and everyone present.
2. ____ Interviewer was able to engage the child to participate in the interview.
3. ____ Interviewer introduced himself/herself to the child and explained his/her role.
4. ____ Interviewer familiarized the child with the purpose of the interview or assessed the child's understanding of the interview.
5. ____ Interviewer addressed the physical surroundings and explained the purpose of the equipment, such as a one-way mirror, to the child.
6. ____ Interviewer answered any questions the child asked.
7. ____ Interviewer told the child he/she was free to ask questions.
8. ____ Interviewer explained documentation and memorialization.
9. ____ Interviewer empowered the child.
10. ____ Interviewer gave the child permission to challenge authority.
11. ____ Interviewer gave the child permission to decline to answer questions the child felt were too difficult or emotionally disturbing.
12. ____ Interviewer instructed the child not to guess.
13. ____ Interviewer encouraged the child to correct or disagree with him/her.
14. ____ Interviewer ascertained the child's understanding of the interview by asking who prepared the child and what they said, and by clarifying misperceptions.
15. ____ Interviewer attempted to evaluate the suggestibility of the child.

_____

1. Videotaped interviews are viewed by coders for the following characteristics in order to assess the skill of the interviewer (see Dr. Bernie Newman at Temple University). There are four potential uses of this instrument: effective feedback training, peer review, assessment of readiness of team member to interview, and confidence building.

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

Developmental Screening/Skills Assessment

16. ____ Interviewer assessed the child's level of functioning and dynamic processes.

17. ____ Interviewer modified and adapted language, tasks, etc., to accommodate the child's abilities.

18. ____ Interviewer framed questions in a developmentally sensitive manner.

19. ____ Interviewer used different types of questions in response to the child's level of functioning.

20. ____ Interviewer engaged in responsive listening by repeating back to the child what the child said.

21. ____ Interviewer assessed the child's ability to tell truth from lies.

22. ____ Interviewer assessed the child's ability to tell real from pretend.

23. ____ Interviewer assessed the child's ability to tell the difference between something that happened versus something made up.

24. ____ Interviewer assessed the child's ability to tell right from wrong.

25. ____ Interviewer used role play to assess the congruency of these concepts.

26. ____ Interviewer used different concepts to assess developmental level and knowledge of truth telling.

27. ____ Interviewer assessed congruency of concepts in a developmentally sensitive manner.

Anatomy Identification

28. ____ Interviewer asked the child to identify sexual and nonsexual body parts.

29. ____ Interviewer explored the concept of good touch versus bad touch.

Elicitation of Abuse-Specific Information

30. ____ Interviewer used a combination of open-ended questions and focused, directed, and structured questions.

31. ____ Interviewer questioned the child using both general questions and specific questions as needed in the interview.

32. ____ Interviewer explored contextual information—what, when, where, how, and who.

33. ____ Interviewer explored situational information.

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

34. ____ Interviewer explored multiple versus isolated incidents of abuse.

35. ____ Interviewer explored secondary information about the context in which the abuse occurred (sounds, smells, events that occurred during the abuse).

36. ____ Interviewer explored issues such as coercion, threats, bribes, punishments, and rewards.

37. ____ Interviewer explored the use of pornography, sexual aids, and video equipment.

38. ____ Interviewer explored alternate explanations with the child.

39. ____ Interviewer probed for more detail with nonleading questions.

40. ____ Interviewer asked the child to clarify words or phrases when the meaning was not obvious.

41. ____ Interviewer asked the child how he/she obtained knowledge of different words.

Closure

42. ____ Interviewer acknowledged the child's participation and effort.

43. ____ Interviewer asked the child if there was anything he/she forgot to ask or anything child would ask if he/she was the interviewer.

44. ____ Interviewer left the door open for possible reinterview.

45. ____ Interviewer gave the child information about possible next steps in the abuse investigation.

46. ____ Interviewer addressed the child's fears, concerns, and issues.

47. ____ Interviewer avoided false hopes by responding truthfully but generally to the child.

48. ____ Interviewer addressed personal safety with the child.

Interviewer Style

49. ____ Interviewer did not initiate physical contact with the child and only touched the child if the child initiated it.

50. ____ Interviewer was relaxed yet alert.

51. ____ Interviewer demonstrated patience with the child and did not rush the child.

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

52. ____ Interviewer probed for inconsistencies gently.

53. ____ Interviewer did his/her best to make the child comfortable.

54. ____ Interviewer did not lead the child through nonverbal expressions or body language.

55. ____ Interviewer praised the child in ways that were not leading (i.e., did not praise the child for disclosing but did so for neutral statements).

56. ____ Interviewer was attentive to the needs of the child.

57. ____ Interviewer showed an awareness of how the child was coping with the process and supported the child though the process.

Final Questions

58. What did the interviewer do best in this interview?

_____
_____
_____
_____

59. In what areas could the interviewer show improvement?

_____
_____
_____
_____

Mental Health Services Outcome Evaluation Questionnaires

Assessing Mental Health Services

Focus on Defining Key Informant's Role/Experience at the CAC

1. What is your primary responsibility here at the Child Advocacy Center (CAC)?
2. What are your other responsibilities?
3. On a scale of 1 to 10, what is the typical level of stress you experience in a given week?
4. How do you manage this stress? What is in place here at the CAC to help with this stress?
5. In your view, what makes your experience at this CAC a positive professional experience?
6. What hinders your ability to work effectively in general?
7. What hinders your ability to work effectively clinically?
8. What is your view about the interdisciplinary team at this CAC?
9. What would assist you in improving your utilization of the team?
10. In general, what do you think your clients' perspective is of this CAC? Of you as a professional providing the various services?

Focus on General Management of Clinical Cases

Ask for perspectives (positive/negative) on the service delivery flow, including key components:

11. Receipt of referral
12. Intake
13. Assignment of cases
14. Intervention/service provision
15. Referral out
16. Termination
17. Clinical case reviews
18. Charting/chart reviews
19. Telephone consults
20. On call

Focus on Mental Health Services

21. Who comprises the population that you serve?
22. How do you define who your client is?
23. How do you know when a child/family is in crisis? What is a crisis?
24. What is crisis intervention?
25. How do you know when the crisis has remitted?
26. How does crisis intervention differ from brief or short-term therapeutic services?
27. In your view, what are the critical components of effective intervention?
28. In general, how effective do you feel you are in your interventions, on a scale of 1 to 10? Why?
29. How do you decide when to refer? Not to refer?
30. What is involved in the referral process?
31. How effective is the referral process? What changes would you suggest to make this service component more effective?
32. What is involved in court support? What changes would you suggest to make this service component more effective?
33. What is involved in case management?
34. How effective is case management? What changes would you suggest to make this service component more effective?
35. In your view, how do you differentiate between clinical work and case management?
36. How effective do you feel this CAC is in the provision of clinical services?
37. What would you like to see different in the area of clinical services?

Assessing Supervision

38. What do you consider to be effective supervision? What are the components?
39. What is the system for supervision of cases here at this CAC?
40. How often do you receive supervision? Would you like more or less?
41. How helpful is your supervision to your professional growth? To the clinical management of your cases (interventions and case management)?
42. If there were a system put in place to evaluate supervision, what would you like to suggest be included?

Assessing General Staffing Issues

43. What is the orientation process here at this CAC?
44. What would you add or delete from the orientation process?
45. What types of training are provided by this CAC?
46. How important is training to you on a scale of 1 to 10?
47. What types of training do you need to be more effective in your position? How would they help you?
48. What would you suggest to ensure that training occurs on a regular basis?
49. Are financial resources available for you to receive the ongoing training you need to be effective in your position?
50. What kind of support do you feel from your colleagues? Your supervisor? Office staff? The Board of Directors?
51. What would you suggest be put in place to enhance the support you experience from these entities?
52. How do the office staff (or clinical staff) support you?
53. Do you think the office staff (or clinical staff) understand your position and the associated responsibilities? If not, why?
54. What could enhance your work if done differently by the office staff (or clinical staff)?
55. What are your perceptions of the office staff (or clinical staff) positions?
56. How do you help the office staff (or clinical staff) do their jobs? What could you do differently to help them be more effective in their positions?
57. What impact do you think the office staff (or clinical staff) have on a client? How effective do you think the office staff (or clinical staff) are in this area?

Assessing the Wishes—Developing a Wish List

58. What would you like to discuss that has not been already covered that you feel is important to understanding service delivery and overall CAC functioning?

Mental Health Services—Therapist Form

This family has _____ risk factors, which include:
(number)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Diagnosis: _____
_____
_____

Type of counseling provided to this family (check all that apply):

_____ Individual counseling

_____ Group counseling

_____ Residential program

Length of treatment for this family: _____

Number of referrals for therapy: _____

Child outcomes—Therapist reported

Child Behavior Checklist score: _____

Child Sexual Behavior Inventory score: _____

Therapist's degree: _____

Therapist's training: _____

Form for Clinical Treatment Goals

(Beauchamp, Tewksbury, and Sampson 1997)

Presenting Problem	Goals and Objectives	Estimated Completion Date	Completion Date	Modality and Frequency	Rating

Rating scale: For each goal, rate the level of goal attainment by responding to the statement "I feel that this goal was achieved."

Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

Client/parent signature _____ Date _____

Therapist signature _____ Date _____

Supervisor signature _____ Date _____

Treatment and Outcomes Survey

Case ID# _____

Date _____

Clinical Director _____

1. Was the victim referred to treatment?
   - Yes 1
   - No 2
   - Don't know 9

2. How quickly did the victim enter treatment?
   - NA, victim was not referred 0
   - Less than 1 week 1
   - 1 to 2 weeks 2
   - 2 to 3 weeks 3
   - More than 3 weeks 4
   - Don't know 9

3. What type of treatment was the victim referred to (circle all that apply)?
   - NA, victim was not referred 0
   - Individual counseling 1
   - Group counseling 2
   - Residential program 3
   - Other _____ 4
   - Don't know 9

4. Was treatment specifically designed for the victim of sexual abuse?
   - Yes 1
   - No 2
   - Don't know 9

5. How long did the victim participate in treatment?
   - NA, victim was not referred 0
   - Victim was referred but did not participate 1
   - 1 week 2
   - 2 to 5 weeks 3
   - 6 to 10 weeks 4
   - More than 10 weeks 5
   - Don't know 9

6. What type of treatment was the victim's parent(s) referred to?
   - NA, parent(s) was not referred 0
   - Individual counseling 1
   - Family counseling 2
   - Parenting classes 3
   - Child welfare agency/family preservation 4
   - Other _____ 5
   - Don't know 9

7. Was the perpetrator referred to treatment?
   - Yes 1
   - No 2
   - Don't know 9

Investigation/Tracking

8. Was the case investigated by CPS?
   - Yes 1
   - No 2
   - Don't know 9

9. What was the outcome of the CPS investigation (circle all that apply)?
   - NA, not investigated 0
   - Substantiated 1
   - Unable to investigate 2
   - Unfounded 3
   - Family received voluntary services 4
   - Court ordered services 5
   - Referred to other agency 6
   - Child removed from home 7
   - Other _____ 8
   - Don't know 9

10. What was the outcome of the police investigation?
    - Not a police case 0
    - Unfounded 1
    - Closed by arrest 2
    - Lack of evidence 3
    - Closed by exception 4
    - Closed and cleared 5
    - Referred to other law enforcement agency 6
    - Screened with county attorney:
    - Filed 7
    - Declined 8
    - Don't know 9

11. Were criminal charges filed?
    - Yes 1
    - No 2
    - Don't know 9

12. Type of criminal charges filed? If felony, place 1, 2, or 3 in blank to represent degree. If misdemeanor, place A, B, or C in blank to represent type.
    - NA, charges were not filed 0
    - Forcible sexual assault 1
    - Aggravated sexual abuse 2
    - Rape 3
    - Forcible sodomy 4
    - Child homicide 5
    - Sexual abuse of a child 6
    - Physical abuse 7
    - Unlawful sexual intercourse 8
    - Gross lewdness 9
    - Lewdness 10
    - Other_____ 11

13. If case was not filed, why not?
    - Insufficient evidence 1
    - Victim declined to participate 2
    - Victim unavailable 3
    - Perpetrator not identified 4
    - Statute of limitations expired 5
    - Victim not qualified 6
    - Victim inconsistencies 7
    - Other _____ 8

14. Was a conviction obtained?

Yes, perpetrator found guilty	1
No, charges were dismissed	2
Not guilty—acquitted	3

15. What were the final charges (circle all that apply)? If felony, place 1, 2, or 3 in blank to represent degree. If a misdemeanor, place A, B, or C in blank to represent type.

NA, charges were not filed	0
Forcible sexual assault	1
Aggravated sexual abuse	2
Rape	3
Forcible sodomy	4
Child homicide	5
Sexual abuse of a child	6
Physical abuse	7
Unlawful sexual intercourse	8
Gross lewdness	9
Lewdness	10
Other _____	11

16. What was the final disposition (circle all that apply)?

NA, case was not heard	0
Pending	1
Held in abeyance	2
Probation	3
Fined	4
State hospital	5
Treatment ordered	6
Incarcerated—prison or jail	7
Length of sentence in months: _____	
Diverted with other conditions	8
Other _____	9

17. What was the final outcome for the victim?

Victim held in protective supervision	1
Custody to child welfare agency	2
Return home	3
Other _____	4

Client Outcomes Reporting Form

(TEDI BEAR: The Children's Advocacy Center)

Child's name _____

Child's date of birth _____

Child's date of entry _____

Child Behavior Checklist (for all clients)

CBC Scale	Base-line	Date		3-month	Date		6-month	Date	
	Raw score	Percentile	T score	Raw score	Percentile	T score	Raw score	Percentile	T score
Withdraws									
Internalizing									

Adult-Adolescent Parenting Inventory

	Date: Baseline		Date: Pre-Parent Class		Date: Post-Parent Class	
	Raw score	Standard score	Raw score	Standard score	Raw score	Standard score
Inappropriate expectations						

Date of educational session: _____

Educational materials/handouts used:

_____ Touch coloring book

_____ Talk about sex

Child development:

_____ Mental health

_____ Rules

_____ Parent pressures

_____ Ages birth–3

_____ Self-esteem

_____ Kids Count on You

_____ Ages 2–6

_____ Myths/misconceptions

_____ Effects of abuse

_____ Ages 5–12

_____ Teen years

Other _____

Trauma Symptom Checklist for Children

Category	Date: Baseline		Date: 6 months	
	Raw score	T score	Raw score	T score
Underresponse				

Initial and Discharge Diagnostic Assessment Form

Client name _____

Case number _____

Date of birth _____

Age _____

Initial Diagnostic Assessment

Date _____

Axis	DSM–IV Diagnostic Classification	Code

Discharge Assessment

Date _____

Axis	DSM–IV Diagnostic Classification	Code

Client name _____ Case number _____

Diagnostic Summary

(List identified issues/behavior that support the Axis I and Axis II diagnosis and provide clinical impressions.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Therapist signature _____ Date _____

Clinical supervisor signature _____ Date _____

Client name _____ Case number _____

Axis IV: Psychosocial and Environmental Problem

For each category below, identify each problem and rate at initial diagnostic assessment and discharge.

1. Problems With Primary Support Group

A. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

B. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

2. Problems Related to the Social Environment

A. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

B. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

3. Emotional Problems

A. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

B. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

4. Occupational Problems

A. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

B. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

5. Economic Problems

A. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

B. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

6. Problems Related to Legal System Involvement

A. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

B. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

7. Problems Related to Access to Health Care

A. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

B. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

8. Housing Problems

A. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

B. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

9. Educational Problems

A. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

B. _____

At initial assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

At discharge assessment:

Not a problem 1 2 3 4 5 6 7 **Major problem**

Axis V

Global Assessment Functioning Scale

A. Current rating at time of initial clinical assessment: _____

B. Current rating at time of discharge: _____

Social and Occupational Functioning Assessment Scale

A. Current rating at time of initial clinical assessment: _____

B. Current rating at time of discharge: _____

Medical Examination Outcome Evaluation Questionnaires

Assessing Medical Services

Focus on Defining Key Informant's Role/Experience at the Child Advocacy Center (CAC)

1. What is your primary responsibility here at the CAC?
2. What are your other responsibilities?
3. On a scale of 1 to 10, what is the typical level of stress you experience in a given week?
4. How do you manage this stress? What is in place here at the CAC to help with this stress?
5. In your view, what makes your experience at this CAC a positive professional experience?
6. What hinders your ability to work effectively in general?
7. What hinders your ability to work effectively medically?
8. What is your view about the interdisciplinary team at this CAC?
9. What would assist you in improving your utilization of the team?
10. In general, what do you think your clients' perspective is of this CAC? Of you as a professional providing the various services?

Focus on General Management of Medical Cases

Ask for perspectives (positive/negative) on the service delivery flow, including key components:

11. Receipt of referral
12. Intake
13. Assignment of cases
14. Intervention/service provision
15. Referral out
16. Termination
17. Medical case reviews
18. Charting/chart reviews
19. Telephone consults
20. On call

Focus on Medical Services

21. Who comprises the population that you serve?
22. How do you define who your client is?
23. In your view, what are the critical components to effective intervention?
24. In general, how effective do you feel you are in your interventions on a scale of 1 to 10? Why?
25. How do you decide when to refer? Not to refer?
26. What is involved in the referral process?
27. How effective is the referral process? What changes would you suggest to make this service component more effective?
28. What is involved in court support? What changes would you suggest to make this service component more effective?
29. What is involved in case management?
30. How effective is case management? What changes would you suggest to make this service component more effective?
31. In your view, how do you differentiate between medical work and case management?
32. How effective do you feel this CAC is in the provision of medical services?
33. What would you like to see different in the area of medical services?

Assessing Supervision (if applicable)

34. What do you consider to be effective supervision? What are the components?
35. What is the system for supervision of cases here at this CAC?
36. How often do you receive supervision? Would you like more or less?
37. How helpful is your supervision to your professional growth? To your clinical management of your cases (interventions and case management)?
38. If there were a system put in place to evaluate supervision, what would you like to suggest be included?

Assessing General Staffing Issues

39. What is the orientation process here at this CAC?
40. What would you add or delete from the orientation process?

41. What types of training are provided by this CAC?

42. How important is training to you on a scale of 1 to 10?

43. What types of training do you need to be more effective in your position? How would they help you?

44. What would you suggest to ensure that training occurs on a regular basis?

45. Are financial resources available for you to receive the ongoing training you need to be effective in your position?

46. What kind of support do you feel from your colleagues? Your supervisor? Office staff? The Board of Directors?

47. What would you suggest be put in place to enhance the support you experience from these entities?

48. How does the office staff (or medical staff) support you?

49. Do you think the office staff (or medical staff) understand your position and the associated responsibilities? If not, why?

50. What could enhance your work if done differently by the office staff (or medical staff)?

51. What are your perceptions of the office staff (or medical staff) positions?

52. How do you help the office staff (or medical staff) do their jobs? What could you do differently to help them be more effective in their positions?

53. What impact do you think the office staff (or medical staff) has on a client? How effective do you think the office staff (or medical staff) are in this area?

Assessing the Wishes—Developing a Wish List

54. What would you like to discuss that has not been already covered that you feel is important to understanding service delivery and overall CAC functioning?

Genital Examination Distress Scale

(Gully et al. 1999)

Instructions: Immediately at the end of the medical examination for possible sexual abuse, rate the seven indices of behavioral distress for the child during the anogenital phase of the procedure. If the behavior was not observed, assign 1 point. Score 2 points if the behavior was somewhat displayed. A rating of 3 points should be made if the behavior was definitely displayed.

Not Displayed = 1 **Somewhat Displayed = 2** **Definitely Displayed = 3**

Rating

_____ 1. **Nervous behavior** (e.g., repeated nail biting, lip chewing, leg fidgeting, rocking, or fingers in mouth, not attending, not listening).

_____ 2. **Crying** (e.g., crying sounds, tears, or the onset of tears).

_____ 3. **Restraint** (e.g., pressure is used to hold onto the child or physical attempts to keep the child from moving).

_____ 4. **Muscular rigidity** (e.g., tensing of muscles like clenched fists, facial contortions, or general body tightening).

_____ 5. **Verbal fear** (e.g., statement of apprehension or fear like "I'm scared" or "I'm worried").

_____ 6. **Verbal pain** (e.g., statement of pain in any tense like "That hurt," "Owwwh," "You're pinching me," or "This will hurt").

_____ 7. **Flailing** (e.g., random movement of arms, legs, or body weight without trying to be aggressive, like pounding fists, throwing arms, or kicking legs).

Child's Perceptions of the Genital Examination for Child Sexual Abuse

(Lazebnik et al. 1994)

Ask the child each question, followed by the three response options.

3-Point Scale

1. How much did the examination hurt?
   ❑ It didn't hurt ❑ It sort of hurt ❑ It hurt a lot
2. Degree of fear associated with the examination?
   ❑ It wasn't scary ❑ A little scary ❑ Very scary
3. Perceived kindness of the doctor.
   ❑ Very nice ❑ Kind of nice ❑ Not nice
4. How scared/fearful are you of doctors.
   ❑ Not scared ❑ A little scared ❑ Very scared
5. Fear of hypothetical second exam.
   ❑ Not scared ❑ Sort of scared ❑ Very scared

Parents' Perceptions of the Genital Examination of Their Child for Child Sexual Abuse[2]

(Lazebnik et al. 1994)

For each of the following questions, please check one box.

1. Rate the doctor's kindness.
   ❑ Very kind ❑ All right ❑ Terrible
2. Rate the doctor's gentleness compared to other doctor visits.
   ❑ Better ❑ Same ❑ Worse
3. How well did your child do compared to other doctor visits?
   ❑ Better ❑ Same ❑ Worse
4. Would you choose this doctor for regular pediatric care?
   ❑ Yes ❑ No ❑ Maybe
5. Has your child previously had a genital exam?
   ❑ Yes ❑ No
6. Did someone explain what was going to happen during the examination?
   ❑ Yes ❑ No

Please write your responses to the following questions:

How long did it take to get an appointment? _____

How far did the child have to travel for the medical examination? _____

2. For additional reading, see Steward, M.S., M. Schmitz, D.S. Steward, N.R. Joye, and M. Reinhart. 1995. Children's anticipation of and response to colposcopic examination. *Child Abuse & Neglect*, 19(8), 997–1005.

Physician's Perceptions of the Medical Examination

1. Was a medical exam conducted? ❑ Yes ❑ No
2. Do you do peer review of medical evaluations? ❑ Yes ❑ No
3. What was the outcome of the medical examination? _____

_____

4. Was a colposcope available for your use? ❑ Yes ❑ No

Court Process Outcome Evaluation Questionnaire

Children's Perceptions of Court-Related Stress[3]

(Saywitz and Nathanson 1993)

On a scale of 0 (not stressful) to 5 (very stressful), how do you [the child] rate the following items:

Not Stressful	A Little Stressful	Neutral	Stressful	Somewhat Stressful	Very Stressful
0	1	2	3	4	5

1. Crying in court.
   0 1 2 3 4 5
2. Having people not believe you in court.
   0 1 2 3 4 5
3. Answering questions in front of unfamiliar adults in court.
   0 1 2 3 4 5
4. Answering embarrassing questions in court.
   0 1 2 3 4 5
5. Not knowing the answers to questions you are asked in court.
   0 1 2 3 4 5
6. Answering questions in court in front of a person who hurt you.
   0 1 2 3 4 5
7. Going to court.
   0 1 2 3 4 5
8. Answering questions in front of a judge in court.
   0 1 2 3 4 5
9. Having an attorney ask you questions in court.
   0 1 2 3 4 5
10. Being a witness in court.
    0 1 2 3 4 5

3. For permission to use this scale, contact Karen Saywitz at UCLA (ksaywitz@ucla.edu).

Case Tracking Forms

CARES NW Statistics Sheet

Name: _____ **Date of Evaluation:**_____

Section A: INTAKE STAFF COMPLETE (If not done, Evaluation Team complete)

1. Concern that brought this child to CARES NW (you may check more than one category):

   ___ Neglect ___ Physical abuse ___ Sexual abuse ___ Sibling of victim

   ___ Witness to crime/abuse of others ___ Other_____

2a. How did concern first arise?

   ___Third-party report ___ Behavior problems ___ Disclosure (see next line)

   ___Other family member ___Friend ___Other_____

3. Who initially called CARES NW? (You may check more than one category):

   ___SCF ___LEA ___School ___Health care provider ___Therapist

   ___Parent ___Attorney ___Other_____

4. Who referred the family to CARES NW? (You may check more than one category):

   ___SCF ___LEA ___School ___Health care provider ___Therapist

   ___Parent ___Attorney ___Other_____

5. Child gender: ___Female ___Male

Section B: INTAKE STAFF COMPLETE (If not done, Evaluation Team complete)

6. Ethnic background: ___Asian ___Hispanic ___African American

   ___Native American ___ Caucasian ___Other

7. Has this child been diagnosed with any disability? ___Yes ___No

8. Appointment type: ___E ___E/C ___E/I ___I ___Emer E ___Emer E/I

   ___Emer E/C ___F/U E ___F/U I ___F/U EI

9. Detective assigned? ___Yes ___No LEA agency/county_____

10. Alleged perpetrator's relationship to the child (if there are multiple perpetrators, you may check more than one):

    ___Parent ___Step-parent ___Parent's boyfriend/girlfriend ___Other relative

    ___Stranger ___Sibling ___Peer ___Known to child ___None identified

11. Age of alleged perpetrator at time of abuse_____

    (If unsure, check: ____<13 ____13–17 ____18+ ____DK)

12. Age of child when EVALUATED:_____

    Age of child at TIME OF ABUSE (include range):_____

13. DIAGNOSTIC INFORMATION (based on ALL DATA available at time of assessment):

    Previous statement of abuse:

    ____Clear ____Concerning/questionable ____None

    At evaluation, statements of sexual abuse:

    ____Clear ____Concerning/questionable ____None

    At evaluation, statements of physical abuse:

    ____Clear ____Concerning/questionable ____None

    Previous exam abuse findings:

    ____Evidence of abuse ____Possible abuse ____No physical abuse

    At evaluation, sex abuse exam findings:

    ____Evidence of abuse ____Possible abuse ____No physical abuse

    At evaluation, physical abuse exam findings:

    ____Evidence of abuse ____Possible abuse ____No physical abuse

    At evaluation, other exam findings (e.g., ear infection, cold, malnourishment):

    ____Evidence of abuse ____Possible abuse ____No physical abuse

14. CONCLUSIONS (based on all data available at the time of assessment—What's your "working diagnosis"?):

    Sexual abuse

    ____Probable/definite abuse ____Possible abuse ____No indication of abuse/abuse unlikely

    Physical abuse

    ____Probable/definite abuse ____Possible abuse ____No indication of abuse/abuse unlikely

    Neglect

    ____Probable/definite ____Possible ____No indication/ unlikely

15. Has domestic violence occurred in this child's family?

    ____Yes ____No

16. Is a custody or visitation dispute currently occurring in this child's family?

____Yes ____No

17. Was this child referred for counseling?

____Yes ____No

If no, why?

____Tx not needed ____Child already in Tx ____Child developmentally not able or too young

Case Tracking Questions

(Adapted from Gene Siegel (Arizona) 520–615–7881)

Was the case reviewed? Yes_____ No_____

Which agency received the initial report?_____

Type of report:	Number of child victims	Multiple incidents
____ Child sexual abuse	_____	Yes____ No____
____ Child physical abuse	_____	Yes____ No____
____ Child neglect	_____	Yes____ No____
____ Child exploitation	_____	Yes____ No____
____ Child death	_____	Yes____ No____
____ Other_____	_____	Yes____ No____

Source of report:

____ CPS ____ Medical ____ Neighbor/acquaintance ____ School

____ LE ____ Parent ____ Mental health professional Other_____

____ Relative ____ Social Services

If CPS investigation, did CPS notify law enforcement? ____Verbally ____Written

If LE investigation, did LE notify CPS? ____Verbally ____Written

Was a joint CPS/LE investigation conducted? ____Yes ____ No ____ Cannot determine

Who conducted the child interview:_____ _____
Name Agency

Total number of child interviews: _____

Total number of videotaped interviews: _____

Total number of other interviews:_____

Was a forensic medical examination of the child victim conducted? Yes ____ No ____

Who conducted the forensic medical exam: _____ _____
Name Location

Were criminal charges filed by LE? Yes ____ No ____

Were criminal charges filed by the prosecutor's office? Yes ____ No ____

Was the case prosecuted? Yes ____ No ____

Was there a conviction in the case? ____Yes ____No Result:_____

Were protocols followed? ____Yes ____No

Parents' marital status: ____ Married ____ Divorced ____ Separated ____ Single

If parents are divorced or separated, visitation schedule:_____

_____

Child lives with:

____ Mother ____ Father ____ Other relative ____ Foster care

____ Other_____

History of child sexual abuse in mother's family of origin: ____Yes ____No
If yes, Victim_____ Alleged perpetrator_____

History of child sexual abuse in father's family of origin: ____Yes ____No
If yes, Victim_____ Alleged perpetrator_____

History of child sexual abuse of other siblings in the household: ____Yes ____No
If yes, Victim_____ Alleged perpetrator_____

History of mental illness in the family: ____Yes ____No
Describe_____

History of drug/alcohol use/abuse in the family: ____Yes ____No
Describe_____

History of domestic violence in the family: ____Yes ____No
Describe_____

History of previous child sexual abuse in the family ____Yes ____No
Describe_____

Physical abuse in the family: ____Yes ____No
Describe_____

Previous involvement of Child Protective Services: ____Yes ____No
Describe_____

Police involvement: ____Yes ____No
Describe_____

Has the child been exposed to pornographic material? ____Yes ____No
Describe_____

Child-Related Questions

Developmental level: ____ Age appropriate ____ Delayed

Language development: ____ Age appropriate ____ Delayed

Toilet trained ____Yes ____ No Age trained _____

Stress-related behaviors: _____

_____

Onset and length of behaviors:_____

School/daycare: ____Yes ____ No Name of daycare_____

Age began_____

Academic performance: ____ Average ____ Above average ____ Below average

Special education: ____Yes ____ No

Describe_____

History of chronic health problems: ____Yes ____ No

Describe_____

History of genital injuries: ____Yes ____ No

Describe_____

Current medications_____

Present sleeping arrangement in the household_____

Family stressors in the family during the past year_____

_____

Has the child disclosed past sexual abuse: ____Yes ____ No

Describe_____

AWAKE Intake Report

AWAKE Case #_____

Report received by_____(Agency)

Date opened_____ Social worker_____ Officer_____

Site of interview: AWAKE_____ Other_____ Date_____

Was interview videotaped? ____Yes ____ No audiotape ____Yes ____ No

Guardian ad litem requested? ____Yes ____ No

Guardian ad litem_____

VICTIM INFORMATION

Child's name_____ Phone #_____

DOB_____ Age_____ Sex_____ Race_____

Address_____
Street/PO Box City State ZIP Code

Child is in custody of_____ Relationship_____

School victim attends_____Grade_____

Do you want to make an AWAKE mental health referral? ____Yes ____ No

Medical scheduled/date_____ Medical completed/date_____

ALLEGED PERPETRATOR

Name_____ Phone #_____

DOB_____ Age_____ Sex_____ Race_____

Relationship to victim_____

Occupation_____ Place of employment_____

DESCRIPTION OF ABUSE

Date of report_____Type of abuse_____ Sexual _____ Physical

Is there also: Domestic violence _____ Custody dispute _____

CARES Program Intake Information Form

Date: _____ Time: _____ Intake received by: _____

Intake Screening Criteria Requiring Immediate Evaluation by R.N. (Check if applies or is of concern)

Referring agent: _____ Agency: _____ Phone: _____

- ❑ Alleged abuse to child occurred within the 72 hours (child is not to bathe, toilet, or eat; retain clothing from episode).
- ❑ Current complaints of pain, fever, drainage, pain, and/or burning with urination or defecation.
- ❑ Referring agency requests emergency assessment due to immediacy of danger to child.
- ❑ Alleged offender may have continued contact with the child.
- ❑ Referral attempt made by a private party—not H&W, LEA, Prosecutor's office or court order—meeting abuse criteria.

NOTES: _____

Child's name: _____ Sex: M F DOB: _____ Age: _____

Legal guardian: _____ Relationship to child: _____

Address: _____ Home phone: _____ Work phone: _____

Who will bring child to CARES: _____

Referring agent: _____ Agency: _____ Phone: _____

Secondary agent: _____ Agency: _____ Phone: _____

Describe alleged event or referral reason: ❑ Acting out ❑ Possible witness

❑ Possible victim ❑ Disclosure (to whom) _____

Who (names/age/relationship to child): _____

What: _____

When: _____

_____

Where: _____

_____

Appointment: Date: _____ Time: _____ Exam: _____

Exam: Interview _____ Interview: _____

Agent _____ notified of appointment ❑ Voice mail ❑ Phone

❑ Message left with _____

Agent _____ notified of appointment ❑ Voice mail ❑ Phone

❑ Message left with _____

Is it safe per parent/guardian and intake information to mail out PDQ and health history?

❑ No/unknown _____ ❑ Yes: Date mailed _____

Georgia Center for Children Intake Sheet

Written by: _____ Date: _____

Relationship to child: _____

INFORMATION ABOUT THE CHILD

Child's name_____ DOB _____ Sex ____

Race _____ Age _____

Child's address_____

ZIP Code_____ County_____

INFORMATION ABOUT THE PARENT/GUARDIAN

Name (Mother)_____ (Father)_____

Address_____ City/State/ZIP_____

Phone (home)_____ (work)_____

INFORMATION ABOUT THE ABUSE

Has child seen a doctor for this abuse? Yes _____ No _____ Date of visit _____

Name of doctor/hospital_____

In what county/counties did the abuse take place _____

Child's age when abuse started _____

Where did the abuse take place? (In house, school, car, outside, etc.)

_____

Please tell exactly what happened to the child: _____

_____

_____

_____

_____

How were you made aware of the abuse? _____

_____

_____

_____

INFORMATION ABOUT THE PERPETRATOR

Name_____ Age_____ Sex_____ Race _____

How does the child know the perpetrator?_____

Has the case been reported? DFCS _____ Date _____

Caseworker_____

Police _____ Date _____ Investigator_____

REFERRAL INFORMATION

Referred by: DFCS _____ Police _____ D.A. _____ Doctor _____ Other ____

COVER SHEET

Child Advocacy Center Evaluation/Case Tracking Forms

For information gathered by Child Protective Services (CPS)

VICTIM INFORMATION

Last name _____ First name _____ M.I. ____

Street address _____

City _____ State _____ ZIP Code _____

Telephone number _____

Date of birth _____/_____/_____

This cover sheet will be removed when the forms are submitted for data analysis.

Child Advocacy Center Evaluation/Case Tracking Worksheet

Victim Information

For information gathered by Child Protective Services (CPS)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Person completing the form: _____

Today's date: _____/_____/_____

Date incident reported to this agency: _____/_____/_____

Date of alleged offense: _____/_____/_____

VICTIM'S DEMOGRAPHIC INFORMATION
(Circle below)

1. Gender:
   - Male 1
   - Female 2
2. Date of birth: _____/_____/_____
3. Age: _____
4. Ethnicity:
   - White 1
   - Black 2
   - Hispanic 3
   - Asian 4
   - Native American 5
   - Other _____ 6
5. Does victim have a disability?
   - No 1
   - Physical 2
   - Mental 3
   - Other _____ 4
6. Is English victim's primary language?
   - Yes 1
   - No 2
   - Don't know 3

REFERRAL INFORMATION

7. Presenting problem:
   - Sex abuse 1
   - Serious physical abuse 2
   - Other _____ 3
8. Date victim first disclosed abuse: (If known)
   _____/_____/_____

9. Who referred this case to CPS?
   - Law enforcement 1
   - Parent/guardian 2
   - Victim 3
   - Offender 4
   - Other nonoffending adult 5
   - Human services agency_____ 6
   - Health care provider _____ 7
   - School _____ 8
   - Other _____ 9

MEDICAL INFORMATION

10. Date of first exam:
    _____/_____/_____

11. Conducted at:
    - Hospital emergency room 1
    - Other hospital/clinic setting 2
    - Private physician's office 3
    - Other _____ 4

12. Completed by:
    - Emergency room physician 1
    - Expert forensic child abuse examiner 2
    - Family physician 3
    - Other practitioner 4

13. Reason for exam:
    (circle all that apply)
    - Nature of abuse 1
    - Recency of abuse 2
    - Age of child 3
    - Requested by parent/guardian 4
    - Requested by physician 5
    - Investigative request 6
    - Other _____ 7

14. Physical findings:
    - Reason for exam was substantiated 1
    - Reason for exam was unsubstantiated 2
    - Other conditions were identified and treated 3
      (Specify_____)
    - Unknown (at this time) 4
    - Other _____ 5

15. Date of second exam:
    _____/_____/_____

16. Reason for exam: (circle all that apply)
    - Investigative request 1
    - Requested by physician 2
    - Requested by prosecutor 3
    - Requested by defense 4
    - Subsequent allegation 5
    - Other _____ 6

17. Physical findings:
    - Reason for exam was substantiated 1
    - Reason for exam was unsubstantiated 2
    - Other conditions were identified and treated 3
      (Specify_____)
    - Unknown (at this time) 4
    - Other _____ 5

18. Date of third exam:
_____/_____/_____

19. Reason for exam:
(circle all that apply)

Investigative request	1
Requested by physician	2
Requested by prosecutor	3
Requested by defense	4
Subsequent allegation	5
Other _____	6

20. Physical findings:

Reason for exam was substantiated	1
Reason for exam was unsubstantiated	2
Other conditions were identified and treated	3
(Specify_____)	
Unknown (at this time)	4
Other _____	5

Child Advocacy Center Evaluation/ Case Tracking Worksheet

Alleged Perpetrator Information

For information gathered by Child Protective Services (CPS)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Person completing the form: _____

Today's date: _____/_____/_____

Date incident reported to this agency: _____/_____/_____

Date of alleged offense: _____/_____/_____

Complete one form for each alleged perpetrator in this case.

DEMOGRAPHIC INFORMATION

1. Gender:
   - Male 1
   - Female 2
2. Date of birth: _____/_____/_____
3. Age: _____
4. Ethnicity:
   - White 1
   - Black 2
   - Hispanic 3
   - Asian 4
   - Native American 5
   - Other _____ 6
5. Relationship to victim:
   - Parent 1
   - Step-parent 2
   - Foster parent 3
   - Legal guardian 4
   - Partner of parent 5
   - Adult who is known to the victim 6
   - Adult who is a stranger 7
   - Sibling 8
   - Other _____ 9

A. Other relative:

Who is also a caretaker or in a position of trust 10

Who is not a caretaker or in a position of trust 11

B. Other person known to victim:

Who is also a caretaker or in a position of trust 12

Who is not a caretaker or in a position of trust 13

ALLEGED OFFENSE

6. At the time of first law enforcement interview with victim, had alleged perpetrator been arrested?

Yes 1

No 2

Don't know 3

7. At time of alleged offense, had any court issued a restraining order to protect victim from alleged perpetrator?

Yes 1

No 2

Don't know 3

8. At time of alleged offense, was alleged perpetrator living with victim?

Yes 1

No 2

Don't know 3

9. Sexual activity: (circle all that apply)

Fondling 1

Oral copulation 2

Penetration 3

Sodomy 4

Physical abuse 5
(Define_____)

Pornography 6

Other _____ 7

Victim Interview Information

For information gathered by Child Protective Services (CPS)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Date incident reported to this agency:
_____/_____/_____

Note: If there were interviews conducted prior to this agency conducting an interview, record those first. If more than five interviews are conducted, attach an additional interview form to this sheet.

FIRST INTERVIEW

1. Date of interview:
   _____/_____/_____

2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6

3. Number of individuals who witnessed this interview (If known):
   _____

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

SECOND INTERVIEW

1. Date of interview:
   _____/_____/_____

2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6

3. Number of individuals who witnessed this interview (If known):
   _____

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

THIRD INTERVIEW

1. Date of interview:
   _____/_____/_____

2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6

3. Number of individuals who witnessed this interview (If known):
   _____

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

FOURTH INTERVIEW

1. Date of interview:
   _____/_____/_____

2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6

3. Number of individuals who witnessed this interview (If known):
   _____

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

FIFTH INTERVIEW

1. Date of interview:
   _____/_____/_____

2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6

3. Number of individuals who witnessed this interview (If known):
   _____

4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

SUMMARY OF INTERVIEWS

21. How many interviews were conducted? _____

22. How many different people interviewed the child? _____

23. How many different people witnessed the child in interviews (not including the interviewer)?
    _____

24. How many interviews were memorialized by written report? _____

25. How many interviews were memorialized by audiotape? _____

26. How many interviews were memorialized by videotape? _____

Interview/Medical Exam Summary

For information gathered by Child Protective Services (CPS)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Note: Use this form for totaling all interviews and medical examinations from all agencies for this case.

SUMMARY OF INTERVIEWS

1. How many interviews were conducted?_____
2. How many different people interviewed the child?_____
3. How many different people witnessed the child in interviews?_____
4. How many interviews were memorialized by written report?_____
5. How many interviews were memorialized by audiotape?_____
6. How many interviews were memorialized by videotape?_____

SUMMARY OF MEDICAL EXAMINATIONS

1. How many medical examinations were conducted?_____
2. How many different people examined the child?_____
3. How many different locations was the child examined at?_____

Services Provided

For information gathered by Child Protective Services (CPS)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

SERVICES PROVIDED
(Circle below)

1. Services that victim was receiving *before* referral (circle all that apply)

Ongoing CPS services	1
Mental health services	2
Victim-witness services	3
Other_____	4

2. Services that nonoffending parent/ guardian was receiving *before* referral (circle all that apply)

Ongoing CPS services	1
Mental health services	2
Domestic violence services	3
Other_____	4

3. Services that victim was referred to *after* referral (circle all that apply)

Ongoing CPS services	1
Mental health services	2
Victim-witness services	3
Other_____	4

4. Services that nonoffending parent/guardian was receiving *after* referral (circle all that apply)

Ongoing CPS services	1
Mental health services	2
Victim-witness services	3
Domestic violence services	4
Other_____	5

OUTCOME OF THE ASSESSMENT

5. What was the outcome of the CPS initial assessment?

Unfounded	1
Inconclusive	2
Court substantiated	3
Unable to locate	4
Other_____	5

6. Where was the child living at the conclusion of the initial assessment?

Remained in home	1
With relative of family known to victim	2
Foster care	3
Residential/institutional care	4
Other_____	5

COVER SHEET

Child Advocacy Center Evaluation/Case Tracking Forms

For information gathered by law enforcement (LE)

VICTIM INFORMATION

Last name _____ First name _____ M.I. ____

Street address _____

City _____ State _____ ZIP Code _____

Telephone number _____

Date of birth _____/_____/_____

Remove this cover sheet before submitting the enclosed forms for data analysis.

Child Advocacy Center Evaluation Tracking Worksheet

Victim Information

For information gathered by law enforcement (LE)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Person completing the form:

_____

Date incident reported to this agency:

_____/_____/_____

VICTIM'S DEMOGRAPHIC INFORMATION

(Circle below)

1. Gender
   - Male 1
   - Female 2
2. Date of birth: _____/_____/_____
3. Age:_____
4. Ethnicity:
   - White 1
   - Black 2
   - Hispanic 3
   - Asian 4
   - Native American 5
   - Other _____ 6
5. Does victim have a disability?
   - No 1
   - Physical 2
   - Mental 3
   - Other _____ 4
6. Is English primary language?
   - Yes 1
   - No 2
   - Don't Know 3

REFERRAL INFORMATION

7. Presenting problem:
   - Sex abuse 1
   - Serious physical abuse 2
   - Other _____ 3
8. Date victim first disclosed abuse:
   (If known) _____/_____/_____

9. Who referred this case to LE?
   - CPS 1
   - Parent/guardian 2
   - Victim 3
   - Offender 4
   - Other nonoffending adult 5
   - Human services agency _____ 6
   - Health care provider _____ 7
   - School _____ 8
   - Other _____ 9

MEDICAL INFORMATION

10. Date of first exam: _____/_____/_____

11. Conducted at:
   - Hospital emergency room 1
   - Other hospital/clinic setting 2
   - Private physician's office 3
   - Other _____ 4

12. Completed by:
   - Emergency room physician 1
   - Expert forensic child abuse examiner 2
   - Family physician 3
   - Other practitioner 4

13. Reason for exam: (circle all that apply)
   - Nature of abuse 1
   - Recency of abuse 2
   - Age of child 3
   - Requested by parent/guardian 4
   - Requested by physician 5
   - Investigative request 6
   - Other _____ 7

14. Physical findings:
   - Reason for exam was substantiated 1
   - Reason for exam was unsubstantiated 2
   - Other conditions were identified and treated (Specify _____) 3
   - Unknown (at this time) 4
   - Other _____ 5

15. Date of second exam: _____/_____/_____

16. Reason for exam: (circle all that apply)
   - Investigative request 1
   - Requested by physician 2
   - Requested by prosecutor 3
   - Requested by defense 4
   - Subsequent allegation 5
   - Other _____ 6

17. Physical findings:
   - Reason for exam was substantiated 1
   - Reason for exam was unsubstantiated 2
   - Other conditions were identified and treated (Specify _____) 3
   - Unknown (at this time) 4
   - Other _____ 5

18. Date of third exam:
_____/_____/_____

19. Reason for exam:
(circle all that apply)

Investigative request	1
Requested by physician	2
Requested by prosecutor	3
Requested by defense	4
Subsequent allegation	5
Other _____	6

20. Physical findings:

Reason for exam was substantiated	1
Reason for exam was unsubstantiated	2
Other conditions were identified and treated	3
(Specify_____)	
Unknown (at this time)	4
Other _____	5

Alleged Perpetrator Information

For information gathered by law enforcement (LE)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Complete one form for each alleged perpetrator in this case.

DEMOGRAPHIC INFORMATION

1. Gender
   - Male 1
   - Female 2
2. Date of birth: _____/_____/_____
3. Age:_____
4. Ethnicity:
   - White 1
   - Black 2
   - Hispanic 3
   - Asian 4
   - Native American 5
   - Other _____ 6
5. Relationship to victim:
   - Parent 1
   - Step-parent 2
   - Foster parent 3
   - Legal guardian 4
   - Partner of parent 5
   - Adult who is known to the victim 6
   - Adult who is a stranger 7
   - Sibling 8
   - Other _____ 9

   A. Other relative:
      - Who is also a caretaker or in a position of trust 10
      - Who is not a caretaker or in a position of trust 11

   B. Other person known to victim:
      - Who is also a caretaker or in a position of trust 12
      - Who is not a caretaker or in a position of trust 13

ALLEGED OFFENSE

6. At time of first law enforcement interview with victim, had alleged perpetrator been arrested?
   - Yes 1
   - No 2
   - Don't know 3
7. At time of alleged offense, had any court issued a restraining order to protect victim from alleged perpetrator?
   - Yes 1
   - No 2
   - Don't know 3

8. At time of alleged offense, was alleged perpetrator living with victim?
   - Yes 1
   - No 2
   - Don't know 3

9. Sexual activity: (circle all that apply)
   - Fondling 1
   - Oral copulation 2
   - Penetration 3
   - Sodomy 4
   - Physical abuse (Define _____ 5
   - Pornography 6
   - Other _____ 7

10. Date of alleged abuse: _____/_____/_____

11. Was the alleged perpetrator arrested?
   - Yes 1
   - No 2

12. What was the outcome of the investigative process?
   - Unfounded 1
   - Unsubstantiated 2
   - Referred to an outside police service 3
   - Referred to the county attorney's office and:
   - Filed 4
   - Declined 5
   - Other _____ 6

Child Advocacy Center Evaluation/Case Tracking Worksheet

For information gathered by law enforcement (LE)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

OUTCOME OF THE INVESTIGATION

1. What was the outcome of the investigation?

2. Where was the child living at the conclusion of the investigation?

Victim Interview Information

For information gathered by law enforcement (LE)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Date incident reported to this agency:
_____/_____/_____

Note: If there were interviews conducted prior to this agency conducting an interview, record those first. If more than five interviews are conducted, attach an additional interview form to this sheet.

FIRST INTERVIEW

1. Date of interview:
   _____/_____/_____
2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6

3. Number of individuals who witnessed this interview (if known):
   _____
4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

SECOND INTERVIEW

1. Date of interview:
   _____/_____/_____
2. Position of interviewer:

Law enforcement employee	1
CPS employee	2
School counselor	3
Parent/guardian	4
Health care provider	5
Other _____	6

3. Number of individuals who witnessed this interview (if known):
   _____
4. Was the interview:

Transcribed/written	1
Audiotaped	2
Videotaped	3
None of the above	4
Don't know	5

THIRD INTERVIEW

1. Date of interview:
   _____/_____/_____
2. Position of interviewer:
   - Law enforcement employee 1
   - CPS employee 2
   - School counselor 3
   - Parent/guardian 4
   - Health care provider 5
   - Other _____ 6
3. Number of individuals who witnessed this interview (If known):
   _____
4. Was the interview:
   - Transcribed/written 1
   - Audiotaped 2
   - Videotaped 3
   - None of the above 4
   - Don't know 5

FOURTH INTERVIEW

1. Date of interview:
   _____/_____/_____
2. Position of interviewer:
   - Law enforcement employee 1
   - CPS employee 2
   - School counselor 3
   - Parent/guardian 4
   - Health care provider 5
   - Other _____ 6
3. Number of individuals who witnessed this interview (If known):
   _____
4. Was the interview:
   - Transcribed/written 1
   - Audiotaped 2
   - Videotaped 3
   - None of the above 4
   - Don't know 5

FIFTH INTERVIEW

1. Date of interview:
   _____/_____/_____
2. Position of interviewer:
   - Law enforcement employee 1
   - CPS employee 2
   - School counselor 3
   - Parent/guardian 4
   - Health care provider 5
   - Other _____ 6
3. Number of individuals who witnessed this interview (If known):
   _____
4. Was the interview:
   - Transcribed/written 1
   - Audiotaped 2
   - Videotaped 3
   - None of the above 4
   - Don't know 5

Interview/Medical Exam Summary

For information gathered by law enforcement (LE)

FOR DATA ANALYSIS PURPOSES ONLY

CASE ID # _____

CASE NUMBER _____

Note: Use this form for totaling all interviews and medical examinations from all agencies for this case.

SUMMARY OF INTERVIEWS

1. How many interviews were conducted?_____
2. How many different people interviewed the child?_____
3. How many different people witnessed the child in interviews?_____
4. How many interviews were memorialized by written report?_____
5. How many interviews were memorialized by audiotape?_____
6. How many interviews were memorialized by videotape?_____

SUMMARY OF MEDICAL EXAMINATIONS

1. How many medical examinations were conducted?_____
2. How many different people examined the child?_____
3. How many different locations was the child examined at?_____

Child Advocacy Center Evaluation/Case Tracking Worksheet Legal/Court Process

For information gathered by county attorney

LPD CASE NUMBER_____

ACTIVE _____
ACTIVE _____
ACTIVE _____
CLOSED _____

Date referred to county attorney:
_____/_____/_____

Person completing form:
_____

INVESTIGATION/ASSESSMENT

1. What was the outcome of the police investigation?
   - NA/not police investigated 0
   - Unfounded 1
   - Unsubstantiated 2
   - Referred to an outside police service 3
   - Other _____ 4

2. What was the outcome of the CPS investigation? (circle all that apply)
   - NA/not CPS investigated 0
   - Unfounded 1
   - Inconclusive 2
   - Court substantiated 3
   - Unable to locate 4
   - Child removed from the home 5
   - Other _____ 6

CIVIL (JUVENILE COURT) CASE

3. If juvenile case was not filed, why not?
   - Insufficient evidence 1
   - Victim declined to participate 2
   - Victim unavailable 3
   - Perpetrator not identified 4
   - Victim inconsistencies 5
   - Concerns about victim's credibility in investigation 6
   - Children are safe (perpetrator is out of home) 7
   - Other _____ 8

4. Juvenile court outcome:
   - Adjudication of abuse/child in home 1
   - Adjudication of abuse/child not in home 2
   - Still in proceedings 3
   - Case dismissed/outright 4
   - Case dismissed /voluntary supervision 5
   - Other _____ 6

5. Juvenile court appearance dates: (please list)
   _____

CRIMINAL CASE

6. Type of criminal charges filed:

NA/charges not filed	0
1st degree sexual assault on child	1
1st degree SA on child; 2nd offense	2
Attempted 1st degree SA on child	3
Sexual assault of a child	4
Attempted sexual assault of a child	5
1st degree SA on incompetent	6
3rd degree SA on incompetent	7
Attempted 1st degree forcible sexual assault	8
Debauching a minor under 17	9
Attempted debauching of minor	10
Attempted sexual contact with child	11
Incest	12
Attempted incest	13
Other _____ e.g., obscenity, generating child pornography	14

7. If criminal case was not filed, why not?

Insufficient evidence	1
Victim declined to participate	2
Victim unavailable	3
Perpetrator not identified	4
Statute of limitations expired	5
Victim not qualifiable specify_____	6
Victim inconsistencies	7
Concerns about victim's credibility in investigation	8
Concerns about victim's credibility in court	9

8. Criminal case outcome:

Dismissal	1
Acquittal	2
Diversion	3
Reduced to misdemeanor	4
Conviction by bench trial	5
Conviction by jury	6
Conviction by plea	7
Still in proceedings	8

9. If applicable, please specify sentence:

_____

10. Criminal court appearance dates (please list)

_____

Georgia Center for Children Child Victim Fact Sheet

Date referred/opened:_____ Referred by:_____

Name: _____ Taken by _____

Closed:_____ _____ _____
Agency(ies) Phone

CHILD VICTIM INFORMATION

Primary child:_____ DOB:_____

Age_____ Gender_____

Race (circle) Black White Latino/Hispanic Asian Pacific Islander
Native American Eskimo Aleut Other _____

Address_____

City_____ State_____ ZIP_____

Emergency contact_____
(Caseworker, neighbor, relative, friend)

Does the child have a disability? If yes, identify:_____

Prior Hx: DFCS _____ LE _____ U/K _____
Drug use: Yes ____ No ____ Susp. ____ U/K ____

NON-OFFENDING (NO)-CAREGIVER INFORMATION (Caregiver/custodian. Present placement of child)

Parents_____
(Birth, adoptive, guardian)

Custodian (physical custody of child)_____
(Complete NO–C information)

Address_____
(Custodian)

City_____ State_____ ZIP_____

Phone_____ Employer_____

Address_____ Phone_____

1. NO-caregiver:_____ G ____ R ____ DOB _____

Age_____ Relationship_____

2. NO-caregiver:_____ G ____ R ____ DOB _____

Age_____ Relationship_____

Prior Hx: (1) LE ____ DFCS _____ Unknown _____
Survivor: Yes ___ No ___ Suspected ___ U/K ___

Prior Hx: (2) LE ____ DFCS _____ Unknown _____
Survivor: Yes ___ No ___ Suspected ___ U/K ___

Drug use: (1) Yes ____ No ____ Susp. ____ U/K ____
DV: Yes ___ No ___ Suspected ___ U/K ___

Drug use: (2) Yes ____ No ____ Susp. ____ U/K ____
DV: Yes ___ No ___ Suspected ___ U/K ___

Custody issues: (1) Yes ___ No ___ Suspected ___ Unknown ___
(2) Yes ___ No ___ Suspected ___ Unknown ___

Secondary victims (List all names affected by primary child's victimization: siblings, other relatives, etc., recipient of direct services only; abuse type for secondary same as primary; see links in computer):

3. _____ G_____ R_____ DOB_____ Age_____

Relationship_____ Abuse_____

4. _____ G_____ R_____ DOB_____ Age_____

Relationship_____ Abuse_____

5. _____ G_____ R_____ DOB_____ Age_____

Relationship_____ Abuse_____

6. _____ G_____ R_____ DOB_____ Age_____

Relationship_____ Abuse_____

Child referred to CAC for _____ Forensic interview _____ Forensic evaluation
_____ Forensic medical exam _____ CJ assistance _____ Court preparation
_____ Prevention skills _____ Crisis intervention _____ Multidisciplinary staffing
_____ Other _____
_____ Clinical: (1) Assessment: Yes No
(2) Therapy: individual family group NO–C support/ed. group

Case situation (purpose of referral/action taken)_____

_____

OFFENDER INFORMATION

Offender name_____ Social security #_____
(Alleged)

DOB_____ Age____ Gender____ Race (specify using list above)_____

Relationship to victim _____

Offender's address _____ County_____

Offense location: _____ County_____

Offender Hx
(Check and list date(s)): ____ DFCS:_____ ____ LE:_____ ____Unknown
Date Date

____ Juvenile court:_____ ____ Dept. of Juvenile Justice: _____
Date Date

Drug abuse (circle): Yes No Susp. U/K Survivor: Yes No Susp. U/K
DV: Yes No Susp. U/K

INTERVIEW INFORMATION

Date_____ Onsite_____ Offsite_____ Location_____

LE:_____ DFACS Inv._____
(Name/venue) (Name)

Interviewer 1 _____ Interviewer 2/observer_____

Interview protocol Corner House: Yes _____ No _____

Assigned detective _____ DFACS (ongoing cw) _____

Type of interview ____ Video _____ Audio

Number _____ Previously interviewed (date) _____

Date abuse occurred _____ Date abuse disclosed_____

Where and to whom was abuse first disclosed (list all names)?_____
_____

Abuse type (circle and define using list on computer or from notebook):

Physical abuse (PA) (Primary; see abuse type list)_____

Sexual abuse (SA) (Primary; see abuse type list)_____

PA/SA detail (Primary victims only; see detail list)_____

Was coercion by force or secrecy involved in alleged abuse (see list)_____

_____

Witness to homicide Yes _____ No _____ Suspected _____ Unknown _____
(Primary victims)

Other types of abuse _____(specify) Details _____

FORENSIC INTERVIEW OUTCOME

___ Occurred

___ Did not occur

___ Inconclusive

MULTIAGENCY OUTCOME

DFCS: Unsubstantiated _____ Substantiated _____ Not involved _____ Unknown _____

LE (list date): Warrant issued _____ Arrest date _____ No arrest _____

Exceptionally cleared_____ Inactive_____ Not involved _____ U/K_____

_____ Referral for forensic evaluation: By whom _____
Name(s)/agency(ies) Date

Evaluator _____ Report sent to _____
Name Date

Forensic evaluation outcome:

Credible disclosure_____ Credible nondisclosure_____
Noncredible disclosure_____ Unclear_____

_____ Referral for forensic evaluation: By whom _____
Name(s)/agency(ies) Date

Therapist _____

1) Assessment: Yes_____ No_____ Type_____ Date_____

2) Therapy: Individual_____ Family_____ Children's group_____ NO–C/group_____

Ref/O_____ _____
Referred to

3) Closed out (specify and include contact dates):_____

_____

FORENSIC MEDICAL EXAM

Was medical exam conducted? Yes_____ No_____ Date_____

Exam conducted by whom? MD_____ PNP_____ RN_____ Other_____
(Please specify)

Exam conducted: Onsite_____ Offsite_____ Location_____

____ Physical findings: Oral_____ Genital_____ Anal_____ Other_____

Was the interview consistent with these findings? Yes_____ No_____

Explain_____
_____
_____

____ No physical findings: Was the interview consistent with these findings?
Yes_____ No_____

Explain_____
_____
_____

____ Inconclusive findings: Was the interview consistent with these findings?
Yes_____ No_____

Explain_____
_____
_____

TRIAL INFORMATION/CASE OUTCOME

Defendant _____

Victim(s) 1._____ Case#_____

2._____ Case#_____

3._____ Case#_____

Charges 1._____ 3._____

2._____ 4._____

Law enforcement_____

Officer/det._____

DFCS Inv._____ Ongoing CW_____

Arrest date_____ Magistrate judge_____ Warrant #_____

Conditional bond: Yes_____ No_____ No bond_____ Copy in file_____

Grand jury: TB/indictment_____ No bill_____
Date Date

Court _____ State _____ Superior _____ Juvenile _____ Other _____
Specify

Judge _____ Asst. District Attorney_____
Phone

Victim witness contact _____
Date Advocate Name Phone

Court preparation: Yes, date_____ Location_____

Arraignment date_____ Trial date_____

Plea_____ Trial by jury_____ Nonjury_____
Guilty_____ Not guilty_____ Mistrial_____
Hung jury_____ Dead docketed_____
Dismissed_____ By whom_____
Reason_____

Disposition/sentence_____

_____

Witnesses testifying at trial (check applicable witnesses and list names):

1. ____ Interviewer (name and agency) _____; _____

2. ____ MD/PNP_____

3. ____ SW_____

4. ____ Child(ren)_____

5. ____ Expert witness_____

Was the child's video/audio taped interview presented at trial? Yes___ No___

If yes, without the child's personal testimony? Yes___ No___

Copy of final disposition received? Yes___ No___

Letter to Parole Board re case? Yes___ No___

St. Luke's Regional Medical Center—Prosecution Case Disposition Form

190 E. Bannock, Boise, ID

Prosecution Case Disposition

When a final disposition is made regarding this case, please return this form to the CARES Program so we can complete our case file. This information may also be used for grant reporting purposes. THANK YOU!

Child's name	DOB	Interview date and time
Defendant's name	Age / Sex	Relationship to victim

Charges issued

❑ No Reason _____

❑ Yes Charge _____

Court disposition

❑ Dismissed Date _____
❑ Plea Date _____
❑ Court trial Date _____
❑ Not guilty ❑ Guilty

Sentencing

❑ Jury trial Date _____
❑ Not guilty
❑ Guilty
❑ Hung jury

_____
Sentencing judge

Prison Terms _____

_____

Probation Terms _____

_____

This information will be used only for grant reporting purposes. It will be kept strictly confidential and will not be a part of the child's permanent record. Thank you!

Prosecutor: _____

Case number: _____

Appendix E

Sample Measures for Conducting an Impact Evaluation

Child Stress and Trauma Impact Evaluation Questionnaires

The How I Feel Questionnaire[1]

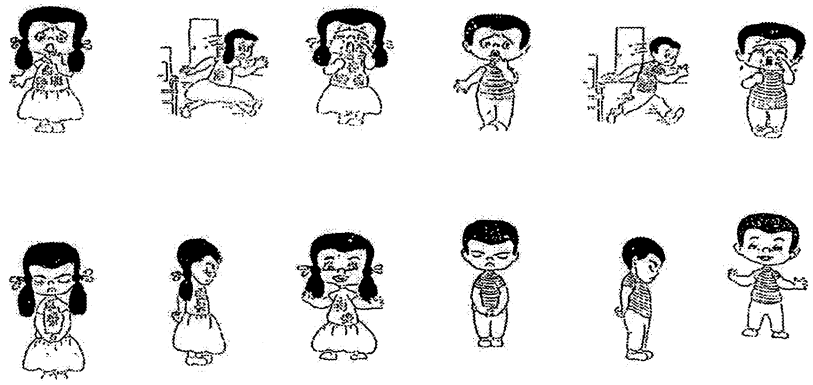
(Greenstock 1995)

My name is _____ and I'd like to ask you a few questions about how you feel. Is that ok? Just tell me which of these descriptions sounds most like how you feel right now.

Instructions for the recall:

1. I'd like you to think about how you feel right now. Think about all the things you feel, right now. How do you feel?

2. Have a close look at these pictures here—look very carefully—can you point to which one of these little boys/girls looks most like how you feel right now?



How do you feel?

I feel

❑ Unhappy ❑ Happy ❑ Very happy

I feel

❑ Very worried ❑ Worried ❑ Not worried

I feel

❑ Very good ❑ Good ❑ Not good

I feel

❑ Not frightened ❑ Frightened ❑ Very frightened

I feel

❑ Not nice ❑ Nice ❑ Very nice

I feel

❑ Very upset ❑ Upset ❑ Not upset

I feel

❑ Very excited ❑ Excited ❑ Not excited

I feel

❑ Not scared ❑ Scared ❑ Very scared

I have a funny feeling in my stomach.

❑ Lots ❑ A little ❑ Not at all

I am secretly afraid.

❑ Lots ❑ A little ❑ Not at all

I feel like smiling.

❑ Lots ❑ A little ❑ Not at all

1. Greenstock, J. 1995. *Peer Support and Children's Eyewitness Memory.* Dunedin, New Zealand: University of Otago.

Child Anxiety Scale—Parent Form

(Beauchamp, Tewksbury, and Sanford 1997)

Please answer the following questions about how you think your child has been *feeling* since he or she told you about the abuse. Remember, all your answers are confidential.

1. Since your child told you about the abuse, how often do you think he or she has felt:

	Never	Rarely	Sometimes	Often	Almost Always
a. Unhappy	1	2	3	4	5
b. Anxious	1	2	3	4	5
c. Afraid	1	2	3	4	5
d. Worried	1	2	3	4	5
e. Angry	1	2	3	4	5
f. Cheerful	1	2	3	4	5
g. Peaceful	1	2	3	4	5

Please answer the following questions about how your child has been *acting* since he or she told you about the abuse.

Since my child told me about the abuse, he or she:

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
a. Has been crying a lot more than usual	1	2	3	4	5
b. Has been more demanding of my time	1	2	3	4	5
c. Has too much energy	1	2	3	4	5
d. Has changed his/her mood often	1	2	3	4	5
e. Has not been his/her regular self	1	2	3	4	5
f. Has had trouble getting along with friends	1	2	3	4	5
g. Has had trouble getting along with other family members	1	2	3	4	5
h. Spends a lot of time alone	1	2	3	4	5
i. Has had trouble falling asleep	1	2	3	4	5
j. Has had problems eating regularly	1	2	3	4	5
k. Has acted out sexual behaviors	1	2	3	4	5

Family Stress Questionnaire[2]

For each of the following, please tell us whether it is currently a problem for your family:

Yes ___ No ___ 1. Money

Yes ___ No ___ 2. Housing

Yes ___ No ___ 3. Transportation

Yes ___ No ___ 4. Child care

Yes ___ No ___ 5. Health care

Yes ___ No ___ 6. Employment

Yes ___ No ___ 7. Problems in the neighborhood

Yes ___ No ___ 8. Legal problems

Yes ___ No ___ 9. Relationships with other family members (in-laws, extended family)

Yes ___ No ___ 10. Relationships with friends

Yes ___ No ___ 11. Problems with running a household (laundry, groceries, cooking, cleaning, other)

Yes ___ No ___ 12. Mental health problems

Yes ___ No ___ 13. Problems with school

Yes ___ No ___ 14. Problems with drugs and alcohol

Yes ___ No ___ 15. Other problems

2. Please contact Dr. Woodhouse at 717–422–3560 for permission to use this measure.

Trauma Symptom Checklist for Children (TSC–C)

Author: John N. Briere (1996)

Purpose: Evaluates psychological symptoms in children who have experienced traumatic events; evaluates acute and chronic posttraumatic symptomatology. Includes 54 items yielding 6 clinical scales: anxiety, depression, anger, posttraumatic stress, dissociation, and sexual concerns.

Ages: 8 to16 years

Administration: Individually or in groups to minors

Items: 54 items

Time: 15–20 minutes

Cost: Approximately $125 for kit

Sample Items: Ask the respondent to indicate on a numeric scale from 0 (never) to 3 (almost all of the time) how often certain things happen to them.

1. I feel like I did something wrong.
2. I remember things that I don't want to remember.
3. I feel sad or unhappy.
4. I wish bad things had never happened.
5. I want to yell and break things.

Alternatives: None specified

Contact: Psychological Assessment Resources, Inc.
16204 North Florida Avenue
Lutz, FL 33549
800–968–3003 or 813–968–3003
www.parinc.com

Children's Depression Inventory (CDI)

Author: Maria Kovacs (1992)

Purpose: This self-report scale measures cognitive, affective, and behavioral signs of depression in school-age children and adolescents. Includes 27 items, each having three choices, yielding a Total Score plus scores for negative mood, interpersonal problems, ineffectiveness, anhedonia, and negative self-esteem.

Ages: 6 to 17 years

Administration: Individually (requires first-grade reading level) to minors

Items: 27 items

Time: Less than 15 minutes

Cost: Approximately $100

Sample Items: None specified

Alternatives: Children's Depression Inventory–Short Form (CDI–S), which has 10 items and gives a general indication of depressive symptoms.

Contact: Western Psychological Services
Phone: 800–648–8857
Fax: 310–478–7838
Web Site: www.wpspublish.com
or pearsonassessments.com
800–627–7271

State-Trait Anxiety Inventory for Children

Author: Charles D. Speilberger (1983)

Purpose: To measure anxiety in children. Self-administered questionnaire measures state and trait anxiety in elementary school children. The A-State scale has 20 statements that ask children how they feel at a particular moment in time. The A-Trait scale consists of 20 items that ask children how they generally feel.

Ages: 9 to 12 years

Administration: Individually or in groups to minors

Items: 20 items

Time: 8–20 minutes

Cost: Approximately $115

Sample Items: None provided

Alternatives: None specified

Contact: Psychological Assessment Resources, Inc.
16204 North Florida Avenue
Lutz, FL 33549
800–968–3003 or 813–968–3003
www.parinc.com

Child Well-Being Scales (CWBS)

Authors: S. Magura and B.S. Moses (1986)

Purpose: The CWBS consist of 43 scales and 3 subscales (child neglect, parenting skills, and child functioning relative to school performance and juvenile delinquency) that are used in the identification of family problems. The CWBS focuses on children, especially those children at risk or in placement situations. It is also appropriate for program evaluation of child welfare services.

Ages: 1 to 45 years (most effective in identifying problems in families with adolescents)

Administration: Individually to all family members

Items: Unspecified (43 scales and 3 subscales)

Time: Unspecified ("Lengthy measure that lacks clinical cutoff scores")

Cost: $10

Sample: None specified

Alternatives: None specified

Contact: Child Welfare League of America Fulfillment Center
P.O. Box 7816
Edison, NJ 08818–7816
www.cwla.org

Coping Responses Inventory—Youth Version[3]

Author: Rudolf H. Moos (1997)

Purpose: To identify and monitor coping strategies. This self-report inventory identifies cognitive and behavioral responses the individual used to cope with a recent problem or stressful situation. The eight scales include both approach coping styles and avoidant coping styles.

Ages: 12 to 18 years

Administration: Individually or in groups to minors

Items: Unspecified

Time: 10–15 minutes

Cost: $119 for kit

Sample Items: None provided

Alternatives: CRI for over 18 years of age

Contact: Psychological Assessment Resources, Inc.
16204 North Florida Avenue
Lutz, FL 33549
www.parinc.com

3. Moos, R.H. 1997. Coping responses inventory: A measure of approach and avoidance coping skills. In Zalaquett, C.P., and Wood, R.J. (eds.), *Evaluating stress: A book of resources.* Lanham, MD: Scarecrow, 51–65.

Child Behavior Checklist (CBCL)[4]

Authors: T. Achenbach and C. Edelbrock (1983)

Purpose: The CBCL obtains parents' reports of children's competencies and behavioral/emotional problems in the past 6 months, yielding an Internalizing, Externalizing, and Total Behavior Problems Scale, along with a number of narrow band scales.

Ages: Reports on children ages 2 to 3 years (CBCL/2–3), 4 to 18 years (CBCL/4–18), and 18 to 30 years (CBCL/18–30)

Administration: Individually or in groups to minors or adults (depending on the form)

Items: 118 items rated on a 3-point scale

Time: Unspecified

Cost: Approximately $57 ($250 for computerized scoring)

Sample Items: See www.aseba.org/products/cbcl6–18.html

Alternatives: There are three versions of the CBCL: Parent form, Teacher form, and Youth form. The CBCL is also available in many languages, including a newly revised Spanish form.

Contact: University Medical Education
1 South Prospect Street
Burlington, VT 05401–3456

Dr. Thomas M. Achenbach (Author)
University Associates in Psychiatry (Publisher)
1 South Prospect Street
Burlington, VT 05401–3456
802–656–8313
Fax: 802–656–2602
Order online: www.aseba.org/ or http://www.uvm.edu/~cbcl/

4. Achenbach, T., and C. Edelbrock,1983. *Manual for the Child Behavior Checklist and Revised Child Behavior Profile.* University of Vermont Department of Psychiatry, Burlington, VT.

Preschool Behavior Checklist (PBCL)

Authors: Jacqueline McGuire and Naomi Richmond (1988)

Purpose: The PBCL provides easy, reliable screening of emotional and behavioral problems in children ages 2 to 5 years. The 22-item checklist covers feeding, sleeping, soiling, fears, and mood shifts.

Ages: 2 to 5 years

Administration: Individually to adults (typically clinicians complete the form)

Items: 22 items

Cost: Approximately $130

Sample Items: None provided

Alternatives: None specified

Contact: Western Psychological Services
Phone: 800–648–8857
Fax: 310–478–7838
Web Site: www.wpspublish.com or www.psychtest.com

Preschool and Kindergarten Behavior Scales (PKBS)

Author: Kenneth W. Merrell (1994)

Purpose: The PKBS is a behavior rating scale designed to provide an integrated and functional appraisal of the social skills and problem behaviors of young children. There are 76 items on two separate scales: social skills and problem behaviors.

Age: 3 to 6 years

Administration: Individually to parents, teachers, and other caregivers

Items: 76 items

Time: 12 minutes

Cost: Approximately $76

Sample Items: None specified

Alternatives: None specified

Contact: PRO-ED
8700 Shoal Creek Boulevard
Austin, TX 78757–6897
Tel: 512–451–3246; 800–897–3202
www.proedinc.com/
www.newassessment.org/public/assessments/SelectTool.cfm

Child Sexual Behavior Inventory (CSBI)[5]

Author: William N. Friedrich et al. (1992)

Purpose: This brief scale measures sexual interest and activity in children between 2 and 12 years of age. It is intended for use with children who have been, or may have been, sexually abused. There are 38 items (4-point response scale) covering 9 content domains: boundary issues, sexual anxiety, sexual intrusiveness, self-stimulation, sexual interest, voyeuristic behavior, exhibitionism, sexual knowledge, and gender role behavior. Yields three clinical scores: Total Scale Score, Developmentally Related Sexual Behavior Score, and Sexual Abuse Specific Items Score.

Age: 2 to12 years

Administration: Individually to mother or female caregiver

Items: 38 items

Time: 10 minutes

Cost: Approximately $129

Sample Items: None provided

Alternatives: None specified

Contact: Psychological Assessment Resources, Inc.
16204 North Florida Avenue
Lutz, FL 33549
800–968–3003 or 813–968–3003
www.parinc.com/product.cfm?ProductID=174

5. Friedrich, W.N., et al. 1992. Child Sexual Behavior Inventory: Normative and Clinical Comparisons, *Psychological Assessment* 4(3): 303–311.

Revised Children's Manifest Anxiety Scale (RCMAS)

Authors: Cecil R. Reynolds and Bert O. Richmond (1994)

Purpose: This brief self-report measure helps pinpoint the problems in children's lives between ages 6 and 19 years so they can function more easily. There are 37 yes/no items covering 4 content domains: worry/oversensitivity, physiological anxiety, social concerns/concentration, and life scale.

Age: 6 to 19 years

Administration: Individually or in groups to minors

Items: 37 items

Time: 10 minutes

Cost: Approximately $100

Sample Items: None provided

Alternatives: Spanish version

Contact: Western Psychological Services
Phone: 800–648–8857
Fax: 310–478–7838
Web Site: www.wpspublish.com

Children's Version of the Family Environment Scale (CVFES)

Authors: Christopher J. Pino, Nancy Simons, and Mary Jane Slawinowski (1984)

Purpose: To measure children's perceptions of their family environment and relationships. Children's perceptions of 10 dimensions in 3 general areas of family functioning are assessed: Relationship Dimensions (Cohesion, Expressiveness, and Conflict); Personal Growth Dimensions (Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, and Moral-Religious Emphasis); and System Maintenance Dimensions (Organization and Control).

Age: 5 to 12 years

Administration: Individually

Items: 90 illustrations (pictorial) and 30 multiple-choice items

Time: 15–20 minutes

Cost: $170

Sample Items: None provided

Alternatives: None specified

Contact: 800–624–1765
www.psychtest.com

Parenting Stress Index (PSI)—Third Edition

Author: R. Abidin (1995)

Purpose: To identify parent-child problem areas. Child characteristics subscales include adaptability, acceptability, demandingness, mood, distractibility/hyperactivity, and reinforces parent. Parent characteristics include depression, isolation, attachment, role restriction, competence, spouse, and health.

Age: Parents of children 1 to 12 years

Administration: Individually to parents

Time: 20–30 minutes for full length; 10 minutes for short form

Items: 101

Cost: Approximately $131

Sample Items:

I feel that my child is very moody and easily upset.

My child doesn't seem comfortable when meeting strangers.

I feel alone and without friends.

As my child has grown older and become more independent, I find myself more worried that my child will get hurt or into trouble.

I feel that I am:

1. A very good parent
2. A better than average parent
3. An average parent
4. A person who has some trouble being a parent
5. Not very good at being a parent

Alternatives: Short form

Contact: Psychological Assessment Resources, Inc.
16204 North Florida Avenue
Lutz, FL 33549
800–968–3003 or 813–968–3003
www.parinc.com

Parent-Child Relationship Inventory (PCRI)[6]

Author: Anthony B. Gerard, Ph.D. (1994)

Purpose: This self-report inventory tells how parents view the task of parenting and how they feel about their children. Subscales include parental support, satisfaction with parenting, involvement, communication, limit setting, autonomy, and role orientation. The instrument is useful for evaluating parenting skills and attitudes, child custody arrangements, family interaction, and physical or sexual abuse of children.

Age: Parents of children 3 to 15 years

Administration: Individually to mothers and fathers of children ages 3 to 15 years

Time: 15–20 minutes

Items: 78

Cost: Approximately $104

Sample Items: None provided

Alternatives: None specified

Contact: Western Psychological Services
Phone: 800–648–8857
Fax: 310–478–7838
Web Site: www.wpspublish.com or www.psychtest.com

6. Gerard, A.B. 1994. *Parent-Child Relationship Inventory (PCRI) Manual.* Los Angeles, CA: Western Psychological Services.

Knowledge of Infant Development Inventory (KIDI) and Catalogue of Previous Experience With Infants (COPE)

Author: David MacPhee (1981)

Purpose: The Knowledge of Infant Development Inventory (KIDI) was designed to assess one's knowledge of parental practices, developmental processes, and infant norms of behavior. It has been used in research on what determines parent behavior and to evaluate parent education programs. It is accompanied by a questionnaire that assesses previous experience with infants to correlate with knowledge level assessed by the KIDI. Subscores (not factor analyzed) are norms and milestones, principles, parenting, health, and safety.

Ages: Not specified

Administration: Not specified

Items: 100 items

Time: Not specified

Cost: Not specified

Sample Items: None provided

Alternatives: None specified

Contact: Educational Testing Service (ETS) Test Collection Library
Rosedale and Carter Roads
Princeton, NJ 08541
609–734–5689
www.ets.org/testcoll/pdflist.html (call #TC016431)

Conflict Tactics Scale–II[7]

Authors: M. Straus (1996)

Purpose: The revised Conflict Tactics Scale (CTS–II) measures the use of violent and nonviolent strategies in a conflict. The instrument results in five scales: negotiation, psychological aggression, physical assault, sexual coercion, and injury.

Ages: Adults

Administration: Individually to adults

Items: Unspecified

Time: Unspecified

Cost: Approximately $28

Sample Items: 0 = Never
1 = Once that year
2 = Two or three times
3 = Often, but less than once a month
4 = About once a month
5 = More than once a month

Tried to discuss the issue relatively calmly	0	1	2	3	4	5
Argued heatedly but short of yelling	0	1	2	3	4	5
Stomped out of the room	0	1	2	3	4	5
Threatened to hit or throw something at him/her	0	1	2	3	4	5
Hit (or tried to hit) him/her with something hard	0	1	2	3	4	5

Alternatives: Spanish version available in the original form only

Contact: Family Research Laboratory
University of New Hampshire
126 Horton Social Science Center
Durham, NH 03824–3586
Telephone: 603–862–1888
Fax: 603–862–1122
www.unh.edu/frl/measure4.htm

7. Straus, M.A., Hamby, S.L., Boney-McCoy, S., and Sugarman, D.B. 1996. The revised Conflict Tactics Scale (CTS2): Development and preliminary psychometric data. *Journal of Family Issues* 17(3): 283–316.

Parent-Child Conflict Tactics Scale[8]

Author: M. Straus (1997)

Purpose: The Parent-Child Conflict Tactics Scale (CTSPC) measures behavior of parents toward their children. The scales measure nonviolent discipline, psychological aggression, physical assault, weekly discipline, neglect, and sexual abuse.

Ages: Parents of children 0 to 18 years

Administration: Individually to parents and caregivers

Items: Unspecified

Time: Unspecified

Cost: Approximately $5

Sample Items: None provided

Alternatives: None specified

Contact: Family Research Laboratory
University of New Hampshire
126 Horton Social Science Center
Durham, NH 03824–3586
Telephone: 603–862–1888
Fax: 603–862–1122
www.unh.edu/frl/measure4.htm

8. Straus, M.A. 1997. Development and preliminary psychometric data. *Journal of Family Issues,* 17(3): 283–316. Straus, M.A., Hamby, S.L., Finkelhor, D., Moore, D.W., and Runyon, D. 1998. Identification of child maltreatment with the Parent-Child Conflict Tactics Scale (CTSPC): Development and psychometric data for a national sample of American parents. *Journal of Child Abuse and Neglect* 22(4): 249–270.

Exposure to Violence and Trauma Questionnaire[9]

Authors: Paramjit T. Joshi and Dianne G. Kaschak (1998)

Purpose: This questionnaire has five subsections: demographics (five questions), media (six items), home and community (eight items), school (seven items), and psychological and emotional help (two items).

Ages: None specified

Administration: None specified

Items: 28 items

Time: None specified

Cost: None

Sample Items:

Media

How often have you seen the following violence in the media?

Fighting	Not at all	Rarely	Sometimes	Often	A lot
Stabbing	Not at all	Rarely	Sometimes	Often	A lot
Someone getting shot	Not at all	Rarely	Sometimes	Often	A lot
Someone being killed	Not at all	Rarely	Sometimes	Often	A lot

Home and Community

Other teenagers in my community and neighborhood:

Carry weapons	Not at all	Rarely	Sometimes	Often	A lot
Have been in jail	Not at all	Rarely	Sometimes	Often	A lot
Have shot someone	Not at all	Rarely	Sometimes	Often	A lot
Have killed someone	Not at all	Rarely	Sometimes	Often	A lot
Use drugs	Not at all	Rarely	Sometimes	Often	A lot
Sell drugs	Not at all	Rarely	Sometimes	Often	A lot

School

Other teenagers in school have:

Threatened me	Not at all	Rarely	Sometimes	Often	A lot
Threatened others	Not at all	Rarely	Sometimes	Often	A lot
Attacked or assaulted me	Not at all	Rarely	Sometimes	Often	A lot
Attacked or assaulted others	Not at all	Rarely	Sometimes	Often	A lot

Psychological and Emotional Help

Have you ever seen a psychologist or psychiatrist to help you deal with your feelings because of exposure to violence and trauma? _____Yes _____No

Alternatives: None specified

Contact: Journal article

9. Joshi, P.T. and D.G. Kaschak. 1998. Exposure to violence and trauma: Questionnaire for adolescents. *International Review of Psychiatry* 10(3): 208–215.

Stressful Life Events Screening Questionnaire[10]

Authors: Lisa A. Goodman, Carole Corcoran, Kiban Turner, Nicole Yuan, and Bonnie L. Green (1998)

Ages: None specified

Administration: None specified

Items:

Time: None specified

Cost: None

Sample items:

Have you ever had a life-threatening illness? _____ No _____ Yes

If yes, at what age: _____

Duration of illness (in months): _____

Describe specific illness: _____

Has an immediate family member, romantic partner, or very close friend died as a result of accident, homicide, or suicide? _____ No _____ Yes

If yes, how old were you: _____

How did this person die: _____

Relationship to person lost: _____

When you were a child or more recently, did anyone (parent, other family member, romantic partner, stranger, or someone else) ever succeed in physically forcing you to have intercourse, oral sex, or anal sex against your wishes or when you were in some way helpless? _____ No _____ Yes

If yes, at what age:

If yes, how many times: _____ 1 _____ 2–4 _____ 5–10 _____ more than 10

If repeated, over what period: _____ 6 mo or less _____ 7 mo–2 yrs
_____ more than 2 yrs but less than 5 yrs
_____ 5 yrs or more

Who did this (specify stranger, parent, etc.): _____

Has anyone else ever done this to you: _____ No _____ Yes

Other than the experiences already covered, has anyone ever threatened you with a weapon like a knife or gun? _____ No _____ Yes

If yes, at what age: _____

If yes, how many times: _____ 1 _____ 2–4 _____ 5–10 _____ more than 10

If repeated, over what period: _____ 6 mo or less _____ 7 mo–2 yrs
_____ more than 2 yrs but less than 5 yrs
_____ 5 yrs or more

Describe nature of threat: _____

Who did this? (Relationship to you): _____

Has anyone else ever done this to you? _____ No _____ Yes

Alternatives: None specified

Contact: Journal article

10. Goodman, L.A., C. Corcoran, K. Turner, N. Yuan, and B.L. Green. 1998. General issues and preliminary findings for the stressful life events screening questionnaire. *Journal of Traumatic Stress* 11(3): 521–542.

Family Adaptability and Cohesion Evaluation Scales (FACES–III) Family Version

Authors: D. Olson, L. Portner, and Y. Lavee (1985).

Purpose: This self-report scale is designed to measure how satisfied respondents are with their family by obtaining a perceived-ideal discrepancy score. The questionnaire yields two major dimensions of family functioning: family cohesion and family adaptability.

Age: 12 to 65 years

Administration: Unspecified

Items: 20 items

Time: Unspecified

Cost: Approximately $35

Sample Items: None provided

Alternatives: None specified

Contact: David Olson, L. Portner, and Y. Lavee
Family Inventories Project
Family Social Science
University of Minnesota
290 McNeal Hall
St. Paul, MN 55108

Family Environment Scale (FES)[11]

Authors: R.H. Moos and B.S. Moos (1986)

Purpose: The FES was developed to measure social and environmental characteristics of families. FES is a 90-item, pencil and paper, true/false instrument. It employs three major scales (relationship, personal growth, and system maintenance) to assess the degree to which a family is in distress. The scale is based on a three-dimensional conceptualization of families. FES has three subscales (cohesion, conflict, and expressiveness), each consisting of nine true-false statements that constitute the relationship domain of the FES. Family cohesion reflects the degree to which family members are helpful and supportive of one another, and family conflict assesses the extent to which the expression of anger and physical aggression are characteristic of the family. FES is especially relevant for those social services professionals directly involved with families with drug-using adolescents and those with adolescents at risk of placement.

Ages: Unspecified

Administration: Individually to family members

Items: 27 items

Time: 15–20 minutes

Cost: Approximately $45

Sample Items (conflict scale):

We fight a lot in our family

Family members sometimes hit each other

Alternatives: Three separate forms of the FES are available that correspondingly measure different aspects of these dimensions. The Real Form (Form R) measures people's perceptions of their actual family environments, the Ideal Form (Form I) rewords items to assess individuals' perceptions of their ideal family environment, and the Expectations Form (Form E) instructs respondents to indicate what they expect a family environment will be like under, for example, anticipated family changes. FES has been translated into Spanish, Korean, and Chinese.

Contact: Consulting Psychologists Press
3803 East Bayshore Road
Palo Alto, CA 94303

11. Moos R.H. and B.S. Moos. 1986. *Family Environment Scale Manual.* 2d ed. Palo Alto, CA: Consulting Psychologists Press.

Additional References

Faces Pain Scale
Bieri, D., R.A. Reeve, G.D. Champion, L. Addicoat, and J. B. Ziegler. 1990. The faces pain scale for the self-assessment of the severity of pain experienced by children: Development, initial validation, and preliminary investigation for ratio scale properties. *Pain* 41: 139–150.

Perceived Social Support Questionnaire—Friends and Family
Procidano, M.E. and K. Heller. 1983. Measures of perceived social support from friends and family. *American Journal of Community Psychology* 11: 1–24.

Presence of Caring—Individual Protective Factors Index
Dahlberg, L.L., Toal, S.B., and Behrens, C.B. (eds.). 1998. *Measuring violence-related attitudes, beliefs, and behaviors among youths: A compendium of assessment tools.* Atlanta,: GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

10-Feeling Thermometer
Steward, M.S., D.S. Steward, L. Farquhar, J.E.B. Myers, M. Reinhart, J. Welker, N. Joye, J. Driskoll, and J. Morgan. 1996. Interviewing young children about body touch and handling. *Monograph of the Society for Research in Child Development* 61, Ser. no. 248, 4–5.

Traumatic Sexualization Survey
Matorin, A.I., and S.J. Lynn. 1998. The development of a measure of correlates of child sexual abuse: The Traumatic Sexualization Survey. *Journal of Traumatic Stress* 11(2): 261–280.

Appendix F

Exhibits

Exhibit 3.1. Advantages and Disadvantages of Types of Evaluation Leaders

	Advantages	Disadvantages
Internal Evaluator	• Supported by internal staff. • Promotes maximum involvement of participants because parents are comfortable with staff. • Ability to tailor the evaluation to meet each center's needs, e.g., different cultures. • Expediency. • Less expensive.	• May not be sufficiently knowledgeable about evaluation methodology. • Poorly functioning internal relationships may hamper the evaluation. • Staff's time commitment may be high.
External Evaluator	• Objectivity. • Provides new perspectives. • Methodological expertise. • Less burden for administrators. • Participants might talk more openly to an external than an internal evaluator. • Complements the director's program experience.	• More expensive. • May not understand the program sufficiently. • May not be familiar with staff and their interrelationships. • Difficulty contracting the evaluator. • Conflicting philosophies between evaluator and administrators. • Timeliness in submitting reports. • Unfamiliarity with the CAC's culture. • Educating external evaluators about the program may be time consuming.
Combination Internal and External	• Director has program knowledge and evaluator has evaluation expertise. • An external evaluator can design the evaluation and the center can keep the evaluation going. • Experts can write grant proposals for funding and directors can provide the program information.	• Professional evaluators may be more expensive. • Conflicting philosophies between evaluator and administrators.

Exhibit 3.2. Distribution of Evaluation Team Responsibilities

		CAC Evaluation Team Members						
Evaluation Phase	**Evaluation Activity**	**External Evaluator**	**CAC Administrator**	**Victim/ Survivor Advocate**	**Statistician Member**	**Board of Directors Member**	**Community**	**Data Collector**
Planning	General Responsibilities	Design of the evaluation	Management of the evaluation	Provide a voice for the victims/ survivors	Guidance with measures and analyses	Ensure the evaluation is meeting the CAC's goals	Ensure the evaluation is responsive to the community's needs	Provide oversight of the data collection
	Expertise	Evaluation research	Subject matter and the CAC	Perspective of the victims/ survivors	Measurement and statistical analysis	The CAC's goals	How the community perceives the CAC	Data collection, storage, and entry
	Initial Evaluation Activities	Become familiar with the CAC, its goals, and the evaluation team; develop evaluation design; determine appropriate sampling; select measures	Arrange weekly team evaluation meetings; enlist the team's cooperation; approve protocols	Become familiar with evaluation research; assist with designing the recruitment protocol	Become familiar with the CAC, its goals, and how the goals might be measured; assist with selecting appropriate measures	Approve the the evaluation design; check on the face validity of the design	Provide input into the design from the community's perspective	Develop recruitment and data collection protocol; develop informed consent forms

Exhibit 3.3. Sample Concerns and Responses Letter

Date

Dear Colleague,

The purpose of this note is to respond to concerns raised by the Evaluation Team in recent meetings. Most of these concerns relate to the use of one element of the study design—[whatever the primary concern is]—to document the effectiveness of the CAC.

We consider this element of the evaluation to be necessary because ... [write your justification]. Previous evaluations have been suspect because of the failure to implement .... Our design will ....

We must also consider the fact that the CAC is an ongoing program. We recognize that our evaluation should do nothing to damage program operations and good will. Thus, we must work to identify a strategy that allows us to implement a rigorous evaluation and accommodate the evaluation.

Five specific concerns have been raised about the evaluation:

Concern: [Write a one-sentence summary of the issue]

Response: [Provide as much narrative as possible in response to the concern]

We hope this addresses the concerns raised by the Evaluation Team. We will appreciate the opportunity to continue these discussions with you at subsequent meetings. Please feel free to raise these issues again if you feel your concern has not been adequately addressed.

Sincerely,

Exhibit 4.1. Sample Flowchart for a Process Evaluation

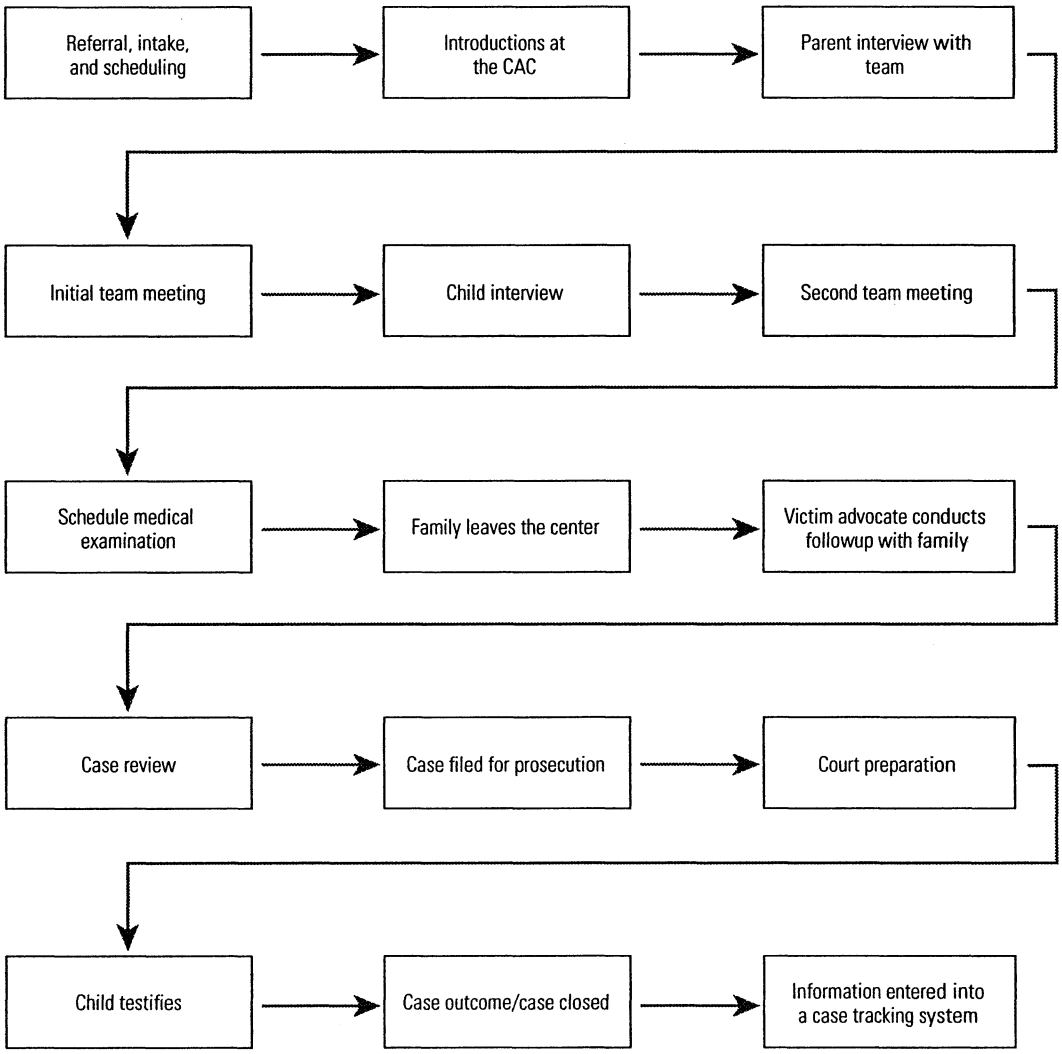


Exhibit 4.2. Sample Spreadsheet for Recording Staff Activity

Employee Name _____ Week of _____

Activity	Purpose of Activity	Time With Client 001 (in minutes)	Time With Client 002 (in minutes)	Time With Client 003 (in minutes)
Prepare for family				
Greet family				
Parent interview				
Tour of center				
Meet with MDT				
Child interview				
Meet with MDT and parent				

Exhibit 5.1. Goal Approximation Rating Form

Program Component	Most Unfavorable Outcome	Less Than Expected Success	Expected Level of Success	More Than Expected Success	Best Anticipated Success
Child-Friendly Facility					
Multidisciplinary Team					
Case Review					
Child Interview					
Victim Advocate					
Medical Services					
Mental Health Services					
Case Tracking					

Exhibit 5.2. Logic Model for Child Advocacy Center Programs

					Outcomes				
Background Factors	**Program Activities**	**Inputs**	**Outputs**	**External Factors**	**Immediate Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**	**Unintended or Negative Outcomes**	**Instruments**
Children's reactions to strange places	Child-friendly facility	Program has a child-appropriate waiting room (toys, colors, child-size chairs) and child-monitoring adult	Children are able to wait for their interview or medical exam comfortably, distracted with toys, an adult to play with them; some centers serve food	Community environment, donations, volunteers	Children feel more comfortable, less anxiety while waiting	Because children enjoy the CAC activities, they will be able to be more productive in the investigative interview; children will be less resistant returning to the center	Faster recuperation because the CAC experience was positive (positive long-term memories of the CAC because it was a child-friendly environment)	Children will not want to leave the playroom for the interview or medical exam; children will not want to go home after having such a great place to play	Child-Friendly Program Monitoring Questionnaire Home Observation for the Measurement of the Environment (HOME) (adapted for CAC facility)
Degree of physical damage to child; children's fear of physicians; degree of physician training in CSA	Medical evaluation Variations: onsite, offsite	Trained and qualified medical personnel to conduct forensic medical examination	Children are seen by a caring and trained professional	Funding for an onsite medical facility; trained medical personnel available in the community	Acquiring medical evidence for prosecution; greater likelihood case is accepted for prosecution	Psychological benefits for children in knowing their medical status (e.g., healthy bodies)	Greater chance of conviction with solid medical evidence	Child anxiety realated to medical procedures	Children's Reaction to Medical Exams Medical Examination Questionnaire
Degree of prior psycho-pathology; family support; attending therapy sessions; appropriate therapeutic training	Therapeutic intervention Variations: onsite crisis intervention, onsite therapeutic intervention, referral services for therapeutic intervention	Onsite crisis intervention and subsequent referral for onsite mental health services or community mental health services	Access to individual or group psychological counseling to deal with problems associated with CSA	Availability of community-based therapeutic interventions; availability of trained therapists; community resources for mental health services	Immediate psychological adjustment to CSA; acquiring adequate coping skills	Psychological growth	Reduction in revictimization	Additional issues surface (not necessarily a negative); stigma of receiving mental health services	Mental Health Services Questionnaire Child Interview Questionnaire Newman's Rating Scale

Continued on next page

Exhibit 5.2. Logic Model for Child Advocacy Center Programs (continued)

					Outcomes				
Background Factors	**Program Activity**	**Inputs**	**Outputs**	**External Factors**	**Immediate Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**	**Unintended or Negative Outcomes**	**Instruments**
Complexity of the case; needs of the family (degree of family dysfunction); quality of previous interactions with various service providers	Victim advocacy Variations: onsite services, services provided at a remote location, or a combination of both	Experienced victim advocate links families with needed services; acts as liaison between team members and the family	Family has access to needed services; families have a contact person to whom they can ask questions	Degree of acceptance by the various agencies; availability of services in the community	Immediate needs are met	Immediate ability to cope; better ability to attend to child's issues	Greater family adjustment	Victim advocate is too intrusive in families' lives	Victim Advocate Questionnaire
MDT's past experience with the other agencies; philosophy regarding teamwork	Case review Variations: review some or all cases prospectively, retrospectively, or both	Team members review a case and each team member reports on the progress of the case	Sharing information and requesting further information from team members	Supervisor support for case review (e.g., time to attend the weekly meetings)	Enhanced information-gathering capacity; obtaining high-quality information; reduced duplication of effort	Efficient case processing; reduction in length of the investigation; quicker decision whether to prosecute	Increased number of prosecutions, pleas, and convictions	Team gets overwhelmed by the number of cases to review	Case Review Questionnaire

Discussion: How far into the future should CACs be held accountable? Are they successful only if they reduce the prevalence of CSA in a community? The program should extend far enough to capture meaningful change, but not so far that the program's effects are washed out by other factors.

Exhibit 5.3. Outcome Measurement Framework

	Program and Outcomes			Influencing Factors		
Program and Outcome	**Indicator(s) (What does the outcome look like when it occurs?)**	**Data Source**	**Data Collection Method and Measure(s)**	**Influencing Factors**	**Data Source**	**Data Collection Method**
Child-Friendly Facility Children feel more comfortable; less anxiety waiting if they can play	Room is brightly colored; child-sized furniture; toys are easily accessible	Children, parents, and/or CAC staff	Questionnaire	Child's age; degree of family stress	Parents	Questionnaire
Multidisciplinary Team More efficient investigation of CSA	Informally sharing information; greater degree of team cohesion	MDT	Questionnaire	Trust among the team members	MDT	Questionnaire
Investigative Child Interview Quality information is obtained from children; fewer child interviews	One to three interviews; high-quality information obtained from interviews	Child interviewer	Questionnaires, rating scales	Interviewer training; child's language development	Child interviewers, parents, and/or children	Questionnaires
Medical Examination Medical evidence for prosecution; psychological benefits for children who know their medical status	Results of medical examinations; information provided to the child during the medical examination regarding the child's health; forensic medical evidence available	Medical personnel; children	Questionnaire	Physician experience with CSA examinations	Medical personnel	Questionnaire
Mental Health Services Adequate coping skills; children attend therapy	Referral for therapy; attending therapy	Therapist; child	Questionnaire	Family support; transportation to therapy	Parents	Questionnaire
Victim Advocate Family receives needed services	Number and type of referrals for services	Parents	Questionnaire	Number of available services in the community	Victim advocate	Questionnaire
Case Review Complete, timely, and accurate information relevant to the investigation	Specified degree of information sharing	MDT	Questionnaire	Supervisor support for workers attending MDT meetings	MDT member's supervisor	Questionnaire

Exhibit 6.1. Recruitment Script

Hi. My name is _____. I know this is a difficult time for you, but I wondered if we could talk for a few minutes? I can assure you that (child's name) is being well taken care of.

I work with a Child Advocacy Center in _____, about _____ minutes/miles away from here. Our center serves families like yours. We are here today because we are trying to figure out whether the services our center provides are making a difference for the families we serve. One way we can determine this is to ask children who are not receiving our services how they feel about the services they are receiving here. In essence, we are comparing how children feel here with how children feel at our center.

That's why we are here today. We are asking families if they would be willing to assist us by allowing their children to answer some questions about their experience at this agency. Officer/Supervisor _____ supports our work, although we are not involved in your case in any way and your case will not be influenced in any way by our talking together.

Your child should be able to complete the questionnaire in several minutes. Our primary purpose is to help families like your own. We want to be sure that we are doing the best possible job for the children and families in our community. I've already talked to many families, and they have agreed to help us out. Would you be willing to do this?

Exhibit 7.1. Parent Recruitment Script at the Center

Hi. My name is _____. I work here at the CAC. I understand what a difficult time this is for you. I can assure you that [child's name] is being well cared for by [interviewer's name].

As you know, we are here to help you and your family. We also want to help other families as well. My job is to talk to parents about how we are doing. We want to make sure we are doing the best job possible for your family and families like yours. To figure this out, I have some questions that I would like to ask you (or I have a questionnaire I would like for you to fill out). We should be able to complete the interview (or you should be able to complete the questionnaire) during the time it takes for your child to be interviewed, about 15 minutes [if applicable].

Because we are interested in how your family is doing in the future and in what you think about the center after you have been gone for a little while, we would also like to contact you several times over the next 2 years. We would like to contact families after 6 months, 1 year, and 2 years after leaving our center. I can assure you that I have asked many families to help us out, and most have been very willing. Would you be willing to help us out? [If completing questionnaires] I can either stay here with you if you would like or I can wait in the other room, whichever is more comfortable for you.

Exhibit 7.2. Invitation to Participate (on Child Advocacy Center letterhead)

Date

Dear Collaborative Partner,

You have been selected to take part in a survey of interagency collaboration among agencies involved in addressing child sexual abuse in our community. Your participation is very important. As you know, working with families and victims of child sexual abuse can be demanding and exhausting. Many different agencies may be involved in any given case and multiple contacts between professionals is common. However, coordination of service can result in more effective interventions and positive outcomes for victims and families.

[Insert child advocacy center name] is conducting a survey to better understand how the collaborative system functions in our community and your knowledge and input are vital to this process. Enclosed is a copy of the survey being used. It asks your opinion regarding interagency communication, the referral process, interagency conflict and resolution, agency roles and goals, teamwork, and your experience of interacting with [insert child advocacy center name].

Please take the time to complete the survey and return it in the enclosed self-addressed stamped envelope. It would be helpful to have your completed survey returned to us by [insert date].

Your responses are confidential and anonymous. Do not include your name with the survey. If you have any questions or concerns, please feel free to contact me at XXX–XXX–XXXX.

Sincerely,

Exhibit 7.3. Telephone Protocol

Hello _____. My name is _____ with the Child Advocacy Center. Is this a good time to talk?

You should have received a card with an attached questionnaire telling you that we would be calling. Did you receive that card? (If no, thank the person for their time and do not proceed).

If you have a few minutes, I would like to ask you the questions that are on the questionnaire. Do you still have the questionnaire? If you can easily find it we can go over the questions together. Before we begin the questions, I want to let you know that you can end this interview at any time without affecting your case. Also, I want to let you know that your name will not be associated with any of our findings or recommendations. We would greatly appreciate your participation in helping us to improve the Child Advocacy Center. Do you have any questions? If you have any questions about the project you may call [evaluator's name] at XXX–XXX–XXXX or the director, [director's name], at XXX–XXX–XXXX.

The questionnaire works like this. I will ask you a question and then you will respond by saying you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree.

For example, if you agree with a statement, you would say "agree." Do you have any questions?

OK, let's begin. The first question is [read question]. Do you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree?

OK, question two is [read question]. [Repeat until all questions are completed.]

Do you have any questions about what we've just gone over?

[Parent's name], thank you for taking the time to answer these questions. This information will be useful in helping us know how we are doing during a difficult situation so that if there are any problems, we can identify them, and hopefully help other families like your own. We couldn't do this without your help.

Goodbye.

Exhibit 7.4. Permission-to-Recontact Script

We are very interested in improving our services to children and families. To do this, it would be very helpful if we could contact you at some future time to learn what has happened to your family, whether you think our efforts helped, and what more we could have done to assist your family. Would you be willing to have us contact you again? [If yes] To ensure that we can locate you, could you please tell us how it would be best to contact you in the future?

Exhibit 7.5. Informed Consent—Contact in the Future Form

To learn more about how well the Child Advocacy Center's program is working, we routinely interview participants after they leave the program to ask how they are doing.

If you agree to a telephone interview in _____ months, everything you say in the telephone interview will be confidential. The information you provide will be combined with the information from all other participants we interview. No one will be able to tell which answers are yours. Be assured that other agencies working on your case will not have access to this information and your answers will not affect your case in any way.

We also would like to obtain information about how well your child is doing. If you give us permission, we would also like to talk to your child on the telephone. This information also will be confidential.

Participation in either of the followup studies is completely voluntary. Whether you participate or not will not affect your eligibility for services at the Child Advocacy Center.

If you agree to participate in these followup studies, and we hope you will, please read (or have read to you) both agreements below and then sign them.

I have read this form (or this form has been read to me), and I agree to participate in the Child Advocacy Center's followup telephone interview. I understand that my participation is totally voluntary, that I can refuse to answer any question that is asked, and that I can stop the interview at any time.

_____
Participant's Signature

_____
Printed Name

_____
Date

I have read this form (or this form has been read to me), and I agree to have someone contact my child to conduct an interview. I understand that my agreeing to this interview is totally voluntary, and that I can stop the interview at any time by contacting the Child Advocacy Center's Program Director [name] at [phone number].

_____
Participant's Signature

_____
Printed Name

_____
Date

Exhibit 7.6. Followup Interview Schedule

Family ID #	Participant	First Interview	Completed	Scheduled 2nd Interview	Completed	Scheduled 3rd Interview	Completed
001	Parent	12/5/2002		Week of 12/5/2003		Week of 12/5/2004	
	Child	12/5/2002		Week of 12/5/2003		Week of 12/5/2004	
002	Parent	12/7/2002		Week of 12/7/2003		Week of 12/7/2004	
	Child	12/7/2002		Week of 12/7/2003		Week of 12/7/2004	

Exhibit 7.7. Informed Consent Form—Adult Form

Please feel free to ask any questions you have now, or if you have questions later, call the researcher, _____ , at _____.

The Child Advocacy Center would like to know how satisfied you are with its services. To that end, we are asking you to respond to a set of questions about your experience at the Child Advocacy Center. We will ask you to complete the questions while you are here at the center. Your participation is voluntary, anonymous, and confidential. Your name will at no time be on the questionnaire. The results of the answers to these questions from you and other participants will be used to improve services at the Child Advocacy Center.

I understand that my participation is voluntary, confidential, and anonymous and has nothing to do with my or my child receiving services of any kind.

I understand that I am being asked to answer a number of questions about my experience at the Child Advocacy Center and that this will take about ___ minutes altogether, and should add about ___ minutes to my time at the Child Advocacy Center.

I understand that I am free to stop participating at any time without harming my relationship with the Child Advocacy Center or any other agency working on my case.

If you agree to participate, please sign below.

_____
Signature

_____
Date

Exhibit 7.8. Informed Consent Form—Child Form

The Child Advocacy Center would like to know how satisfied your child is with the services he/she received here. To that end, we are asking a number of children to respond to [___] basic questions about their experience at the Child Advocacy Center. Your child will be asked to answer these questions while here at the center. Agreement to participate is voluntary, anonymous, and confidential. Your or your child's name at no time will be on the questionnaire. The results of the answers to these questions from your child and other children will be used to improve services at the Child Advocacy Center.

I understand that my child's participation is voluntary, confidential, and anonymous and has nothing to do with my child receiving services.

I understand that my child first will be asked if she or he would be willing to answer a number of questions about his or her experience at the Child Advocacy Center, and if she or he agrees, that this will take about ___ minutes.

I understand that I and my child are free to stop participating at any time without harming my or my child's relationship with the Child Advocacy Center or any other agency working on my case.

If you agree to allow your child to participate, please sign below.

_____
Signature

_____
Date

Exhibit 7.9. Informed Consent Form—Youth Assent Form

Please feel free to ask any questions you have now, or if you have questions later, call the researcher, _____ , at _____.

The Child Advocacy Center would like to know how satisfied you are with its services. To that end, we are asking you to respond to a set of questions about your experience at the Child Advocacy Center. We will ask you to complete the questions while you are here at the center. Your participation is voluntary, anonymous, and confidential. Your name at no time will be on the questionnaire. The results of the answers to these questions from you and other participants will be used to improve services at the Child Advocacy Center.

I understand that my participation is voluntary, confidential, and anonymous and has nothing to do with my receiving services of any kind.

I understand that I am being asked to answer a number of questions about my experience at the Child Advocacy Center and that this will take about ___ minutes altogether, and should add about ___ minutes to my time at the Child Advocacy Center.

I understand that I am free to stop participating at any time without harming my relationship with the Child Advocacy Center or any other agency working on my case.

If you agree to participate, please sign below.

_____
Signature

_____
Date

Exhibit 7.10. Sample Pledge of Confidentiality for Data Collectors

I understand that:

I may be collecting information of a personal and sensitive nature.

Individuals participating in this study have been assured that their names will not be disclosed and that all information will be kept confidential.

The responsibility of fulfilling this assurance of confidentiality begins with me.

In recognition of this responsibility, I hereby give my personal pledge to:

1. Keep confidential the names of all respondents, all information and opinions collected during the data collection process, and any information learned incidentally while collecting the data.

2. Refrain from discussing or disclosing, except privately with my data collection supervisor, information that might in any way identify or be linked to a particular individual.

3. Terminate data collection immediately if I encounter a respondent or begin reviewing a record for an individual whom I know personally, and contact my supervisor for further instructions.

4. Take precautions to prevent access by others to data in my possession.

5. Take all other actions within my power to safeguard the privacy of respondents and protect the confidentiality of information I collect.

6. Devote my best efforts to ensure that there is compliance with the required procedures by persons whom I supervise.

_____
Signed

_____
Date

Exhibit 8.1. Evaluation Planning Form

Select the evaluation team members (chapter 3)	**Team Member's Expertise and Name**	**Team Member's Responsibilities**
	❑ Subject-matter knowledge (e.g., director)	
	❑ Quantitative knowledge	
	❑ Multidisciplinary team representative	
	❑ Staff representative	
	❑ Data collection representative	
	❑ Victim representative	

Purpose of this evaluation

Select the evaluation design (chapters 4–6)	**Program Monitoring Evaluation**	**Outcome Evaluation**	**Impact Evaluation**
	Determine which program(s) to evaluate.	Determine goals.	Determine objective.
	Identify steps in the program.	Develop objectives.	Write evaluation questions.
	Determine what should happen at each step.	Identify procedures and process.	Form predictions.
	Determine what actually happens at each step.	Determine outcomes.	Select comparison group.
	Compare what should have happened with what actually happens.	Develop logic model.	Determine length of the evaluation.
		Select instruments.	Identify influencing factors.
			Select instruments.

Select participant recruiter (chapter 7)

Determine who is participating

❑ CAC staff
❑ Multidisciplinary team and agencies
❑ CAC families
❑ Non-CAC participants

Determine eligibility criteria

Determine number of participants needed for each group of participants

_____ CAC staff
_____ Multidisciplinary team and agencies
_____ CAC families
_____ Non-CAC participants

Continued on next page

Exhibit 8.1. Evaluation Planning Form (continued)

Incentives and compensation		
Note disincentives (if any)		
Develop recruitment protocol	Recruitment script	
	When to recruit	
	Where to recruit	
	Informed consent	
Develop method to maintain contact with families		
Track why participants refuse to participate		
Draft evaluation timeline (chapter 8)	**Start Date**	**End Date**
	❑ Before the center opens ❑ Just as the center opens ❑ After the center opens (e.g., 1 year)	
Identify applicable evaluation contexts (chapter 8)	❑ Evaluation context	
	❑ Staff context	
	❑ Participant context	
	❑ Social context	
	❑ Administrative context	
Consider cultural issues (chapter 8)		
Create a data collection protocol (chapter 9)	Select instruments	
	Who will administer instruments	
	When to administer instruments	
	How often to administer instruments	
	Where to administer instruments	

Continued on next page

Exhibit 8.1. Evaluation Planning Form (continued)

Pilot test the evaluation protocol (chapter 9)	
Create a management information system (chapter 9)	
Create a data monitoring protocol (chapter 9)	Who will monitor the data
	Data tracking system
	Data storage
Create a data analysis protocol (chapter 10)	Who will enter data
	Who will clean data
	Who will analyze data
	Analyses to conduct
Write and disseminate the evaluation report (chapter 11)	Author
	Audience
	Deadlines
	Reviewers
	Publications and presentations

Exhibit 8.2. When to Initiate the Evaluation: Advantages and Disadvantages

Start Date for Evaluation	Advantages	Disadvantages
Before the center opens	An evaluation that begins before the center opens can collect baseline data, which allows comparison of operations before the center opened with operations after the center opens.	Programs are in considerable development and refinement during this period and it may be difficult to collect reliable data during this phase because there are so many changes in program implementation.
As the center opens	An evaluation that begins as the center opens collects some baseline data with which to compare future outcomes to determine whether the program is making a difference.	During the first year, many programs undergo considerable changes that may make data collection and interpretation during this phase problematic.
1 or more years after the center opens	Data collection is easier (and possibly more valid) in an evaluation that begins 1 or more years after the center opens, when protocols are established.	The opportunity is lost to collect baseline data. In addition, operations may be entrenched, making it difficult to implement an evaluation.

Exhibit 8.3. Sample Timeline for Planning and Implementing the Evaluation

Type of Evaluation: _____

	Month											
Evaluation Activity	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10–24**	**25–27**	**28–29**
Determine goals and objectives.	✔											
Select the evaluation design.	✔	✔	✔									
Choose the outcomes.				✔								
Specify indicators for outcomes.				✔								
Pilot test the outcome measurement system.					✔							
Prepare to collect data on indicators.						✔	✔					
Improve outcome measurement system.									✔			
Launch full-scale implementation.										✔	✔	
Analyze and report initial findings.								✔	✔			
Analyze data.											✔	
Write evaluation report.												✔

Exhibit 9.1. Advantages and Disadvantages of Client Satisfaction Questionnaire Administration Options

Timing	Advantages	Disadvantages
Administer the survey when the family first arrives at the center.	• The agency is sure to obtain the data.	• The family has no experience with the center before completing the questionnaire and may not have sufficient information upon which to comment.
Administer the survey at some point between when the family first arrives and before the client leaves the center.	• The agency is sure to obtain the data.	• The family may not have had a chance to assess the program before completing the questionnaire and may not have sufficient information upon which to comment. • Variations in data collection times could affect the results. That is, if some families participate when they first arrive at the center and other families participate as they leave, their responses may reflect when the questionnaire was administered and not their experience of the program.
Administer the survey just prior to the family leaving the center.	• The agency is sure to obtain the data. • The family has experience with the center; therefore, the results are more likely to be valid.	• The family may be eager to leave the center and thus less cooperative about completing a questionnaire.
Give the family a questionnaire as they leave the center and ask them to return it in the mail.	• The family has experience with the center; therefore, the results are more likely to be valid. • The family can complete the questionnaire in the privacy of their home. • The agency can be confident the family has received the questionnaire.	• After leaving the center, the family may want to move on with their lives and thus may not return the questionnaire. • Family members may forget the details of their experience at the center and may not provide complete information.
Mail the survey to the family after the family has left the center.	• The family has experience with the center; therefore, the results are more likely to be valid. • The family can complete the questionnaire in the privacy of their home.	• The agency cannot be sure the family has received the questionnaire (e.g., the family moved). • When data collection is complete, the results may be biased because the agency may have data from more stable families who have not moved and have no data from families who have moved. • Family members may forget the details of their experience at the center and may not provide complete information.
Administer the survey over the telephone after the family has left the center.	• The family has experience with the center; therefore, the results are more likely to be valid. • Participants may find it easier to answer questions over the telephone.	• Contacting the family may be difficult because there may not be a telephone in the home, or the family might move without leaving a forwarding telephone number. • When data collection is complete, the results may be biased because the agency may have data from stable families (whose phones are still in service or who have not moved), but no data from less stable families. • Family members may forget the details of their experience at the center and may not provide complete information.

Exhibit 9.2. Sample Data Tracking Form for Parent and Child Measures

	Child Measures		Parent Measures		
Family #	**Demographic Information**	**Child Trauma**	**Demographic Information**	**Parent Satisfaction**	**Parent Stress**
001	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:
	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:
002	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:
	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:

Exhibit 9.3. Sample Data Tracking Form: Multidisciplinary Team

	Child Protective Services Workers		Law Enforcement Personnel		Prosecution Staff		Mental Health Professionals		Victim Advocates	
Family #	**Case Tracking**	**Team Cohesion**	**Case Tracking**	**Team Cohesion**	**Case Tracking**	**Team Cohesion**	**Case Tracking**	**Team Cohesion**	**Case Tracking**	**Team Cohesion**
001	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:	Date collected: By whom:
	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:	Date entered: By whom:

Exhibit 9.4. Sample Data Tracking Form: All Evaluation Participants

Contact and Administration of Questionnaires Tracking Form

Family # _____

Date of initial contact _____

Recruitment method ❑ Personal ❑ Telephone ❑ Mail ❑ Other _____

Type of Evaluation (Check one)	Measure(s) Administered	Measure(s) Collected	Data Entered
❑ Child-Friendly Facility	❑ Client satisfaction survey	❑ Client satisfaction survey	❑ Client satisfaction survey
❑ Multidisciplinary Team	Administered by:	Collected by:	Entered by:
❑ Child Interview	Date:	Date:	Date:
❑ Medical Examination	❑ Child behavior checklist	❑ Child behavior checklist	❑ Child behavior checklist
❑ Mental Health Services	Administered by:	Collected by:	Entered by:
❑ Victim Advocate	Date:	Date:	Date:
❑ Case Review	❑ Child trauma symptom checklist	❑ Child trauma symptom checklist	❑ Child trauma symptom checklist
❑ Other	Administered by:	Collected by:	Entered by:
	Date:	Date:	Date:
	❑ MDT cohesion survey	❑ MDT cohesion survey	❑ MDT cohesion survey
	Administered by:	Collected by:	Entered by:
	Date:	Date:	Date

Exhibit 9.5. Sample Data Tracking Form: Followup Data Collection

		Telephone Interview					
		Attempts to Contact Participant					
Family ID#	Date Consent Given	1	2	3	4	Interview Conducted	Entered
001		Date: By whom:	Date: By whom:	Date: By whom:	Date: By whom:	Date: By whom:	Date: By whom:
002							
003							
004							

	Mail Survey		
Family ID#	Sent	Received	Entered
001	Date: By whom:	Date: By whom:	Date: By whom:
002			
003			
004			

Exhibit 11.1. Description of Evaluation Users

Name of Audience Member or Organization	User 1 Name	User 2 Name	User 3 Name	User 4 Name
Affiliation				
Philosophy of evaluation				
Relationship to the program				
Personal characteristics and preferences				
Preferred communication form and style				
Primary areas of concern				
Key dates in the decision-making process				
Required report dates and type of report				
Political affiliation				

Exhibit 11.2. Report Schedule

	Month Report Is Due												
Name of Report	**Jan.**	**Feb.**	**Mar.**	**Apr.**	**May**	**June**	**July**	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**	**Jan.**
Evaluation Proposal													
Provide copies to													
First-Quarter Report													
Provide copies to													
Second-Quarter Report													
Provide copies to													
Third-Quarter Report													
Provide copies to													
Final Report													
Provide copies to													

Exhibit 11.3. Sample Table: Outcome of Trauma Reported by Children, by Age of Child

		By Age			All Participants	
Trauma Symptom Checklist		**0–6**	**7–12**	**13–18**	**Total**	**Percent of All**
Cutoff or above (experienced trauma)	Number					
	Percent of age group					
Below cutoff (did not experience trauma)	Number					
	Percent of age group					
	Totals					

Exhibit 11.4. Sample Table: Comparison of Intervention and Comparison Groups

Score on Child Behavior Checklist	Client Participants	Comparison Participants
High on externalizing	Average 74	Average 89
Low on externalizing	Average 45	Average 54

Appendix G

Glossary

(Words in italics are defined elsewhere in the glossary.)

attrition. When participants in an evaluation are no longer available at subsequent data collection points.

benefit. Net program outcome, usually translated into monetary terms.

collaborative (or participatory) evaluation. An evaluation organized as a team project in which the evaluator and representatives of one or more stakeholder groups work together to develop the evaluation plan, conduct the evaluation, and disseminate and use the results.

comparison group. In a quasi-experimental design, a naturally occurring group of untreated *targets* that is compared with the *treatment group* on outcome measures.

control group. The group that does not receive the treatment (or intervention). In an experiment, the performance of this group is compared with the *treatment group* to assess the effect of the treatment (or intervention).

cost. The value of each resource that is consumed when the program implements a service procedure.

cost-benefit analysis. Analytical procedures for determining the economic efficiency of a program, expressed as the relationship between *costs* and outcomes, usually measured in monetary terms.

cost-effectiveness. The efficacy of a program in achieving given intervention outcomes in relation to the program *costs*.

experimental method. Used to study a phenomenon in which one or more independent variables are manipulated and performance on one or more dependent variables is measured.

external evaluation. An evaluation in which the evaluator who has primary responsibility for developing the evaluation plan, conducting the evaluation, and disseminating the results is not part of the program (e.g., the CAC).

extraneous variable. Any *variable* that masks the relationship between the *independent variable(s)* and the *dependent variable(s)*.

focus group. A small panel, whose members are selected for their knowledge or perspective on a given topic, that is convened to discuss the topic with the assistance of a facilitator. The discussion is usually recorded and used to identify important themes or to construct descriptive summaries of views and experiences.

formative evaluation. Evaluation activities undertaken to furnish information that will guide program improvement. Formative evaluations are aimed specifically at improving a program or performance based on information from a *program monitoring* evaluation, and the information is reported back to program staff. Formative evaluations ensure that program materials, strategies, and activities are of the highest possible quality and that the program is feasible, appropriate, meaningful, and acceptable to the *target* population and users of the program.

generalizability. In experimental designs, being able to extend the results of an experiment beyond the *sample* tested to the population from which the *sample* was drawn. In terms of evaluation, the extent to which results can be extrapolated to similar programs or from the program as tested to the program as implemented.

impact. The net effect of a program.

incidence. The number of new cases of a particular problem or condition that are identified or arise in a specified area during a specified period of time.

independent variable. A variable systematically manipulated by the experimenter in order to determine the effect of one variable on another (the *dependent variable*).

logic model. The assumptions about what the program must do to bring about the transactions between the *target* population and the program to produce the intended changes in social conditions.

outcome variable. A measurable result of services.

power analysis. A statistical analysis that estimates the likelihood of obtaining a statistically significant relation between variables, given various sample sizes and true relations of certain magnitude. Used as a method of determining how many subjects are needed to ensure there is sufficient power to detect differences between groups (i.e., reject the null hypothesis).

pre-post design. A type of quasi-experimental design in which only one or more before-intervention and after-intervention measures are taken and then compared.

prevalence. The number of existing cases with a particular condition in a specified area at a specified time.

process evaluation. A form of *program monitoring* designed to determine whether the program is delivered as intended to the targeted recipients.

program evaluation. The use of social science procedures to systematically investigate the effectiveness of social intervention programs that are adapted to their political and organizational environments and designed to inform social action in ways that improve social conditions. Program evaluation is the process of judging whether a program is achieving or has achieved its intended goals.

program goal. A statement, usually general and abstract, of a desired state toward which a program is directed.

program monitoring. The systematic documentation of aspects of program performance that indicate whether the program is functioning as intended or according to some appropriate standard. Monitoring generally involves program performance related to program process, program outcomes, or both.

program objectives. Specific statements detailing the desired accomplishments of a program.

program theory. The set of assumptions about how the program is related to the social benefits it is expected to produce and the strategy and tactics the program has adopted to achieve its goals and objectives. Two subsets of program *theory* are *impact theory,* relating to the nature of the change in social conditions brought about by program action, and *process theory,* which depicts the program's organizational plan and service utilization plan.

quasi-experiment. A research design in which *treatment* and *comparison groups* are formed by a procedure other than *random assignment.*

random assignment. Assignment of potential *targets* to *treatment* and *control groups* on the basis of chance. Each participant has an equal opportunity of being assigned to any one of the research conditions.

rate. The proportion of a population with a particular problem, or the occurrence or existence of a particular condition expressed as a proportion of units in the relevant population (e.g., deaths per 1,000 adults).

reliability. The extent to which scores obtained on a measure are reproducible in repeated administrations, i.e., consistency (provided all relevant measurement conditions are the same).

sample. The group of participants selected from the population who are assumed to be representative of the population about which an inference is being made.

selection bias. A confounding effect produced by preprogram differences between program participants and eligible *targets* who do not participate in the program.

social research methods. Procedures for studying social behavior that are based on systematic observations and logical rules for drawing inference from those observations.

summative evaluation. Evaluation activities undertaken to render a summary judgment on certain critical aspects of the program's performance (for instance, whether specific goals and objectives were met).

survey. Systematic collection of information from a defined population, usually by means of interviews or questionnaires administered to a sample of the population.

target. The unit to which the program intervention is directed (e.g., the family, the multidisciplinary team).

theory. The concept and design of a program.

treatment group. The group that receives the treatment (or intervention).

validity. The extent to which an instrument measures what it purports to measure.

variable. A thing or event that can be measured or manipulated.

Appendix H

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Additional Evaluation Resources

Child Advocacy Centers

Many CACs engage in evaluation and can serve as a source via their experience. Below is a table of types of evaluations and the centers that are conducting or have conducted those evaluations.

Type of Evaluation	Instrument	Center
Children's Perceptions of the Medical Examination	Feeling Faces Instrument or Medical Examination Questionnaire	Lakewood, CO Louisville, KY St. Paul, MN Las Vegas, NV Portland, OR
Children's Perceptions of the Child Interview	Before-and-After Questionnaire	Salt Lake City, UT
Parent's Perceptions of the Medical Examination, the Child Interview, and Therapy	Parent Survey	Austin, TX
The Community's Perceptions of the CAC	Community Survey	Swainsboro, GA
Staff Satisfaction	Staff Survey	Newton, NJ
Youth Satisfaction	Youth Questionnaire	Colorado Springs, CO
Child Satisfaction	Pictorial Child Satisfaction Questionnaire	Boise, ID Philadelphia, PA
Cost-Benefit Analysis	Unit costs per hour	Jackson, MS Albuquerque, NM
Multisite Evaluation	A 6-year multisite evaluation of CACs	Coordinated by the Family Research Laboratory, NH

Internet Resources

Evaluation Resources on the Internet

Organization	Purpose	Web Site
American Statistical Association (AMSTAT)	The aim of AMSTAT Online is to be "Statistics Central" for the United States of America.	http://www.amstat.org/
American Evaluation Association	Electronic lists and links of interest to evaluators.	http://www.eval.org/EvaluationLinks/links.htm
American Professional Society on the Abuse of Children	Professional reference source.	http://www.apsac.org/abhistory.html
Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice	Online resource guide for evaluating criminal justice programs.	http://www.bja.evaluationwebsite.org
The Center for Educational Research and Development	Program and policy development and evaluation.	http://www.cerd.org/services/
The Center for Prevention Research and Development (CPRD)	CPRD designs needs assessment and program evaluation instruments. Staff can collect, analyze, and interpret your data.	http://www.cprd.uiuc.edu/about.htm
Center for Program Evaluation, Melbourne, Australia	Evaluation and research center.	http://www.edfac.unimelb.edu.au/EPM/CPE/
Child Welfare League of America	Conducts research and evaluation on child welfare.	http://www.cwla.org/programs/researchdata/default.htm
(CYFERNet) Children, Youth, and Families Education and Research Network	CYFERNet provides program, evaluation, and technology assistance for children, youth, and family community-based programs.	http://www.cyfernet.org/evaluation.html
The Evaluation Center at Western Michigan University	To increase the use and improve the quality of evaluations. Site includes glossary of evaluation terminology, answer desk, directory of evaluators, professional development, instruments exchange, and resource links.	http://www.wmich.edu/evalctr/ess.html
The Evaluators' Institute	Offers short-term professional development courses for practicing evaluators.	http://www.evaluatorsinstitute.com/
Gene Shackman's List of Free Evaluation Resources on the Web	This page lists free resources for methods in evaluation and social research. The focus is on how to do evaluation research and what methods are used.	http://gsociology.icaap.org/methods/

Evaluation Resources on the Internet (continued)

Organization	Purpose	Web Site
Harvard Family Research Project (HFRP)	The Evaluation Exchange is an interactive forum for the exchange of ideas, lessons, and practices in the evaluation of family support and community development programs, promoting discussion among persons from a variety of organizational affiliations and viewpoints.	http://gseweb.harvard.edu/~hfrp/eval/
INNONET (Innovation Network)	Resources for nonprofit organizations.	http://www.innonet.org
Minority Issues in Evaluation (MIE) (part of the American Evaluation Association)	The mission of the MIE is (1) to raise the level of discourse on the role of people of color in the improvement of the theory, practice, and methods of evaluation, and (2) to increase the participation of members of racial and ethnic minority groups in the evaluation profession.	http://www.winternet.com/~octsys/aea/
National Clearinghouse on Child Abuse and Neglect Information	Offers information related to key prevention topics, such as evaluation materials to assess program and cost-effectiveness.	http://nccanch.acf.hhs.gov
National Coalition Against Domestic Violence (NCADV)	Information reference.	http://www.ncadv.org/about.htm
National Indian Child Welfare Association (NICWA)	Information exchange.	http://www.nicwa.org/index.asp
UNICEF Research and Evaluation	The results of policy analysis, evaluations, and research, as well as information on the methodologies developed and used.	http://www.unicef.org/evaldatabase

Selected Books Available Through the Internet

Title	Publisher	Web Site
New Approaches to Evaluating Community Initiatives, volume 1 (Concepts, methods, and contexts). J. Connell, A. Kubisch, L. Schorr, and C.H. Weiss. (1995); volume 2 (Theory, measurement, and analysis) K. Fulbright-Anderson, A. Kubisch, and J. Connell. (1998).	The Aspen Institute, Queenstown, MD	http://www.aspenroundtable.org
Outcome Measures for Child Welfare Services. S. Magura and B.S. Moses. (1986).	Child Welfare League of America, Washington, DC.	http://www.cwla.org/
Performance Measurement: Getting Results. H. Hatry. (1999).	The Urban Institute, Washington, DC	http://www.urban.org/pubs/pm/index.htm