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EVALUATION TOOLKIT

Evaluating the Work of Sexual Assault Nurse Examiner (SANE) Programs in the Criminal Justice System: A Toolkit for Practitioners

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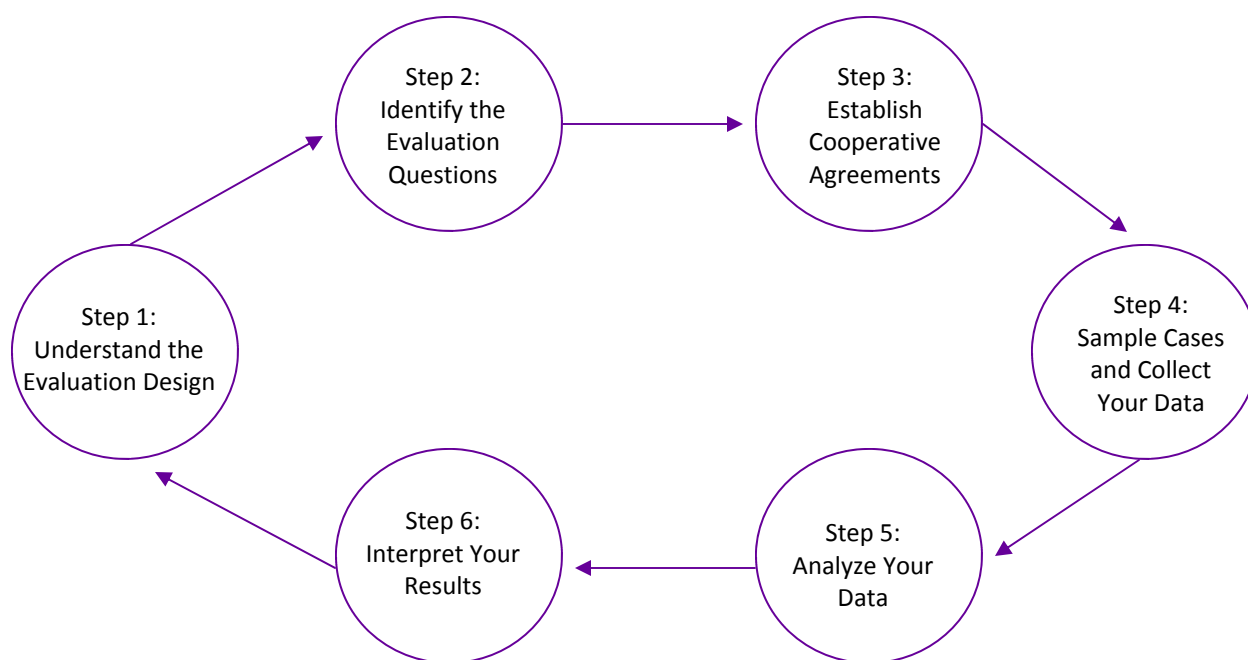


Introduction to the Toolkit

The goal of this Toolkit is to assist SANE program staff in evaluating how their program affects the prosecution of sexual assault cases in their community. This Toolkit was developed as part of a research project on the work of SANEs in the criminal justice system. The lessons learned from that project helped inform the development of this Toolkit. However, it is important to note that legal outcomes are not the only or best way to evaluate the success of SANE programs. Patient care and crisis intervention are other outcomes that should be evaluated, but are beyond the scope of this Toolkit.

The focus of this Toolkit is the impact of SANE programs on the progression of sexual assault cases through the criminal justice system, meaning how many cases make it how far through the system. To that end, the Toolkit is designed to provide practitioners with the necessary information for understanding and evaluating SANE programs' impact on prosecution rates in their own community. It also offers ideas for utilizing this information to enhance the positive impact of your program on the reporting, investigation, and prosecution of sexual assault cases.

The Toolkit will walk you through six basic steps of evaluation:



There are four main sections to the Toolkit:

1. The first section “Introduction to Program Evaluation for *SANEs*” provides a basic **overview of conducting program evaluation** with SANE programs. This includes sample evaluation questions for assessing the different domains of SANEs’ work.
2. The second section “SANE Programs as Agents of Social Change” provides an introduction to the many ways SANE programs **create change in their communities**, with a particular emphasis on the impact of SANEs on the processing of sexual assault cases through the criminal justice system.
3. The third section “Evaluating a SANE Program’s Impact on Sexual Assault Case Progression through the Criminal Justice System” is a **step-by-step explanation** of three types of evaluation your program can use to evaluate whether your SANE program has impacted the progression of sexual assault cases through the criminal justice system. The first type of evaluation compares prosecution outcomes from before your SANE program started to prosecution outcomes after your SANE program started. The second type of evaluation focuses on prosecution outcomes only from after your SANE program started. The third type of evaluation is an alternative you can use if you cannot or do not want to review older records, and instead want to start keeping track of prosecution outcomes from this point forward. These last two evaluation designs can compare prosecution outcomes from your SANE Program to outcomes found in other communities.

4. The last section “Taking Stock – Where Do We Go From Here?” illustrates how your evaluation work can translate into ideas for **community action**. If you did find the expected impact on case progression through the criminal justice system, this section will help you to think about what you are doing well that should be continued and made to last. If you didn’t find the expected impact, this section will help you think about improvements that can be made to change the criminal justice system response to sexual assault in your community.

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

The creation of the Toolkit was funded by a National Institute of Justice research grant that assessed how SANEs affect the prosecution of sexual assault cases. This Toolkit was piloted in six different sites across the country including two rural communities (Sites A and B), two mid-sized communities (Sites C and D), and two urban communities (Sites E and F). This series of studies informed the recommendations found within this Toolkit. The project was led by Dr. Rebecca Campbell, a researcher who specializes in sexual assault and SANE programs.



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SECTION ONE: INTRODUCTION TO PROGRAM EVALUTION FOR SANEs

Frequently Asked Questions about Evaluation

Evaluating SANE Programs

Key Concepts in Conducting Evaluation of SANE Programs



Frequently Asked Questions About Evaluation

Why Conduct Program Evaluation?

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

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

What Are Some Common Concerns with Evaluation?

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

- **Lack of expertise in evaluation:** Evaluation can seem daunting and may appear to require the help of an outside expert. However, evaluation does not have to involve a complex study or difficult statistical analyses. There are many resources available that break down the evaluation process to help organizations gain the knowledge and skills they need to conduct a program evaluation. Several resources are written specifically to help organizations deal with issues unique to evaluation of sexual assault programs. Of course, one can always consider collaborating with a good outside evaluator.
- **Bad experience with researchers/evaluators:** Some programs may have had a bad experience when they relied on the expertise of an external researcher or evaluator. Naturally, this experience could make a program hesitant to work with another researcher/evaluator. Remember that not all researchers/evaluators are created equal; a good evaluator will value and ask for your input, understand the dynamics of sexual assault, protect confidentiality, and have a plan for sharing the evaluation findings.
- **Lack of resources:** This is a common problem for programs with limited time and money. Keep in mind that evaluation can be as simple as analyzing records that programs already keep to document what services are provided to patients. Evaluations do not have to cost a lot of money and take a lot of time to be useful. In the end, conducting an evaluation may bring in even more resources. For example, an evaluation can provide “hard evidence” to funders about how a program is working. This may encourage them to continue or increase funding.
- **Fear of negative evaluation results:** Often programs are worried the evaluation results might indicate the program is lacking in some way or is not doing what it is supposed to do. Programs may fear losing funding if the results are not what they expected to find. It is important to remember that the unexpected results are not a bad thing and in fact can be the first step towards program improvement.

What Kind of Capacity Does a Program Need to Have to Conduct Evaluation?

In order for a program to be able to carry out evaluations effectively and use the results, the program needs to have capacity in at least four areas¹:

- **Leadership:** Leaders in the program value ongoing learning. They encourage employees/volunteers to acquire new knowledge and skills. They also encourage everyone in the program to contribute to discussions and problem-solving.
- **Culture:** The culture of the program is one in which asking questions is encouraged. There is a commitment to ongoing improvement of the program and evaluation is seen as an important way of making improvements.
- **Systems and Structure:** There are systems and structures in place that make evaluation possible. For example, there are few bureaucratic hurdles to overcome when trying to do something new. There are also other processes such as regularly scheduled case reviews or protocol fidelity checks in place that let the program review how well any changes that are made work.
- **Communication:** There are established channels for communicating with one another in the program and with community partners. Those communication channels can be used to plan evaluations and share evaluation findings.

To build your program's capacity to conduct evaluations you can begin by doing a self-assessment of these four areas. As you identify areas of strengths and weaknesses, develop and carry out plans for building on your strengths and bolstering your knowledge, skills and program structures in areas where your capacity is currently less.

When thinking about ways to build your knowledge and skills (both as individuals and as a program), there are many strategies you can use, including²:

- Reviewing written materials such as articles and books on evaluation
- Reviewing online materials such as websites and e-learning programs
- Allocating time in your own meetings to talk about evaluation activities
- Forming a community of practice (also called a learning community) where you regularly gather with other medical or social service providers to share evaluation experiences, information and resources
- Attending evaluation courses, workshops or conferences
- Receiving technical assistance from an external evaluator
- Building a relationship with an evaluator who can provide individualized mentoring

1 These areas are drawn from Preskill and Boyle's (2008) Multidisciplinary Model of Evaluation Capacity Building. Their model is more in-depth and addresses areas such as evaluation knowledge, skills and attitudes; sustainable evaluation practice; and diffusion. The areas highlighted in this Toolkit are intended as a starting point for programs to think about how to increase their capacity for doing and using evaluations.

2 Adapted from Preskill and Boyle (2008).



Is Our Program Ready to Do an Evaluation?

To help you think about how ready your program is to do an evaluation, consider the following questions:

- | | | |
|--|-----|----|
| 1. Do we have a clearly designated leader(s) of our program? | YES | NO |
| 2. Does our leader encourage staff to learn new skills? | YES | NO |
| 3. Are our staff encouraged to contribute to discussions and problem solving? | YES | NO |
| 4. Are our staff encouraged to ask questions? | YES | NO |
| 5. Are we continually trying to improve our services? | YES | NO |
| 6. Do we have times when we regularly review our work? | YES | NO |
| 7. Can we try new things without too many administrative barriers? | YES | NO |
| 8. Do people in our program communicate well with one another? | YES | NO |
| 9. Does our program communicate well with hospital administrators (if applicable)? | YES | NO |
| 10. Does our program communicate well with prosecutors? | YES | NO |
| 11. Do we have a staff member who is willing to take the lead on this evaluation? | YES | NO |
| 12. Can we designate an average of 10 hours/month to the evaluation? | YES | NO |

The more questions you answered “Yes” to, the more ready you are to carry out an evaluation.

If you answered “No” to many questions, you may want to work on building your programs in those areas before you start an evaluation. Questions #11 and #12 are especially important for successfully completing the evaluation described in this Toolkit.



Evaluating SANE Programs

The work of SANE programs is complex and multi-faceted. SANE programs address patients' psychological and physical health, conduct forensic evidence collection, participate in legal proceedings, and strive for community change. Program evaluation can help SANE programs learn about each of these five areas by examining: (1) how your program is operating in order to address each of these areas; and (2) what effect your program has on these types of outcomes. We suggest limiting each evaluation project to one of these areas to help keep the scope of your evaluation manageable.

If you are interested in learning more about the impact of SANES across these five areas, two articles are available that summarize the key studies on SANE programs:

Campbell, R., Patterson, D., & Lichty, L. F. (2005). The effectiveness of Sexual Assault Nurse Examiner (SANE) Programs: A review of psychological, medical, legal, and community change outcomes. *Trauma Violence & Abuse*, 6, 313-329. Available from Rebecca Campbell at rmc@msu.edu.

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

Types of Program Evaluation for SANEs

There are two main types of program evaluation:

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

Examples of Process Evaluation:

- **Psychological:** Were patients' psychological needs met? (e.g., what percent of patients believed the nurse was supportive? trusted the nurse?)
- **Physical Health:** What types of services do patients receive to meet their physical health needs? (e.g., how many patients receive STI prophylaxis? emergency contraception?)
- **Forensic:** What specific information is being gained from the evidence collected when the lab analyzes the kit? (e.g., are they finding DNA? are they getting hits in CODIS? what evidence is being used by police? being used in court?)
- **Legal:** How do nurses attend to patients' legal needs? (e.g., for what percent of cases do nurses give information about the criminal justice process?)

- **Community Change:** How satisfied are people that participate in your trainings? (e.g., what percent of people attending the training felt it was helpful?)

Outcome Evaluation: Evaluates the impact your program is having. Outcome evaluation assesses whether your program is creating the changes you want it to have on survivors, your community, people who participate in trainings given by your program, etc.

Examples of Outcome Evaluation:

- **Psychological:** Do patients seen by the SANE program have better psychological outcomes than patients seen in a traditional emergency departments? (e.g., Do patients treated in the SANE program feel more in control? Do they report fewer posttraumatic stress symptoms?)
- **Physical Health:** Are patients more informed about their medical health after they talk with a SANE nurse? Do they have better medical outcomes? (e.g., Do patients have more knowledge than they did before about risk of STIs? Are they more likely to receive follow-up treatment for STIs?)
- **Forensic:** Do SANE programs provide better forensic evidence than traditional hospital emergency department personnel? (e.g., Are SANEs completing evidence collection more completely and correctly? Are SANEs more likely to maintain the chain of evidence?)
- **Legal:** Do SANE programs increase patients' knowledge of the criminal justice system? Do SANE cases make it further in the criminal justice system? (e.g., After talking with the nurse, are patients more knowledgeable about the processes involved in prosecution? Are they more knowledgeable about their right to participate in none, some, or all parts of the criminal justice process? Are SANE cases more likely to be prosecuted or to result in convictions?)
- **Community Change:** Do SANE programs impact coordination among stakeholders? (e.g., After the implementation of the SANE program, are police more likely to refer a survivor to a forensic exam? Are prosecutors more likely to consult a medical expert about a case?)



Key Concepts in Conducting Evaluation of SANE Programs

When evaluating a program there are a few questions that are helpful to keep in mind:

- What do you want to learn?
- How do you expect your program to achieve your desired results?
- What will your evaluation look like? What information will you collect, and how will you collect it?
- How will you attend to confidentiality/privacy issues?
- How will you analyze the information?
- How will you use the findings?

This section of the Toolkit explores these questions by looking at key concepts in program evaluation.

What Do You Want to Learn?

Evaluation questions make explicit what it is that you want to learn and help you to narrow down the scope of your evaluation. When thinking about evaluation questions, keep the following points in mind:

- The work that SANEs do is varied and complex, which means **you can't evaluate it all in one project**.
- For any evaluation project, you will need to decide upon **one or two key questions** that you want your evaluation to answer.
- Make sure that each of the terms in your questions is **specific enough that you can measure them**. For example, you can't measure "coordination," but you can

measure how often prosecutors consult a medical expert; you can't measure "psychological outcomes," but you can measure feeling of control or posttraumatic stress symptoms.

How Do You Expect Your Program to Achieve Your Desired Results?

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

Logic models usually include four main parts:

- **Inputs:** In a logic model, you begin with a list of your inputs. These are the resources your program uses.
- **Activities:** The next part is the activities or what you do with your resources. For SANE programs, the activities are usually focused on the forensic nursing care you provide. But don't forget about the other responsibilities your SANEs have including providing court testimony, administrative tasks, community outreach, etc.

- **Outputs:** Your outputs are the things that are a direct result of your program activities. For example, the number of clients your program serves annually.
- **Outcomes:** Finally, the end of your logic model are the effects of your program. Outcomes are often divided into intermediate and longer-term outcomes. For example, psychological outcomes might include decreased levels of self-blame (intermediate) and fewer major depressive episodes (longer-term).

Developing a logic model for your program is often a good place to start in program evaluation. However, we realize that developing a logic model from scratch can sometimes take a while, and many SANE programs may not have a lot of time to work through the whole process from start to finish. In that situation, sometimes it's helpful to look at some sample logic models and work off of them to customize a logic model for your specific program.

We have included two sample logic models in this Toolkit. Both are “open domain,” which means they are not copyrighted and you can use and/or modify them as you like. The first logic model is on pages 14-15 (Table 1 and Figure 1) and was developed by Campbell, Patterson, Adams, Diegel, and Coats (2008) to show **how SANE programs can have a beneficial impact on patient care and emotional well-being**. The second logic model is on pages 16-17 (Table 2 and Figure 2) and shows **how SANE programs may increase legal prosecution**.

Because some people (and some funders) prefer either a chart or a diagram, both logic models are presented in two forms. Feel free to use whichever form best meets your needs.

Table 1. Logic Model: SANE Programs and Patient Care and Psychological Well-Being Impact (Chart)

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

Figure 1. Logic Model: SANE Programs and Patient Care and Psychological Well-Being Impact (Diagram)

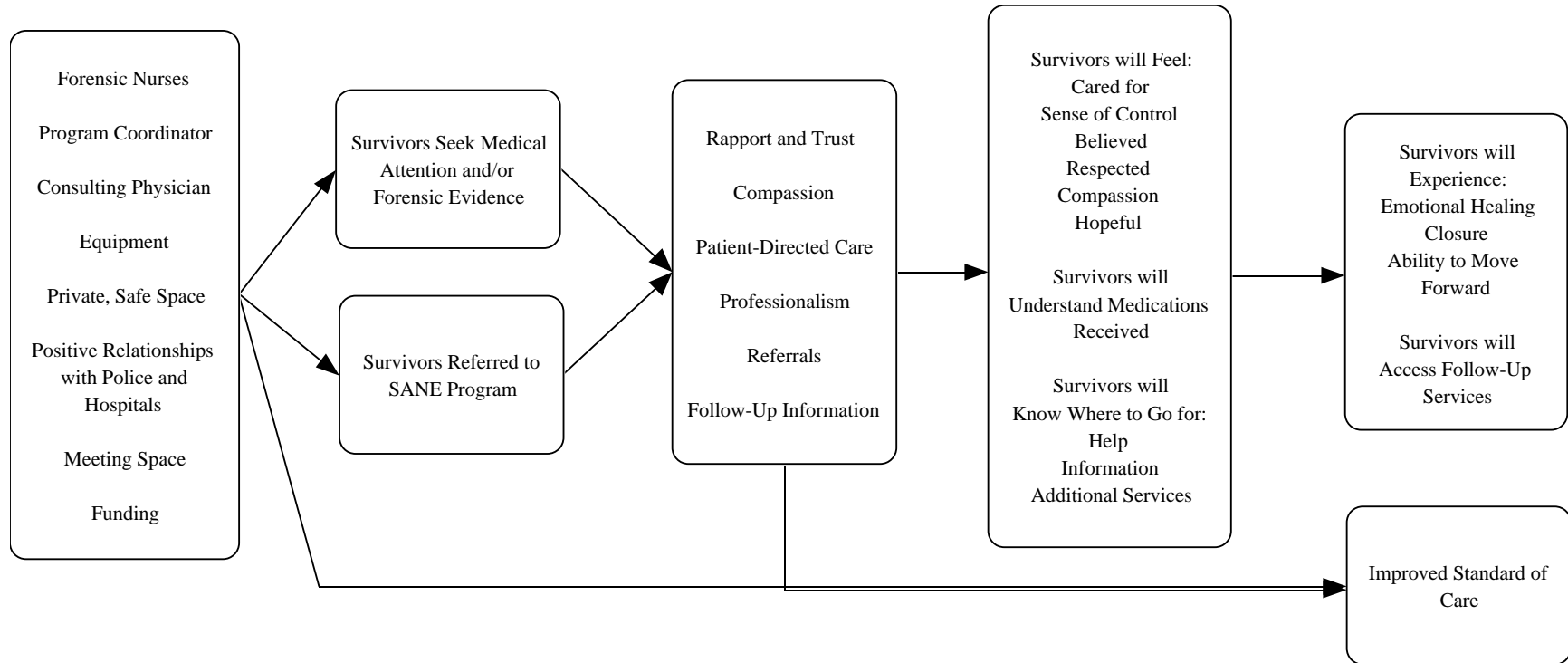
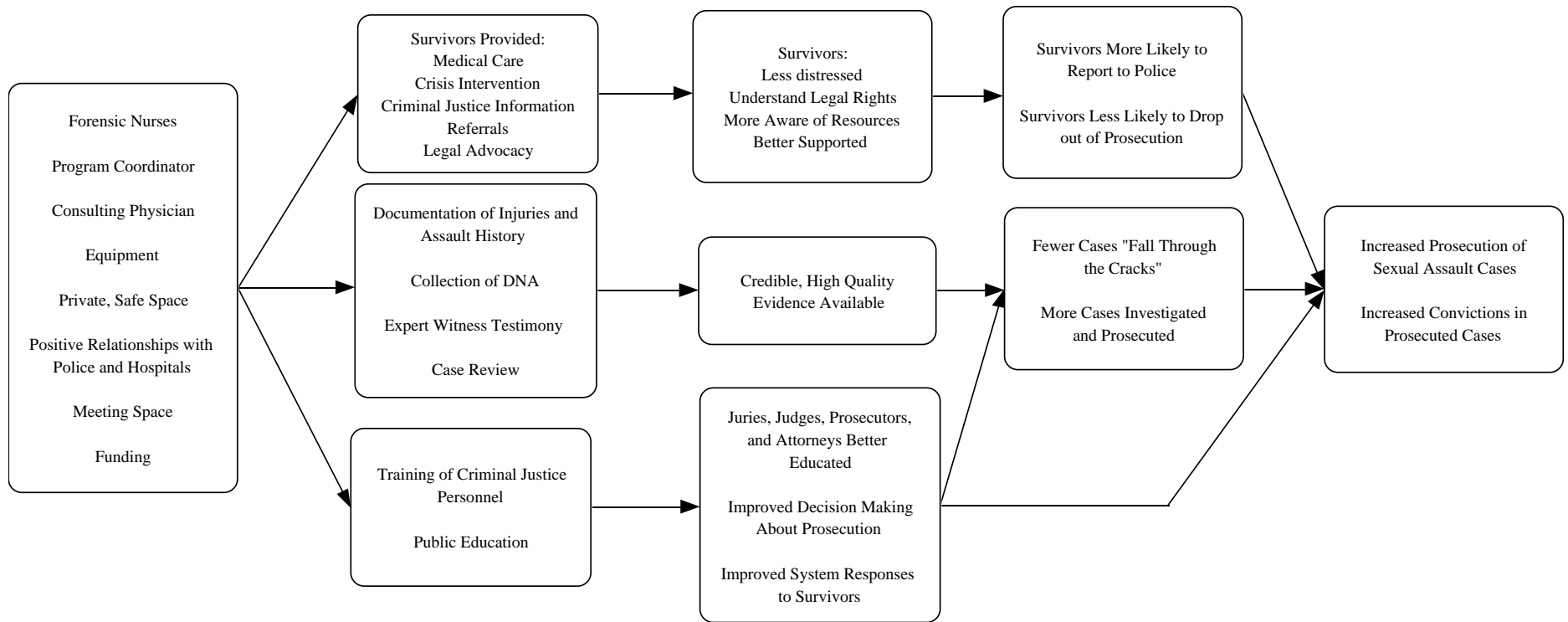


Table 2. Logic Model: SANE Programs and Criminal Justice System Impact (Chart)

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Long-term
<i>In order to accomplish our program activities we will need the following:</i>	<i>In order to address the problem of sexual assault in our community, we will accomplish the following activities:</i>	<i>We expect that once accomplished these activities will produce the following evidence of service delivery:</i>	<i>We expect that these activities will lead to the following initial outcomes:</i>	<i>We expect that these activities will lead to the following intermediate outcomes:</i>	<i>We expect that these activities will lead to the following long-term outcomes:</i>
<ul style="list-style-type: none"> • Forensic nurses • Program coordinator • Consulting physician • Medical/forensic equipment • Private, safe space to conduct exams • Sexual assault patients • Positive relations with police and local hospitals to identify and refer survivors • Space for regular meeting to continually assess quality of care provided • Funding 	<ul style="list-style-type: none"> • Provide medical services • Treat patients with compassion and respect • Provide information to patients about the criminal justice system • Provide community referrals to patients • Crisis intervention with patient and patient's family and friends • Document injuries • Collect and store DNA evidence • Document assault history • Provide legal advocacy • Provide expert witness testimony • Conduct trainings with police, prosecutors, etc. • Participate in case review meetings • Educate the public about sexual assault 	<ul style="list-style-type: none"> • Patients treated and given information • Evidence collected • Victim received information about his/her rights and the criminal justice process • Expert witness testimony • Community stakeholders trained • Cases reviewed • People receive information about sexual assault. 	<ul style="list-style-type: none"> • Patients experience less distress, better psychological functioning and physical health, and less impairment in their everyday lives • Credible, high-quality evidence is available in prosecuting sexual assault cases • Patients understand their right to report or not to report and what participation in the criminal justice system entails • Patients are more aware of community resources • Juries, prosecutors, judges, and attorneys are educated about the dynamics of sexual assault • Community stakeholders change how they investigate cases, how they make decisions on cases, how they prosecute cases, and how they interact with victims 	<ul style="list-style-type: none"> • Victims are more likely to report the assault to the police. • Victims are less likely to drop out of case prosecution. • Fewer cases "fall through the cracks" • More cases are investigated and prosecuted. 	<ul style="list-style-type: none"> • Increased prosecution of sexual assault cases. • Increased convictions in prosecuted cases.

Figure 2. Logic Model: SANE Programs and Criminal Justice System Impact (Diagram)



What Will Your Evaluation Look Like?

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

- **Who to collect information from:**

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

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

- **What information to collect:**

You can collect information in number (quantitative) or word (qualitative) form. Numeric information includes rating scales (e.g., 1 = strongly disagree to 5 = strongly agree) and other close-ended questions where there is a set of answers the participant has to choose from to give a response. For example, did the nurse give the patient emergency contraception would be a close-ended question because a limited number of responses are possible: yes or no. Textual information would be collected by asking people open-ended questions in an interview. Participants are able to answer however they would like. Open-ended

questions include, "how do you feel about our program" or "what should we do to improve our program?"

Generally, numeric information is quicker to analyze. Open-ended information can take longer to analyze, but it is a good way to get at topics you don't know much about or when you want to hear an explanation for the participant's answer. Quotes can also be a compelling way to present your findings to others (e.g. funders, community partners).

- **How many times to collect information:**

You can collect information once or multiple times. Collecting information multiple times allows you to make a comparison between information collected at different times.

For example, if you are interested in whether your training increases police officers' knowledge of medical forensic exams, you could test their knowledge before and after your training. You would compare to see if officers had greater knowledge after the training.

- **When to collect your information:**

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

- **How to collect information:**

There are five main techniques for collecting information: surveys, focus groups, interviews, existing records, and observations. Below we briefly describe the uses of each technique. They are also summarized in Table 3 on page 21.

- **Surveys:**

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

- **Focus Groups:**

Focus groups are structured group discussions with people who you think have important insights into what you want to know. They have the advantages of giving you more in-depth information than you can get from a survey and being relatively low-cost. Sometimes the discussion leads people to share insights they might not have thought of if you were interviewing them individually. However, scheduling groups is sometimes difficult. Facilitating focus groups, while relatively simple, does require skills in group facilitation. The facilitator's

main role is to get the discussion started, keep it going, and keep it focused.

- **Interviews:**

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

- **Existing Records:**

With existing records, you don't have to administer anything or get anyone to participate. However, pre-existing records can be problematic if they don't include all the information you need for the evaluation. If you use pre-existing records, it is important that the information in the records was thoroughly and systematically documented throughout all records and answers your evaluation questions. When you have easy

access to existing records (e.g., your own program's records) this does not require very many resources; however, trying to access hard-to-get records can use up a lot of staff time and even money.

- **Observations:**

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

Table 3. Advantages and Disadvantages of Different Data Collection Methods

	Good For Assessing	Advantages	Disadvantages
Surveys	Knowledge Attitudes Intentions Behaviors	A quick and inexpensive way to get information from a large number of people It's easy to be consistent in how you administer the surveys Analyzing surveys is relatively straight forward	Writing a good survey is harder than many people realize It's easy to get flooded with surveys and for inputting data to take longer than expected Behaviors are self-reported (and maybe biased)
Focus Groups	Attitudes Opinions Interpretations	In-depth information Discussion among a diverse group of people can lead to insights that you would not get from individuals Relatively low-cost and low-time investment	Results will be influenced by group dynamics; requires skill in group facilitation Interpreting the group discussions can be challenging
Interviews	Attitudes Opinions Interpretations Motives Experiences	In-depth information Participants may disclose information and details that they would not write about on a survey or talk about in a focus group	Time intensive Being consistent across interviews is challenging Requires good interviewing skills Interpreting the interviews can be challenging
Archival Data	Service Utilization Fidelity to Protocols Behaviors	Monitor actual behaviors and patient care Little or no scheduling issues; consent not usually required	Missing data is problematic Record keeping practices may change over time
Observations	Fidelity to Protocols Behaviors Environments	Record actual behaviors versus self-reports Gives insight into interactions between individuals and their physical and social settings	Need to have clear definitions of what you are looking for Requires good observation skills and consistency across observations

How Will You Attend to Confidentiality/Privacy Issues?

For both legal and ethical reasons, it is imperative to protect patients' confidentiality/privacy. Of particular concern is compliance with HIPPA. Compliance requires that a medical setting provide information to patients about their privacy rights, adopt clear privacy procedures, provide privacy training to employees, designate a privacy officer, and ensure that patients' records are not available to people who should not have access. So long as you handle patient records appropriately during the evaluation, there is no risk of violating patient privacy. HIPPA does **not** prohibit evaluation.

The evaluation process outlined in this Toolkit is designed to respect patient privacy. As the Toolkit walks through the process of collecting information, specific recommendations will be made for what you can do to maintain confidentiality and privacy throughout the process.

How Will You Analyze the Information?

As previously mentioned, there are two kinds of information (data) you can collect: quantitative and qualitative. **Quantitative data** are answers that come in the form of numbers. For example, the amount of time patients have to wait until they are seen in an emergency department.

Sometimes quantitative data may not look like numbers at first, but they are answers that are easily converted to numbers. For example, if you ask how much people agree with a statement and you give them four answers to choose from, you can change those four answers into numbers:

Strongly agree	=	4
Agree	=	3
Disagree	=	2
Strongly disagree	=	1

Quantitative data analysis does not have to be complicated. Some of the most commonly used, simple calculations for analyzing **quantitative data** are:

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

There are tools and trainings that can help you to conduct more complicated statistics. If you are going to conduct more difficult analyses, you should consider using a data analysis package such as Excel or SPSS. If you want to conduct complicated analyses and don't have the expertise "in-house" this may be a good place to bring in an outside evaluator or a volunteer with experience in statistics. For evaluating criminal justice outcomes, this Toolkit includes step-by-step instructions and a pre-programmed Excel file that will run all of the necessary analyses.

Qualitative data, in contrast, come from open-ended questions where people answer in their own words. For example, in an interview questions like "What was it like to talk with the

nurse?” can be answered in the patient’s own words. The answers may vary greatly from one person to another.

There are many different techniques for analyzing **qualitative data**. Reviewing all the different ways is outside the scope of this Toolkit. However, a quick way is to **look for themes**. A theme is a general idea or concept that comes up repeatedly, or a pattern in your data. A good rule is that an idea or topic is a theme if it comes up three times. Have two people read your data with an open mind and look for themes. For example:

- If three police officers you interviewed felt that being introduced to the SANE nurses they will be working with was a benefit of your training, then it would be considered a theme and you could talk about this as a finding of your evaluation.
- If one participant said they liked the training because the Power Point you used was in their favorite colors this would not be a theme and would not be discussed as an evaluation finding.

How Will You Use the Findings?

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

Some ways to use your evaluation findings include:

- Informing the development of **new programs and services**.
- Improving **existing services** and identifying staff training and supervisory needs.
- Informing **future evaluation** questions.
- Informing **community change** efforts and the collaborative work you do with professionals in the community.
- Gaining **community support** and recruiting volunteers by showing people what your program is doing well.
- Increasing or maintaining **funding** by sharing your findings with your funder. This can work for both expected and unexpected findings as long as you provide a plan for how you are going to make improvements for every negative finding you present.
- **Sharing** with the field by presenting at a conference or publishing your work in a journal.

Additional Resources for Program Evaluation

Additional resources for evaluating programs related to sexual assault are available from the National Sexual Violence Resource Center. The Center can be contacted through www.nsvrc.org.

SECTION TWO: SANE PROGRAMS AS AGENTS OF SYSTEMS CHANGE

Defining the Effectiveness of SANE Programs

Why Evaluate the Impact of SANE Programs on the Criminal Justice System?



Defining the Effectiveness of SANE Programs

Because the work of SANE programs is multi-faceted, defining and measuring “success” or “effectiveness” is complex. For example, some SANE programs have made it a goal to improve prosecution rates of sexual assault cases in their communities, whereas others have noted that rape prosecution is influenced by many factors, only one of which is the presence and quality of forensic evidence. Therefore, the evaluation of SANE programs must reflect the specific goals and missions of each program. It may be useful to consider multiple indicators of success when evaluating the collective work of SANEs as a reform effort.

This section of the Toolkit presents a brief summary of the empirical literature on the success of SANE programs in the following areas:

- promoting the psychological recovery of survivors
- providing comprehensive and consistent medical care
- documenting the forensic evidence of the crime completely and accurately
- improving the prosecution of sexual assault cases by providing high quality forensic evidence and expert testimony
- creating community change by bringing multiple service providers together to provide comprehensive care to rape survivors

A more detailed summary of the literature is found in Appendix A.

When reading about research on SANE program outcomes it is important to remember that some studies are better than others in their methodology. By “better” we mean that you can be more confident in concluding that any expected outcomes were due to the SANE program and not due to some other factor. For example, if a study only collects data from survivors who were served by SANE programs, there is no way of knowing if the outcomes seen were any different from survivors who received non-SANE medical care or no medical care at all.

For this reason, studies that compare outcomes from SANE programs to outcomes from non-SANE programs allow us to be more confident in any conclusions we draw about the impact of SANE programs.

Additionally, it is important to remember that relatively little research has been done so far that has systematically evaluated the outcomes of SANE programs, and the research that does exist is based on only a small number of SANE programs.

With those limitations in mind, a few general conclusions can at least tentatively be drawn from the research that has been done to date (see Table 4 on the next page):

Table 4. Summary of SANE Research

Domain	Key Findings
Psychological Effectiveness	<p>Various studies have found that survivors report that:</p> <ul style="list-style-type: none"> • The nurses' listening to them helped them the most during the crisis¹ • They felt respected, safe, reassured, in control, informed and cared for by SANEs² • Specialized care helps patients feel respected, safe, reassured, in control, informed and well cared for in the post-assault crisis³
Medical Effectiveness	<p>SANE programs have been found to provide:</p> <ul style="list-style-type: none"> • Consistent and broad based medical care^{4,5} • More comprehensive care than is typically provided in traditional Emergency Department care^{6, 7, 8, 9}
Forensic Effectiveness	<p>SANEs are more likely to:</p> <ul style="list-style-type: none"> • Collect the correct number of swabs¹¹ • Collect swabs that match the assault history¹⁰ • Collect blood for alcohol and/or drug analysis¹⁰ • Properly prepare blood stain card¹⁰ • Include a vaginal motility slide¹¹ • Complete the crime lab form¹¹ • Properly seal and label specimen envelopes¹¹ • Maintain the chain of evidence¹⁰
Legal Effectiveness	<p>SANE programs can influence prosecution by:</p> <ul style="list-style-type: none"> • Survivors being more likely to participate in prosecution⁹ • Increasing guilty pleas in face of the evidence^{12, 13, 14, 15} • Police being more likely to file charges⁹ • Police being more likely to collect other forms of evidence to support the case, including interviewing the suspect¹⁷ • SANE expert testimony as instrumental in obtaining convictions^{16, 17} • Prosecutors being more likely to pursue prosecution¹⁷ • Higher conviction rates^{9, 17} • Longer average sentences⁹
Community Change	<p>SANE programs may be a catalyst for improving working relationships and communication between medical and legal professionals^{9, 13}</p>

1. Malloy (1991)
2. Campbell, Patterson, Adams, Diegel & Coats (2008)
3. Ericksen, Dudley, McIntosh, Ritch, Shumay, & Simpson (2002)
4. Ciancone, Wilson, Collette, & Gerson (2000)
5. Campbell, Townsend, Long, Kinnison, Pulley, Adames, & Wasco (2006)
6. Amey & Bishai (2002)
7. Campbell, Wasco, Ahrens, Sefl, & Barnes (2001)
8. Rovi & Shimoni (2002)
9. Crandall & Helitzer (2003)Ledray & Simmelink (1997)
10. Sievers, Murphy & Miller (2003)
11. Aiken & Speck (1995)
12. Ledray (1992)
13. Little (2001)
14. Seneski (1992)
15. O'Brien (1996)
16. Ledray (1999)
17. Campbell, Bybee, Ford, Patterson, & Ferrell (2008)



Why Evaluate the Impact of SANE Programs on the Criminal Justice System?

The positive results from the research to date highlight the potential beneficial impact that SANE programs can have on prosecution rates in their communities. However, it's important to keep in mind that there are over 600 SANE programs in existence in the United States and Canada, but only about 10 have been evaluated (with the findings published or shared at professional conferences). We need to know more about the other 590+ SANE programs!

Conducting evaluation on **SANE programs and the legal system** has several benefits.

- Evaluation can help SANE programs examine what kind of **impact** they are having on their local legal communities.
- Documenting how many cases make it to each stage of the criminal justice process gives you a **basic understanding** of where your community is at. Are you happy with how many cases are making it to the final cases of prosecution? Or do you think that too many cases are dropping out of the system early on in the process?
- Documenting **your program's impact** on legal outcomes helps you understand how your program is affecting your community. If it is a programmatic goal to increase the number of sexual assaults cases that are prosecuted, you can identify if you have met this goal. If it is not an explicit goal, it is still beneficial to understand how your program is or is not affecting the community around you.
- If an evaluation shows a positive impact, this can help SANEs to garner **support from their community and from funders**.
- If you find that your program is improving prosecution rates, this can also help you to think about what your program is doing well that should be continued and **institutionalized**.
- If an evaluation shows a lack of impact or a negative impact on prosecution rates, this can help the SANE program to identify what if anything needs to be modified in order to **make improvements**.
- If you find that prosecution rates haven't been impacted by the presence of your program, or have been negatively impacted by your program, you may want to think about whether there is **something missing** from the response to sexual assault in your community (e.g., Are the evidentiary findings from SANE exams being utilized by the criminal justice system? Does the presence of your program lead police and prosecutors to expect evidentiary findings, and in their absence, reject cases as unsubstantiated? Do police officers utilize suspect exams?).

Again, it is important to keep in mind that while SANE work may affect legal outcomes, there are also **many factors outside of the control of a SANE program** that also affect the processing of a case through the criminal justice system. Are there other parts of the system (besides the work of SANEs) that aren't working optimally?

For example, maybe:

- detectives need more training on investigating sexual assault
- there needs to be more education of juries on the dynamics of sexual assault
- victims are afraid to report the assault for fear that they will be blamed for what happened to them, etc.

Program evaluation allows you to step back and reflect on:

- the **work** that you are already doing
- the **impact** that you are having
- what steps need to be taken next to **improve** your program's activities and the response to sexual violence in your community

The remainder of this Toolkit is designed to help you achieve this type of reflection. In the next section we take you through a **step-by-step guide** to evaluate the impact of your program on how far sexual assault cases progress through the criminal justice system. We will also provide ideas for **utilizing the findings** of your evaluation to inform your work in your community.

This Toolkit was piloted in six sites across the United States—urban sites, rural sites, urban/rural mixed sites, community-based SANE programs, and hospital-based SANE programs.

The **common obstacles** presented in the Toolkit were real obstacles encountered by the pilot sites. The **potential solutions** were suggested and implemented by the pilot sites. All sites hit roadblocks and all sites found a way around them.

You are about to begin a journey that will prove challenging and sometimes frustrating. All six programs that worked through this Toolkit reported that it was a rewarding process that **benefited their program, their community, and their patients.**

SECTION THREE: EVALUATING A SANE PROGRAM'S IMPACT ON SEXUAL ASSAULT CASE PROGRESSION THROUGH THE CRIMINAL JUSTICE SYSTEM

Overview of Outcome Evaluation

Which Evaluation Design Should Your Program Use?

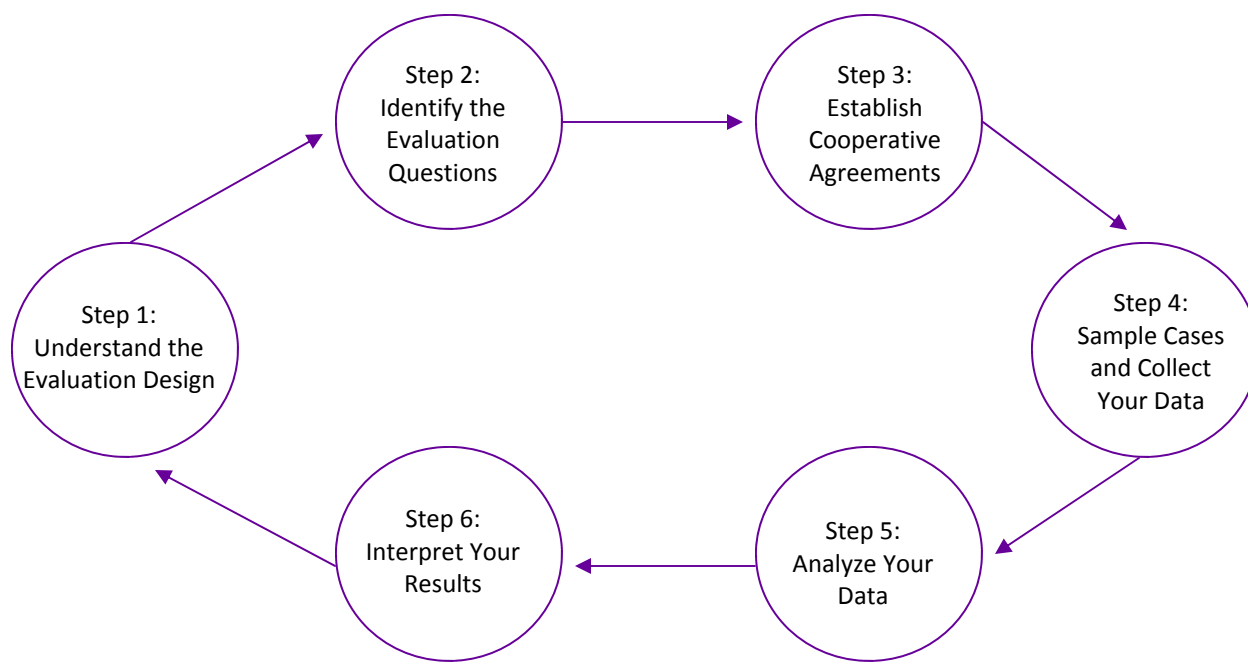
Steps for Conducting a Pre-SANE/Post-SANE Comparison Evaluation

Steps for Conducting a Post-SANE Only Evaluation

Steps for Conducting an Ongoing Evaluation



Overview of Outcome Evaluation



This section of the Toolkit includes a detailed how-to of the **six basic steps** of doing an **outcome evaluation** of criminal justice outcomes.

This six-step figure is the roadmap we will be following throughout the remainder of the Toolkit. However, before you can start with Step 1 you must first decide which of three evaluation designs (approaches) you will use.

The next few pages will walk you through the questions you need to answer to **determine which design** is the one that your program is best equipped to carry out. After you have made this decision, you will proceed to Step 1.



Which Evaluation Design Should Your Program Use?

Before you move forward through these steps.....

The evaluation designs outlined in this Toolkit are recommended for programs that have been **operating for at least 24 months** and have treated **at least 30 cases per year**. If your program has not yet reached these benchmarks, we suggest that you wait to evaluate criminal justice outcomes.

However, it is possible that your program is ready to begin ongoing evaluation. Continue reading to determine if your program is ready for the ongoing evaluation design.

This Toolkit presents three different evaluation designs that can be used to determine the impact of SANE programs on criminal justice system outcomes. Each of the designs will be described in step-by-step detail. For now we will give you an overview of each and present a decision tree to help you determine which of the three is most appropriate for your program to use.

At the most basic level, the three designs are:

1. Pre-SANE/Post-SANE Evaluation

In this evaluation, you compare how far cases progress in the criminal justice system in your community before and after the implementation of your SANE program.

2. Post-SANE Only Evaluation

In this design, you compare how far cases progress in the criminal justice system in your community after you started your SANE program to data from other communities.

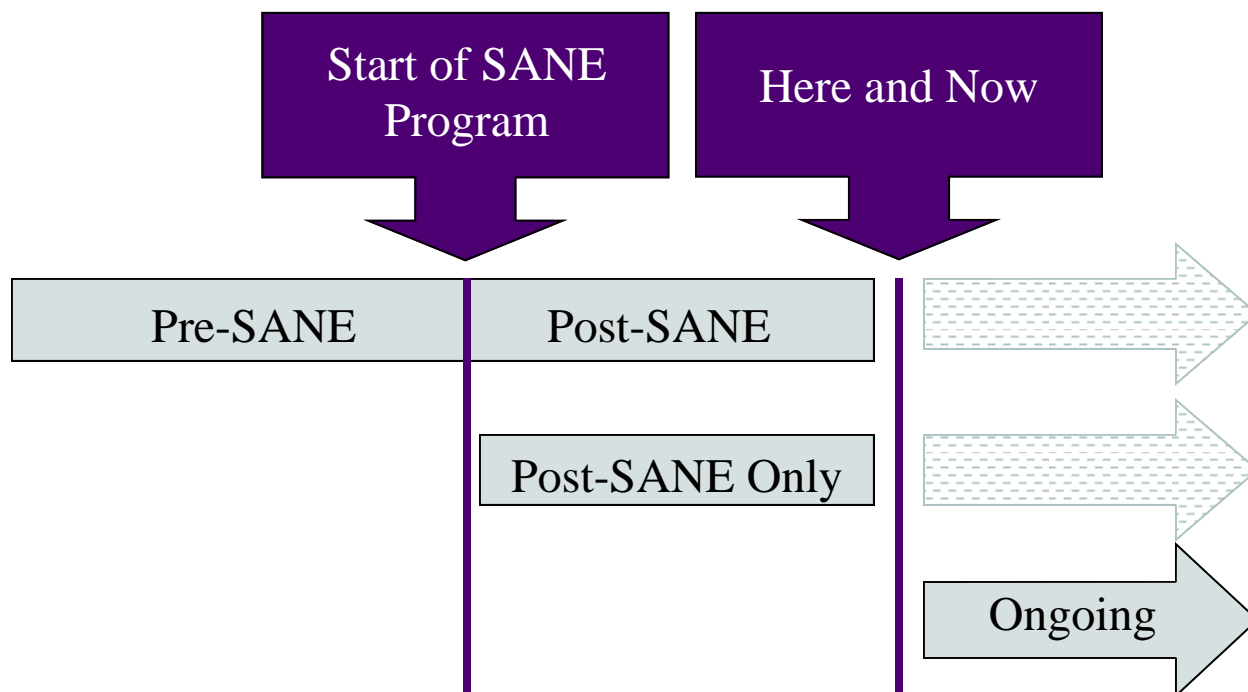
3. Ongoing Evaluation

In this design you begin to chart prosecution outcomes from this point forward. While you will not be able to make any comparisons just yet, you will be preparing yourself to compare how far cases progress in the criminal justice system in your community after you started your SANE program to data from other communities.

It can help to think of these design options in relation to when your program started. Figure 3 on the next page presents the designs in this fashion.

Additionally, Table 5 on page 33 outlines the basic steps, and advantages and disadvantages of each design.

Figure 3. Visualizing the Evaluation Designs



As shown above, the three evaluation designs collect and compare prosecution outcomes from different time periods in relation to the start of your program and the here and now.

Pre-SANE/Post-SANE Evaluation Design: This design will allow you to collect prosecution outcomes from before the start of your SANE program and after the start of your SANE program up until the current times (here and now). These are then compared. After comparing pre-SANE cases progression to post-SANE case progression, you also have the option to continue with program evaluation by switching over to the Ongoing Evaluation Design.

Post-SANE Only Evaluation Design: This design will allow you to collect prosecution outcomes from after the start of your SANE program up until the current time (here and now). These will then be compared to other communities' prosecution outcome data. After tracking the pattern of prosecution outcomes from the start of your program until now, you also have the option to continue with program evaluation by switching to the Ongoing Evaluation Design.

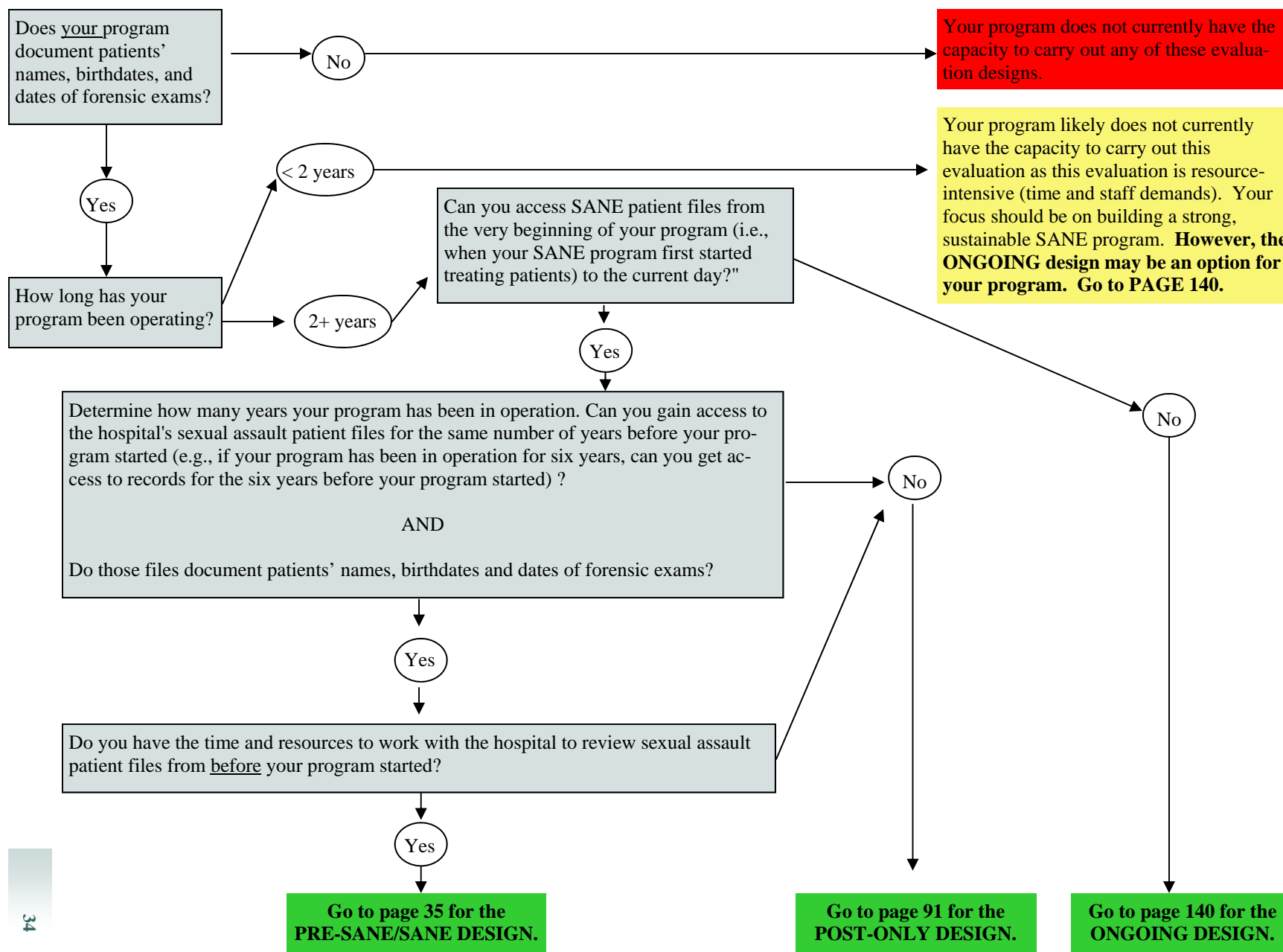
Ongoing Evaluation Design: This design will allow you to collect prosecution outcomes from here and now and moving forward. While you will not be able to do any comparisons now, later on you will be able to compare your SANE program's prosecution outcomes to other communities' prosecution outcome data.

Table 5: Comparing the Designs

	Pre-SANE/Post-SANE	Post-SANE Only	Ongoing
What is it?	Compares how far cases progress in the criminal justice system in your community <i>before and after</i> the implementation of the SANE program	Compares how far cases progress in the criminal justice system <i>in your community</i> after implementation of the SANE program to <i>other communities</i> with SANE programs	Prepares you to be able to compare how far cases progress in the criminal justice system <i>in your community</i> after implementation of the SANE program to <i>other communities</i> with SANE
How would you do the evaluation?	<p>Identify old cases from hospital records before your program was implemented (pre-SANE) and your own records (post-SANE)</p> <p>Look up the cases in the prosecutor's office to find out how many cases made it to each stage in each group</p> <p>Using statistical analyses, compare the two groups</p>	<p>Identify old cases from your program's files.</p> <p>Look up the cases in the prosecutor's office to find out how many cases made it to each stage</p> <p>Compare these to other communities with SANE programs</p>	<p>Identify cases as they come into your program.</p> <p>After gathering a set of cases, look up the cases in the prosecutor's office to find out how many cases made it to each stage</p> <p>Compare these to other communities with SANE programs</p>
Advantages	Because the comparison is the same community—before and after the SANE program was implemented—you can conclude with some certainty that your SANE program contributed to the differences in how far cases progress	<p>Less labor and resource intensive</p> <p>Old records required may be more accessible</p> <p>Provides more recent information on SANE progress</p>	<p>Less labor and resource intensive</p> <p>Does not require the retrieval of old records</p>
Limitations	<p>More labor and resource intensive</p> <p>Old records from before the start of the SANE program may be difficult to access</p>	Findings cannot tell you if your SANE program contributed to the differences in how far cases progress.	Findings cannot tell you if your SANE program contributed to the differences in how far cases progress.

Different communities will benefit most from different evaluation designs. Use the decision tree presented in Figure 4 (next page) to determine the best fit for your program.

Figure 4. Evaluation Design Decision Tree



STEPS FOR CONDUCTING A PRE-SANE/POST-SANE COMPARISON EVALUATION



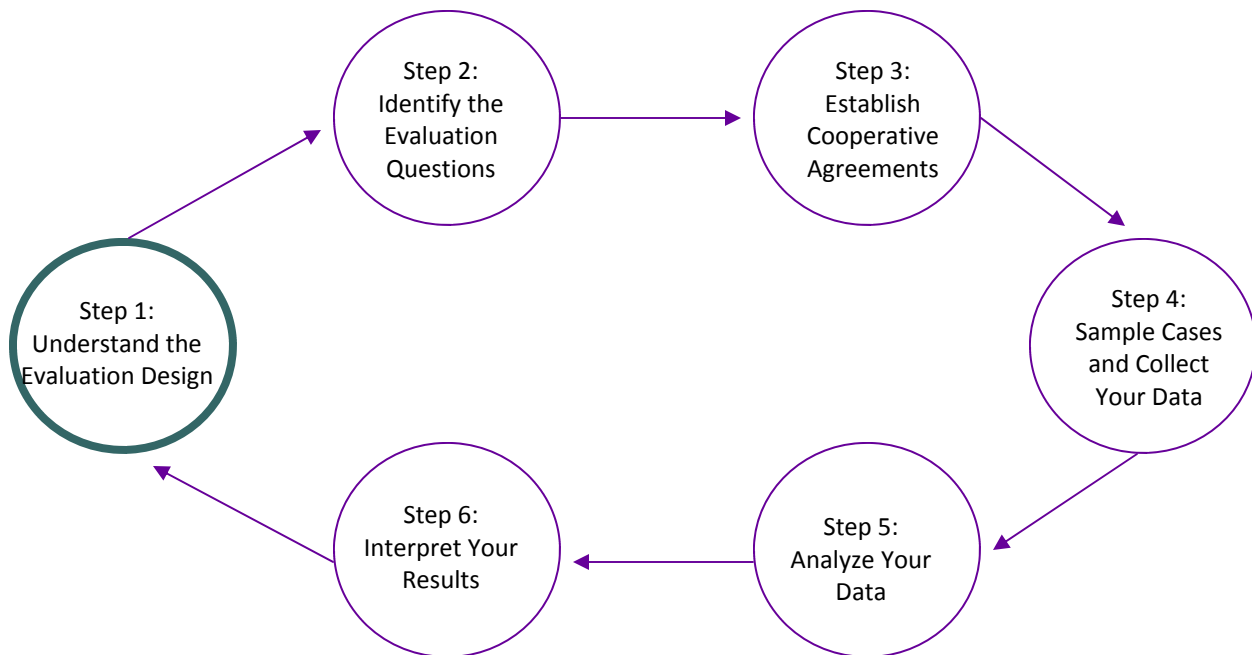
Pre-SANE/Post-SANE Step 1: Understand the Evaluation Design

**If you somehow came to this
section without reading
pages 31-34:**

STOP!

**Go back to pages 31-34 and decide
if the pre-SANE/post-SANE
evaluation design is the best
design for your program and
community.**

You are reading this section because on page 34 you determined that the **pre-SANE/post-SANE** design is **the best evaluation design for your program** and your community. This is likely because your program is two or more years old, because you have or can develop a relationship with the hospital in your community, and because you are able to gain access to pre-SANE records.



On page 34 you made a decision about which one of three evaluation designs your program will be able to carry out. If you are reading this page, it is because you decided that you are able to use the Pre-SANE/Post-SANE design. This is the best design to use if it would be beneficial to your program or community to understand how far cases went in the criminal justice system before the start of the SANE program as compared to how far they went after the start of the SANE program. It is worthwhile here to pause and consider the design in a bit more detail.

The Pre-SANE/Post-SANE design **compares**:

- the proportion of cases that made it to each stage in the prosecution process **before (pre)** your SANE program started
- the proportion of cases that made it to each stage in the prosecution process **after (post)** your SANE program started

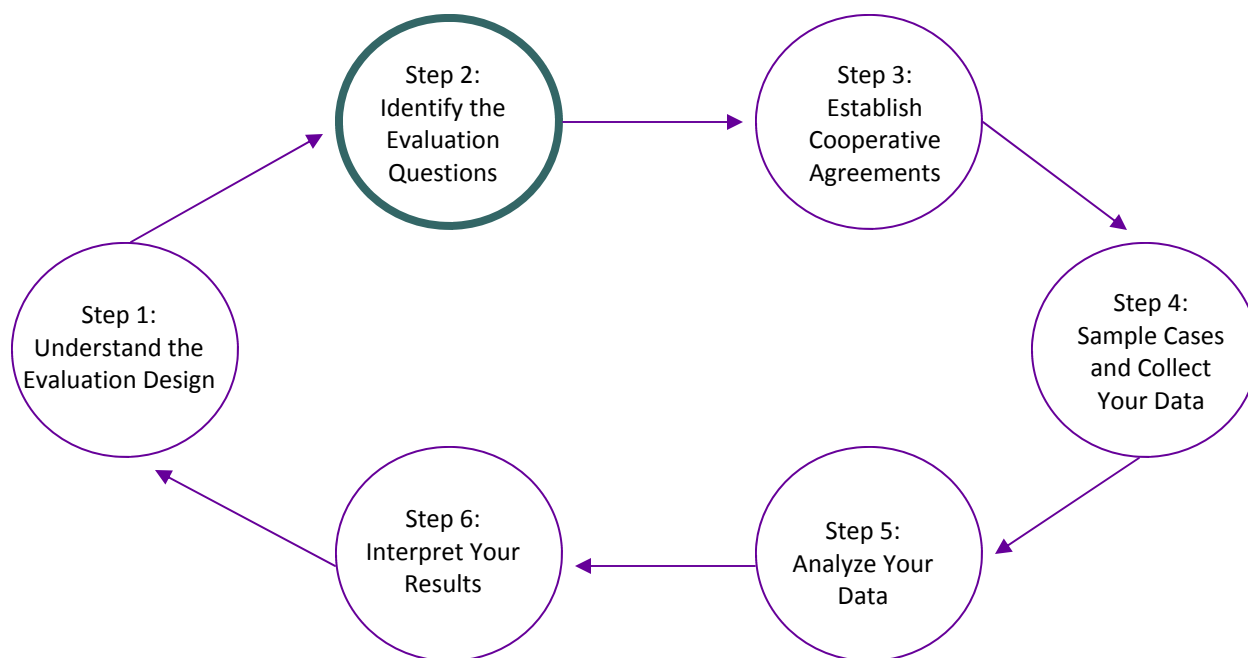
Making a pre-post comparison allows you to **find out if your program has contributed to changes in the proportion of sexual assault cases that are successfully prosecuted**. To be able to say that your program has contributed to the improvement in the progression of cases, you need to be able to say that the percentage of cases that make it to each step in the system is different now that your program is in place.

When using the Pre-SANE/Post-SANE design:

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



Pre-SANE/Post-SANE Step 2: Identify Your Evaluation Questions



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

Table 6 on the next page provides a summary of the criminal justice system process and the evaluation questions this Toolkit will help you answer. You will need to examine each of these stages in order to evaluate if and how your program has affected the progression of sexual assault cases through the system. It may seem difficult or overwhelming to evaluate each of these stages, but we have developed a streamlined process to make it much easier.

Table 6: Stages of the Criminal Justice System and Corresponding Evaluation Questions

Stage	What This Involves	Evaluation Questions
1 Referral and Charging (aka authorizing or warranting)	<p>Law enforcement decides whether or not to refer a reported sexual assault to the prosecutor and the prosecutor decides whether or not to bring formal criminal charges against the suspect, based on the evidence of the case.</p> <p>In some communities, this is referred to as authorizing or warranting a case.</p>	<p>How many cases were referred by law enforcement to the prosecutor and subsequently charged by the prosecutor's office?</p> <p>How many were <u>not</u> referred and charged?</p> <p>Has there been a significant change in the percentage of cases charged since our SANE program started?</p>
2 Dismissal	<p>The prosecutor may decide to drop the charges for various reasons, including the victim requesting to no longer participate in prosecution.</p> <p>After charging, the judge may determine that probable cause (a reasonable belief that the defendant has committed a crime) does not exist and drop the charges.</p>	<p>How many cases were dropped after charging?</p> <p>How many continued on in the legal process?</p> <p>Has there been a significant change in the percentage of charges dropped since our SANE program started?</p>
3 Plea Bargaining	<p>A plea bargain is a negotiated agreement between the defense and the prosecution. Typically the defendant agrees to plea guilty to a specified charge(s) in exchange for a lower sentence.</p>	<p>How many cases ended with a plea bargain?</p> <p>How many went to trial?</p> <p>Has there been a significant change in the percentage of cases that pled out since our SANE program started?</p>
4 Trial	<p>During the trial, the prosecution and defense provide evidence to support their case. A judge or jury considers the evidence and reaches a decision of guilty (termed conviction) or not guilty (termed acquittal). Sometimes jurors cannot reach a decision (termed hung jury) and the case is resolved through a plea bargain, dismissal, or second trial.</p>	<p>How many cases were acquitted?</p> <p>How many were convicted?</p> <p>Has there been a significant change in the percentage of acquittals or convictions since our SANE program started?</p>

By using a straightforward statistical analysis, you will test whether the proportion of cases that make it to each stage is different before and after the implementation of your program. **Because you are comparing case progression before your program started and after your program was up and running, you can be more certain that if you find a change, your program contributed to the change in some way.** However, you cannot say that your program by itself caused the change because there may be other things in your community (e.g., a change in the elected prosecutor) that also changed at the same time.

As you move forward, keep in mind the general **purpose** of the evaluation, which is to understand **how far cases are progressing through the criminal justice system.**

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

The remainder of this section of the Toolkit will show you how to answer each of the evaluation questions listed on the previous page.




Example: Thinking About Convictions

A SANE program wants to know if their work may have contributed to an increase in sexual assault convictions in their community. They are aware that there may be other reasons for an increase, such as the possibility that juries are better educated about sexual violence and, therefore, more likely to convict.

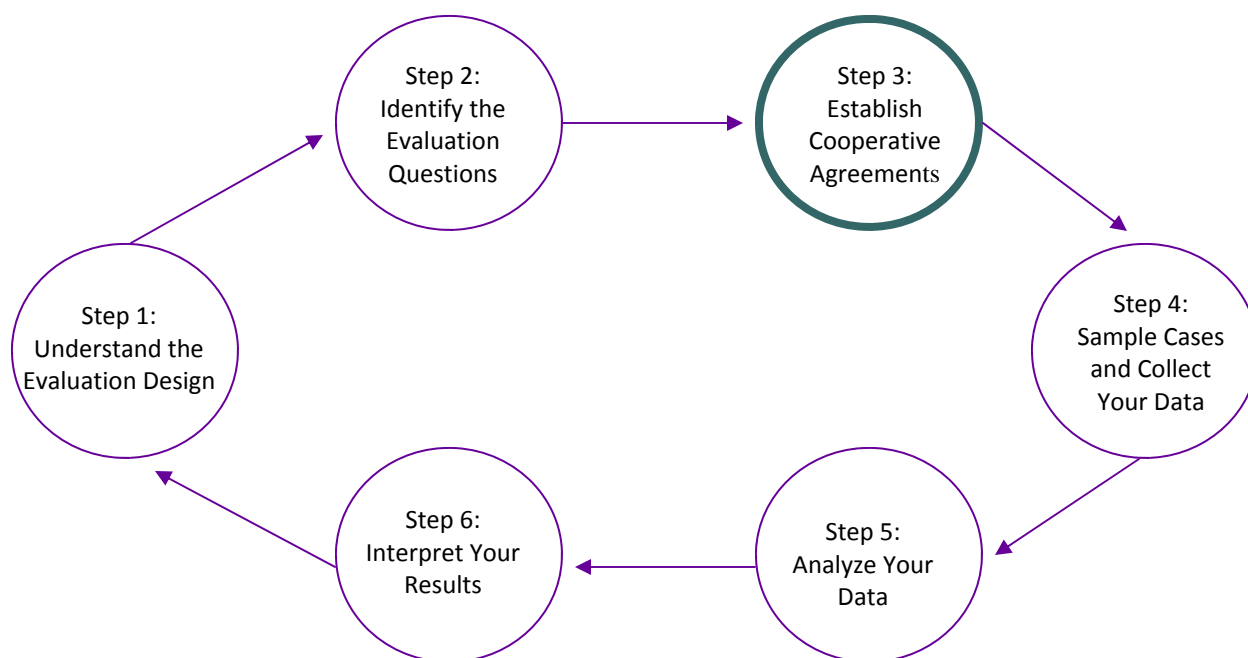
The SANE program compares the number of convictions during the first three years of their operation to the number of convictions during the three years before the SANE program started operating. They discover there was a significant increase in convictions after the program started.

Because they compared convictions from two time periods where the biggest known change in the community was the SANE program, they can say with certainty that their program contributed to the increase in convictions.





Pre-SANE/Post-SANE Step 3: Establish Cooperative Agreements



The next step is to work with the hospital and the prosecutor's office to reach a mutually agreeable approach for accessing the information you need from their records. This step involves two tasks:

- **Task 1:** Reach an agreement with the hospital, if necessary
- **Task 2:** Reach an agreement with the prosecutor's office

The following descriptions provide some tips and guidelines for approaching hospital personnel, and prosecutors to get permission to access case records.

Task 1: Reach an Agreement with the Hospital

You will need to come to an agreement with the hospital(s) about getting the information you need from their records. The majority of SANE programs will work with a single hospital. However, some SANE programs may decide to work with more than one hospital.

Selecting the Hospital(s)

- **Why work with more than one hospital?**

For this evaluation design, you will be comparing how far cases progress in the criminal justice system before and after the implementation of your SANE program. To be able to say that a change in case progression from before to after the implementation of your SANE program was

indeed a result of your SANE program, these two groups need to be **as similar to each other as possible**. The only big difference between the two groups should be that one group received care from non-SANE medical professionals while the other group received care from your SANE program.

Prior to the start of your SANE program, patients in your county likely presented to a hospital emergency department for treatment following a sexual assault. Some counties have a **single major hospital** that would have seen the majority of patients. If a SANE program is implemented in this community, patients who would have gone to this single hospital begin to go to the SANE program for treatment following a sexual assault. As a result, **the patients presenting to the SANE program are the same as the patients who previously presented to the hospital**.

Other counties may have **several different hospitals** that provided treatment following a sexual assault. Patients may have selected one of several hospitals based on a number of different factors (e.g., distance to their home). Because of this, patients who presented at one hospital may be different than patients who presented at another hospital (e.g., live in different areas, different access to resources, different incomes, etc.). As a result, **the patients presenting to the SANE program** are not the same as the patients who previously presented to a single hospital. Rather, they **are a combination of the patient populations from across all hospitals**.

If the majority of a county's patients were seen across multiple hospitals prior to the start of the SANE program, the county will want to work with each of these hospitals to select and collect pre-SANE records.

- **Does your program need to work with more than one hospital?**

If, prior to the start of your SANE program, the majority of your patients presented to more than one hospital, you will want to partner with each of these hospitals to select and collect patient records from before your program started. If the majority of your patients would have presented to a single hospital, you only need to partner with this hospital.




Example: SANE Programs Collecting Data Across Hospitals

Hospital A and Hospital B do not have SANE programs. Following a sexual assault, most victims report to their nearest hospital. To better respond to patient needs, Hospital A develops a SANE program.

Now, patients who would regularly go to Hospital B for medical services instead go to Hospital A to receive treatment from the SANE program. This means that the patients seen at Hospital A BEFORE the SANE program started likely would have gone to Hospital A anyway (because it is closer to them) whereas patients seen at Hospital A AFTER the start of the SANE program may have regularly gone to Hospital A OR Hospital B.

To be able to compare cases seen before the SANE program started to cases seen after the SANE program started, the groups need to be as similar as possible. This means that the SANE program will need to select and collect records from both Hospital A and Hospital B for the years before the SANE program started.






Example: SANE Programs Collecting Data Across Multiple Counties

Residents of County A usually go to Hospital A for care while residents of County B usually go to Hospital B for care. However, since the start of a SANE program in County A, residents from County A and residents from County B now go to County A for care following a sexual assault.

This Toolkit is written in a way that it can only be completed with a single county. If this SANE program would like to include cases from both counties, they will need to complete two separate evaluations. They will follow the exact same process, but will need to have separate data collection sheets and analysis files.



Explaining the Project

After selecting the hospital(s) that you will partner with, you must explain the evaluation project to them. To do this, we recommend the following process:

- **Introduce and explain the evaluation**
 - Communicate that your goal is to evaluate the SANE program, not the hospital.
 - Help them understand that evaluation efforts can help SANEs to improve their programs and possibly access more funding.
 - See Appendix B for a handout that you can provide to the hospital that outlines the project.
- **Give examples of other evaluation projects your program has been involved in**
 - Discuss how these projects have

- been helpful to your program and the population you serve.
- If you have not been involved in other evaluation projects, discuss how this is a great project to start with because there is an accompanying step-by-step Toolkit.
- **Determine if you can get the information that you need from the hospital's case files from before your program started**
 - Discuss specifically which files you need to access, which will be the files that meet your sampling criteria (see pages 50-58 for a detailed explanation of the sampling criteria).
 - Discuss the information that you will need from each file:
 - The patient's first and last name
 - Date of the exam or the assault
 - Police complaint number, if known
- **Discuss how information will be retrieved from the files:**
 - Who will go through patient files and select the cases that meet your criteria? We recommend that someone from your program selects the files that you need because they will be more familiar with your sampling criteria. However, to protect the privacy of patients who don't meet your criteria, it may be preferable to the hospital that they select the appropriate files for you.
 - How will you get the information that you need from each file? We recommend that you make copies of the pages in the hospital file that you need. This will prevent potential errors in writing down the information by hand. However, the hospital may ask you to only write down the minimal information that you need or the hospital may choose to write

down the requested information from the files for you. That way, you don't see any more of the patients' information than is necessary.

- **Be prepared to discuss how you will protect patients' confidentiality and privacy**

- Once you have the hospital's patients' names, who within your program and within the prosecutor's office will have access to them? This will depend upon your arrangement with the prosecutor's office, but generally it is preferable to allow as few people as possible to have access to patients' names.
- How will you store and destroy papers containing patients' names? We recommend storing patients' names in a locked file cabinet and limiting access to the key. When the evaluation is over, we recommend shredding any identifying information as long as it is no longer needed.

- **Be prepared to discuss compensation for the hospital**

- Will you reimburse the hospital for any expenses related to copying the files for your evaluation?
- Will you reimburse the hospital for staff time if they are responsible for pulling files and writing down case information?

Getting Board/Committee Approval

After explaining the project to your partnering hospital(s), you will need to go through the appropriate channels to get access to the hospital's information. Many hospital's have a board or committee in place to review and approve any evaluation/research projects and to make sure that ethical standards are met.

Frequently, this group is called an **Institutional Review Board (IRB)**. These boards act to protect you and, most importantly, the participants/ subjects of your evaluation/research.

Not all evaluation projects to be reviewed by an IRB.

Generally, if you plan to write about your project in a journal or book, or present your findings to others at a conference, your project will likely be considered research and will require IRB approval. If you plan to use your data and findings internally, perhaps to improve your program, and it will not be used by anyone outside of your program, your project will likely not be considered research and will not require IRB approval.

You should first find out if the hospital you are collaborating with has an IRB. If they do, an IRB official can help you determine if you need to apply for approval. The IRB will then provide you with instructions and guidelines and any training to attain approval.

If the hospital you are collaborating with does not have an IRB and you do not plan to share the data with anyone outside of your program (e.g., at a conference, in a journal, in a book, etc.), you do not need approval. If the hospital you are collaborating with does not have an IRB and you DO plan to share the data outside of your program, you need to find an IRB to approve your research. The Federal Office for Human Research Protection also has resources available at www.hhs.gov/ohrp/education/#materials. Use the information in Table 7 on the next page to help determine if you need IRB approval.

Finalizing your Agreement

It is essential that you finalize your agreement with the hospital in writing. This will look a bit different depending on if you had to get IRB approval from the hospital with which you are working.

Table 7: Determining IRB Review Requirements

	YES—YOU PLAN TO SHARE THE DATA	NO—YOU DO NOT PLAN TO SHARE THE DATA
YES—THE HOSPITAL HAS AN IRB	You will need to get Hospital IRB Approval for the evaluation	You will need to check in with Hospital IRB to confirm that you are IRB approval is not required
NO—THE HOSPITAL DOES NOT HAVE AN IRB	You will need to get external IRB approval for the evaluation	You do not need to check in with or get approval from an IRB

- **IRB approval was required.**

If the hospital has an IRB and you need approval to move forward (see Table 7), you will receive a letter from the IRB approving the evaluation/research. This will act as the finalized agreement with the hospital. Be sure to note the expiration date on the letter (usually one year after approval is granted) as you may need to apply for renewal if the evaluation continues past the expiration date.

- **IRB approval was not required.**

If the hospital does not have an IRB or you do not need approval from the IRB, complete a memorandum of understanding (MOU) with the hospital that details what information you will be collecting, who will be collecting the information, how you will be collecting the information, and how long the information will be stored. See Appendix C for a hospital MOU template.

If negotiations with the hospital fail and you are not able to obtain access to records from before your SANE program started.

Go to Page 33 to re-evaluate the best evaluation design for your program.

Task 2: Reach an Agreement with the Prosecutor's Office

You will also need to come to an agreement with the prosecutor's office to access the information from their records. The prosecutor's office should have files or a computer database that stores information about all of the criminal cases that were prosecuted in the county. Most likely, the database or files will contain information about case progression through the legal system. This is the information you need to answer your evaluation questions.

Explaining the Project

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

- **If you don't have an established relationship, introduce yourself and your program**
- **Introduce and explain the evaluation**
 - Communicate that your goal is to evaluate the SANE program, not the prosecutor's performance.
 - Help the prosecutor understand that evaluation efforts can help SANEs to improve their programs and possibly access more funding.
 - See Appendix D for a handout that you can provide to the prosecutor's office that outlines the project.
- **Give examples of other evaluation projects your program has been involved in**
 - Discuss how these projects have been helpful to your program and the population you serve.
 - If you have not been involved in other evaluation projects, discuss how this is a great project to start with because there is an accompanying step-by-step Toolkit.
- **Determine if you can get the information that you need from the prosecutor's office**
 - Do their case records have the information you need to answer your evaluation questions (e.g., if cases were charged, went to trial, etc.?)
 - Are their case files or database searchable by victim name? (This is how you will need to search the database based on the information you are able to attain from the medical records.)
 - Will the prosecutor's office grant you access to the case files or database? If not, are they willing to give you the information that you need from their files/database?
 - Be prepared to explain how you will decide which cases you will need to look up at the prosecutor's office based on your sampling criteria. (See pages 50-58 for a detailed explanation of the sampling criteria.)
- **Be prepared to discuss confidentiality and privacy of the information you wish to obtain**
 - The prosecutor's database may contain information regarding the defendant that is confidential. If you or someone from your program is looking up case information, you will need to assure the prosecutor that you are only interested in what happens to cases and will not document any of the other information. You may need to offer to sign a confidentiality agreement.
 - If the prosecutor's office looks up the case information, you may want to ask them to agree to keep the names of your patients confidential by only allowing the person

who is searching the database access to their names. You could ask them to sign a confidentiality agreement.

Finalizing your Agreement

It is essential that you finalize your agreement with the prosecutor's office in writing. To do this, you will want to complete a MOU with the prosecutor's office that details what information you will be collecting, who will be collecting the information, how you will be collecting the information, and how long the information will be stored. See Appendix E for a prosecutor's office MOU template.

It is common to encounter different **obstacles** as you attempt to finalize cooperative agreements with the hospital(s) or the prosecutor's office.

Table 8 presents common obstacles you may encounter during this process along with proposed solutions.

If negotiations with the prosecutor's office fail and you are not able to obtain access to criminal justice outcomes.



STOP.
Your program is not able to carry out any of the evaluation designs at this time.

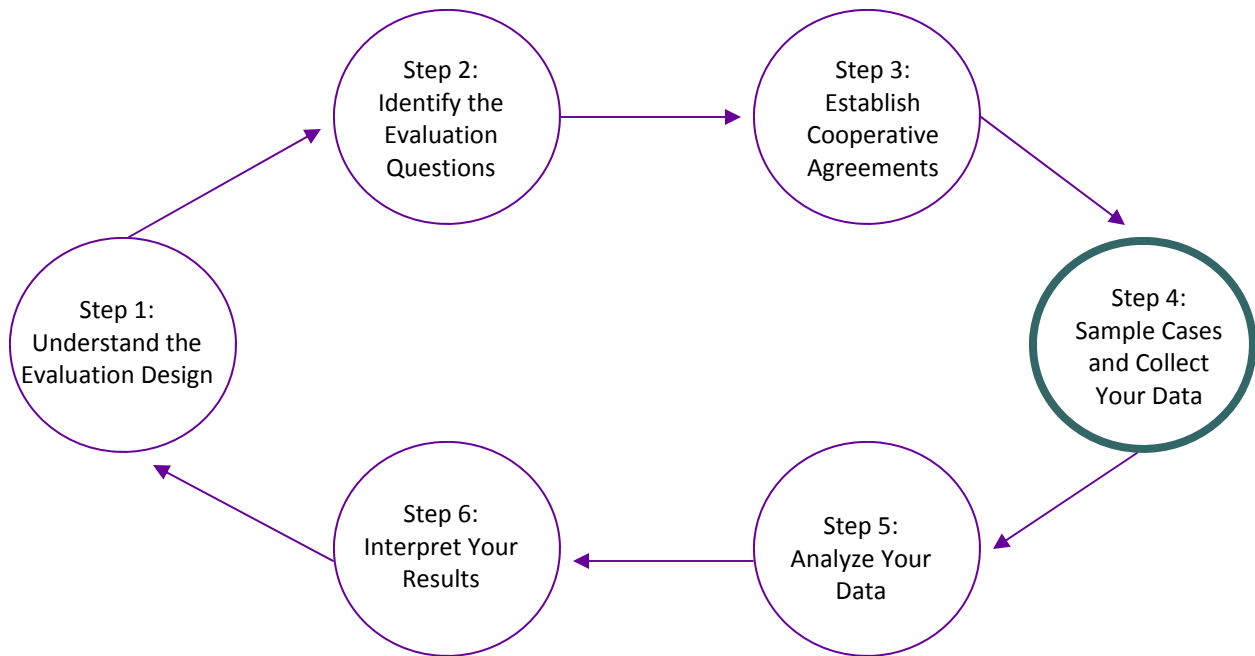
REMEMBER: Your IRB application and/or MOU can get stuck at places in the process where you might not expect. Be patient and willing to shift your timeline accordingly.

Table 8: Common Roadblocks and Solutions in Establishing Cooperative Agreements

Common Roadblock	Proposed Solution
You are a hospital-based SANE program and you learn that your HOSPITAL IS UNWILLING TO GRANT YOUR PROGRAM ACCESS TO MEDICAL RECORDS.	Your program is NOT READY FOR EVALUATION. You should focus your efforts on building your current relationship with the hospital.
You learn that you CANNOT GET ACCESS TO HOSPITAL RECORDS from <u>before</u> the start of your SANE program.	You can still do a POST-ONLY EVALUATION or an ONGOING EVALUATION . Go to page 34 to re-evaluate the best fit for your program and community.
You learn that IT IS IMPOSSIBLE TO SEARCH FOR ALL PATIENTS WHO WERE TREATED FOR SEXUAL ASSAULT.	Your program is NOT READY FOR THIS TYPE OF EVALUATION as you cannot identify all sexual assault cases without patient information. However, the ONGOING EVALUATION may be a good fit for your program as you will record cases as they come in. Go to page 140 to learn about it.
You learn that your HOSPITAL WANTS TO REVIEW YOUR MOU WITH THE PROSECUTOR before it is sent to them.	You can LET THEM REVIEW IT. It is important to note that this is just one example of where your MOUs might get stuck in the process. Understand that this will happen and that it could affect your timeline for the project.
You learn that the PROSECUTOR IS UNWILLING TO SHARE PROSECUTION OUTCOMES with you or your program.	Your program is NOT READY FOR EVALUATION. You should focus your efforts on building your current relationship with the prosecutor.
You learn that the prosecutor is willing to share prosecution outcomes with you, but that THE PROSECUTOR WILL NOT GRANT YOU FULL ACCESS TO THEIR DATABASE.	You can ask if a representative of the prosecutor's office would be willing to pull records with you and CHANGE THE MOU to reflect this.
You learn that it is NOT POSSIBLE TO SEARCH THE PROSECUTOR DATABASE BY VICTIM NAME. It can only be searched by suspect name.	You can WORK WITH LAW ENFORCEMENT TO GET THE SUSPECT NAMES FOR ALL OF YOUR CASES. See Appendices F-H.



Pre-SANE/Post-SANE Step 4: Sample Cases and Collect Your Data



You are almost ready to collect your data. Collecting data requires that you know:

- **which cases** you are going to look at
- how you are going to **record** the data

With those decisions made, data collection is a relatively simple process that takes a bit of time to finish. To complete this step you need to complete four tasks:

- **Task 1:** Determine which cases will be included in your evaluation
- **Task 2:** Identify cases that meet your requirements
- **Task 3:** Draw a sample of the cases that meet your requirements
- **Task 4:** Collect prosecution outcomes for the sampled cases

Task 1: Determine Which Cases Will Be Included in Your Evaluation

To answer your evaluation questions, you will need to look up individual sexual assault cases and find out how far these cases made it in the criminal justice process.

- Because you are trying to figure out whether your program has had an impact on case progression through the criminal justice system in your community, you want to compare cases that were examined by your SANE program to cases that were examined by the hospital(s) before the implementation of your program. From here on, these will be referred to as **SANE** and **pre-SANE** patients or cases, respectively.
- Because this Toolkit looks at impact on the criminal justice system, only the files of patients who reported the assault to police will be used.

Table 9 below provides the set of criteria you will be using to determine which cases treated by your program (post-SANE) or by the hospital (pre-SANE) should not be included in your evaluation. Each criterion is accompanied by an explanation for why those cases should not be included in your evaluation.

Table 9: Pre-SANE/Post-SANE Case Inclusion Criteria

Do Not Include	Explanation/Rationale
Do <u>NOT</u> include cases from the first year your program was operating	You need to give your program some “up & running time” and give it a chance to affect how cases progress through the system. For example, if your program launched in January 2000, it is unlikely that you would see immediate changes in how far cases progress. It would likely take one year to see any changes. So, if your program was implemented in January 2000, select cases that were treated in your program starting in January 2001. The implementation date of your program should be when your program began to self-identify as a functioning SANE program (this may or may not coincide with the start of grant funding, the start of providing 24 hour coverage, or the start of having SANE nurses on call).
Do <u>NOT</u> include cases from the year prior to the start of the evaluation	<p>It takes time for cases to move through the criminal justice system. You do not want to track cases too soon or they will not have had time to reach their final outcome. So if you are starting the evaluation in January 2010, only cases from January 2009 <u>or earlier</u> should be included.</p> <p>You may want to ask the prosecutor’s office about the typical length of the process in your area. If it takes more than a year for cases to complete prosecution, adjust your criterion accordingly.</p>

Do <u>NOT</u> include cases where the patients have not reported the assault to the police	Because you want to know if your program affected how cases progress through the system, patients who did not report the assault to the police should NOT be included in your evaluation sample—they were never a part of the criminal justice system in the first place because the patient chose not to report to the police.
Do <u>NOT</u> include cases where the patient was younger than 18 years	Prior research suggests that criminal justice system response varies depending on the age of the victim. Therefore it is best if the evaluation sample does not include multiple age groups.
Do <u>NOT</u> include cases where the patient did not consent to a medical exam with forensic evidence collection	Patients who declined a forensic exam may be less likely to report to the police and/or participate in the criminal justice process. Additionally, if prosecution does proceed, the criminal justice outcomes may be different for patients who had a complete forensic exam and those who did not. If you include patients who did not have an exam in your evaluation sample, you could underestimate the impact of your program.
Do <u>NOT</u> include cases that had anonymous or de-identified kits	Any patient whose kit did not include their <u>full name</u> and <u>date of birth</u> is considered an anonymous or de-identified kit. If a patient's kit is anonymous, it is crucial that their anonymity is maintained. Including cases with anonymous or de-identified kits in your evaluation will compromise that patient's privacy/confidentiality. Hence, it is crucial that you do not include those cases.
Do <u>NOT</u> include cases where the patient did not give permission for the kit to be released to law enforcement	In order to protect patients' privacy you do not want to include any cases where permission was not given to release the kit to law enforcement. You do not want to accidentally identify a patient by name to law enforcement who never gave permission for their identified kit to be released.
Do <u>NOT</u> include post-mortem cases.	Homicide cases (even if they involve sexual assault) are likely to be prosecuted differently than sexual assault cases. Therefore, including post-mortem cases could make it harder to find differences in how far sexual assault cases progress in the system. Or, including post-mortem cases could cause you to find changes or differences in case progression that are due to changes in prosecution of homicide, not sexual assault.

Choosing the time period for your cases

For the post-SANE cases, you should collect information on cases that have received services from your SANE program since it has been in operation EXCEPT FOR THE FIRST YEAR OF OPERATION and the YEAR PRIOR TO THE EVALUATION. These years should be EXCLUDED to allow time for the SANE program to get started and for cases to move through the criminal justice system, respectively. The length of the time period that you choose for your pre-SANE sample should be the same as the length of the time period that you just established for the SANE sample.


For example, if your program started in January 2006 and you are conducting the evaluation in January 2012, you would be collecting information on SANE cases from January 2007 (leaving out the first year for “up and running time”) through December 2010 (leaving out the most recent year for cases to move through the criminal justice system). This would result in 4 years of SANE data. Your pre-SANE sample should also include 4 years of hospital files. This means that hospital cases should be selected from January 2002-December 2006, ending at the implementation of your program.



Example: Thinking About SANE Program Start Dates

A SANE program received start-up funds in January 2007 and started seeing patients in April of 2007. Because they had few SANEs on staff able to take call, about one in every three patients coming in was actually seen by a SANE nurse. Beginning in October of 2007, they had more reliable coverage and most all presenting patients were seen by a SANE.

While the official start date of their program, based on grant funding, was January 2007, the SANEs in the program did not self-identify as a full-functioning SANE program until they were seeing the majority of their patients beginning in October 2007. Based on this, the program will select October 2007 as their start date and will begin collecting post-SANE data in October 2008 (leaving out the first year as “up and running time”).





Our Selection Criteria:

Program Start Date= ____/____/____
Month Year

Post-SANE Cases= ____/____ to ____/____ for ____ Years
Month Year Month Year

Pre-SANE Cases= ____/____ to ____/____ for ____ Years
Month Year Month Year

Your County= _____

- ✓ Patient reported assault to police
- ✓ Patient was 18 years or older at time of exam
- ✓ Patient consented to medical exam with forensic evidence collection
- ✓ Kit included patient's full name and date of birth
- ✓ Patient gave permission for the kit to be released to law enforcement
- ✓ Case was not post-mortem

Task 2: Identify Cases That Meet Your Requirements

Now that you have a list of requirements, you need to identify cases that meet them. The steps to do this are listed below. Additionally, Table 10 presents common roadblocks you might encounter during this process and potential solutions.

- **Use the table** in Appendix I for case selection. On the table, each requirement you identified (see the list you wrote on the previous page) is a column heading and each case can be a row (below is a sample portion of the table).

Year Criteria: ____/____/____ to ____/____/____ County: _____								
Patient Name/ Number	Meets Year Criteria?	Police Report Made?	Is 18 Years or Older?	Medical Exam w/ Forensic Evidence ?	Kit Has Full Name and DOB?	Permission to Release Kit?	<u>NOT</u> Post-Mortem?	Is the case eligible?
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

- **Pull post-SANE files and pre-SANE files.** *Note:* Make sure that you keep your program's files (SANE files) and the pre-SANE files separate. It is very important to be able to distinguish between which cases came from your program (post-SANE) and which came from the hospital prior to the existence of your program (pre-SANE).
- **Read the files and record whether the case meets each requirement.** For each case (row) record "Yes" or "No" to indicate whether that case meets each requirement (column).
- After the case information is recorded, look at what you wrote down for that case and **decide if the case is eligible** to be included in the evaluation.
 - If the case meets all requirements (i.e. you marked "Yes" for all the requirements), then the case is eligible.
 - If the case fails to meet any requirement (you marked "No" for one or more requirements), then it is not eligible.
 - Record your decision in the last column of your table.
- Make a **list** of the patient name, DOB, assault date, exam date (if different than assault date), and complaint number (if available) for all **eligible cases for each year**, and **number** the list.

VERY IMPORTANT: Keep your pre-SANE and post-SANE files separate!

Example: Selecting Cases

A SANE program has decided that it wants to evaluate cases from the following time periods:

- Post-SANE cases from 2004 – 2008
- Pre-SANE cases from 1998 – 2002

As they go through their files they keep two separate sheets where they record whether each case meets the criteria. One sheet is for post-SANE cases. The other sheet is for pre-SANE cases. Brief illustrations of their tables are shown below.

POST-SANE CASES

Year Criteria: 1/1/2004 to 12/31/2008 County: West								
Patient Name/ Number	Meets Year Criteria?	Police Report Made?	Is 18 Years or Older?	Medical Exam w/ Forensic Evidence ?	Kit Has Full Name and DOB?	Permission to Release Kit?	<u>NOT</u> Post- Mortem?	Is the case eligible?
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
1001	Y	Y	N	Y	Y	N	Y	No
1002	Y	Y	Y	Y	Y	Y	Y	Yes
1002	Y	Y	Y	Y	Y	Y	Y	Yes
1003	Y	Y	Y	Y	Y	N	Y	No

PRE-SANE CASES:

Year Criteria: 1/1/1998 to 12/31/2002 County: West								
Patient Name/ Number	Meets Year Criteria?	Police Report Made?	Is 18 Years or Older?	Medical Exam w/ Forensic Evidence ?	Kit Has Full Name and DOB?	Permission to Release Kit?	<u>NOT</u> Post- Mortem?	Is the case eligible?
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
9001	Y	Y	Y	Y	Y	Y	Y	Yes
9002	Y	N	Y	N	N	N	Y	No
9002	Y	Y	Y	Y	Y	Y	Y	Yes
9003	Y	Y	N	Y	Y	Y	Y	No

Table 10: Common Roadblocks and Solutions in Identifying Eligible Cases

Common Roadblock	Proposed Solution
You learn that it is NOT POSSIBLE TO ACCESS RECORDS FROM BEFORE THE START OF YOUR SANE PROGRAM.	You can still do a POST-ONLY EVALUATION or an ONGOING EVALUATION . Go to page 34 to re-evaluate the best fit for your program and community.
You learn that IT IS IMPOSSIBLE TO SEARCH FOR ALL PATIENTS WHO WERE TREATED FOR SEXUAL ASSAULT.	Your program is NOT READY FOR THIS TYPE OF EVALUATION as you cannot identify all sexual assault cases without patient information. However, the ONGOING EVALUATION may be a good fit for your program as you will record cases as they come in. Go to page 140 to learn about it.
You are reading through a medical record and CANNOT TELL IF THE PATIENT CONSENTED TO A MEDICAL FORENSIC EXAM WITH FORENSIC EVIDENCE COLLECTION.	You should DECIDE IF YOU WILL INCLUDE OR EXCLUDE CASES WHERE IT IS UNCLEAR IF AN INCLUSION CRITERION IS MET AND DO THIS FOR EVERY CASE THAT IS UNCLEAR. You need to consistently handle these cases in the same way. Make the decision once and stick to it. Write down the decisions you make for these cases and keep it nearby as a cheat sheet as you continue to review cases.
You encounter a POST-SANE CASE THAT WAS NOT COMPLETED BY A SANE.	You should INCLUDE THE CASE IN YOUR LIST OF ELIGIBLE CASES. There are always going to be a set of cases that are not seen by a SANE after the start of the SANE program. It is improbable, if not impossible, to systematically exclude all of these cases from the list of eligible cases so a consistent decision rule needs to be followed—leave them in.

Task 3: Draw a Random Sample of the Cases That Meet Your Requirements

If you have the resources (e.g., time and staff to look up all of the cases that met your requirements in the prosecutor's office's records), then you should include **all cases** that were eligible. If you don't have enough resources, then you will need to reduce the number of cases you use in the evaluation. This process is known as **sampling**.

Sampling helps you to limit the number of cases you include in your evaluation so that the process is feasible for your program, the hospital, and the prosecutor's office. In the end, the cases that are included in an evaluation, collectively, are known as a **sample**.

- If when you look at the list of cases that meet your requirements, **you think you have the time and resources to look up all of the pre-SANE and post-SANE cases** in the prosecutor's records and enter this information into an Excel spreadsheet, **then skip this task and go on to page 59**. Remember that if you decide to use ALL cases you need to make sure you get ALL cases from that time period that meet the inclusion criteria (i.e. you cannot do the majority and then decide you will skip the last handful).
- If you have **50 or fewer eligible cases per year** (for either the post-SANE or the pre-SANE group), **use all of them**. Skip the section below and go onto page 59.
- If when you look at the list of pre-SANE and post-SANE cases that meet your requirements, you have more than 50 eligible cases per year, and **you think it is not feasible to track them all, then use the information below to draw a random sample**.

Remember: Sampling is all or none. If you have some years with more than 50 cases and other years with less than 50 cases, use all of them. Skip the section below and go onto page 59.

Instructions for Sampling

NOTE: You have to go through the steps below for each pre-SANE year and each SANE year. You will be selecting **30 cases per year**.

Step 1. Using the table below, determine which case to start counting off from based on how many eligible cases you have.

You have ____ eligible cases	To select your cases start with the ____ case on your list*
50-99 cases	21 st
100-149 cases	163 rd
150-199 cases	42 nd
200-249 cases	178 th
250 cases or more	20 th

* The starting numbers were randomly selected

Step 2. Select every third case that is available and circle the selected case. [If you reach the end of your list of your eligible cases before getting 30 cases, circle back to the beginning of the list and continue selecting every third case, making sure to skip the already selected cases].

Step 3. Make a list of all the circled cases. This is your list of cases that will be used for the evaluation and for whom you will look up information at the prosecutor's office.

Example: Randomly Sampling Cases

A SANE program has chosen to look at post-SANE cases from August 2005 – July 2007. They have **120 eligible post-SANE cases** from that time (~60/year). They don't have the resources to look up all 120 cases and so have decided to randomly sample cases. They **need to track outcomes for 30 cases per year**. So they:

- Take their list of eligible post-SANE cases and number the cases from 1 – 60 per year.
- Then they start with case #21 on the list and they circle every third case.
- This gives them a sample that includes the cases that are number:

<u>Cases Selected from Eligible List</u>	<u># of cases sampled</u>
21	1
24	2
27	3
...	...
54	12
57	13
60	14

[Now that they have reached the end of the eligible list but still do not have 30 cases, they circle back to the beginning of the eligible list and continue counting of every third case making sure to skip the already selected ones e.g. #22 instead of #21]

3	15
6	16
9	17
12	18
15	19
18	20
22	21
25	22

[They continue counting off every third case until they have 30 cases selected]

Then they create a list of the selected cases.

They then **repeat** these steps for each post-SANE and pre-SANE year.

**VERY IMPORTANT: Keep your pre-SANE
and post-SANE lists of cases separate!
Repeat the steps for each year.**

Task 4: Collect Prosecution Outcomes for the Sampled Cases

You are now ready to collect the prosecution outcomes for the cases that were sampled. The prosecution outcome is the end result of the case. Depending upon your arrangement with the prosecutor, they may grant you access to their case records or they may prefer to look up the information for you.

When you are collecting the case outcomes there are a few things you need to do to make sure you are collecting the most accurate information.

- Make sure you have the correct case file
- Accurately determine the final case outcome
- Accurately identify cases with unknown outcomes

How to make sure you have the correct case file

Before recording the outcome you need to make sure that the case you pulled from your patient files actually goes with the case you are looking at in the criminal justice files. When you find a potential match in the prosecutor's database, double-check that:

- The victim's first and last name matches
- The victim's date of birth matches
- The date of the assault matches the date of the assault from your records
- The police complaint/case number matches (if available)
- The crime the offender was charged with is appropriate (e.g. a sexual assault crime or some other type of assault that is feasible given what you know about the crime)

This can prevent accidental mis-matching. For example, a common issue is an individual may be in the prosecutor's database multiple times, once for the assault that led to the SANE visit,

and another time for a role they played (whether victim, witness, or offender) in a different crime. This is why it's important to match not only the name, but also the date and the crime.

How to accurately determine the final case outcome

Remembering the steps of the criminal justice system (see page 39), there are six possible case outcomes:

- **Not referred/not charged**
- **Charged but later dropped**
- **Pled or Plea Bargain reached**
- **Trial with Acquittal**
- **Trial with Conviction**
- **Unknown**

While case outcomes are simple, reading the legal records is not always easy. Here are some tips for determining case outcomes:

- **Review the order of the stages of the criminal justice system process** to re-orient yourself to the possible outcomes.
- **Make sure you are recording the final result.** Often cases will reach multiple stages in prosecution. For example, a case that is convicted at trial was also charged. The case outcome is the **final result** the case reaches in the criminal justice system. Therefore, in this instance, "conviction at trial" is the case outcome, not "warranting."
- **Pay attention to what may have happened next.** For example, a case may go through plea bargaining but that is not necessarily its outcome. If a bargain was not reached and the defendant did not plea to a charge, the case would have gone to trial. Either "conviction at trial" or "acquittal at trial" would be the final outcome.

- **Ask for help.** You may need help from someone at the prosecutor's office to read some of the **legal terms** they use to designate case outcomes.

How to Handle Cases You Don't Find in the Prosecutor's Database

It is very likely that you will not find all of the cases on your list in the prosecutor's database. In fact, it is quite possible that the majority of your cases will not appear in the prosecutor's office as most cases are not referred to and charged by the prosecutor. If a case does not appear in the prosecutor's office, you should:

- **Double check your search information.** Check the spelling of the victim name, the date of birth for the victim, the date of the assault, and any other search criteria you are using to ensure you are searching for the correct case file.
- **Explore alternative search options.** Work with the prosecutor's office to determine if there is another search strategy you should be using to locate case files.
- **Record the outcome as "not referred/not charged."** If the case does not appear at the prosecutor's office and you have exhausted all other explanations for its absence (e.g., misspelled name, wrong search strategy), it was not referred or not charged and should be recorded accordingly.

How to Accurately Identify "Unknown" Case Outcomes

We have included "unknown" as a case outcome option in case you find a case in the prosecutor's database but there is not enough information in the records to determine the case outcome. It is important to remember that an "unknown" outcome is different from the situation where you did not find a case in the prosecutor's data-

base – in which case it means the case was not charged and so the case outcome would be "not referred/not charged" and not "unknown."

By having an answer choice for "unknown" outcomes, you will be able to distinguish between cases that were "unknown" versus cases that you might have accidentally skipped during your search and so you can go back and look up the skipped cases.



Example: Recording Final Outcomes

While recording information at the prosecutor's office, a SANE program comes across the following situations:

- Case number 001 was on the list of cases that met all the selection requirements, but did not show up in the prosecutor's records.
 - *Record this case as "Not referred/charged"*
- Case 002 was sent to the prosecutor, but records show no charges were brought.
 - *Record this case as "Not referred/not Charged"*
- Case number 003 was charged, but later the judge closed the case
 - *Record this case as "Charged, but later dropped"*
- Case 004 was acquitted at trial.
 - *Record this case as "Trial/Acquittal"*
- The prosecutor charged case 005. The defendant pled to lesser charges in order to receive a lighter sentence.
 - *Record this case as "Pled/Plea Bargain reached"*





Accurately Identifying Case Outcomes:

Answer the following questions to test your ability to identify case outcomes accurately (the correct answers are at the bottom of the page):

Q1: Case number 001 was on your list of cases that met all the selection requirements, but did not show up in the prosecutor's records.

How would you record the outcome for this case?

Q2: Case number 002 was on your list of cases that met all the selection requirements, and you did find the case in the prosecutor's records. However, from looking through the records you were unable to determine the case outcome because there was very limited information available.

How would you record the outcome for this case?

Q3: Case number 003 was on your list of cases that met all the selection requirements, and you did find the case in the prosecutor's records. The records show no charges were brought.

How would you record the outcome for this case?

Case001 – not referred/not charged
Case002 – unknown
Case003 – not referred/not charged

Recording the Case Outcomes

Now that you know how to accurately determine case outcomes, you can move onto the actual process of collecting the information from the prosecutor's records. Here are the step by step directions on how to actually record the case outcomes:

To make data collection easier for you, we have created a table you can use to record the case outcomes (see Appendix J). This table gives each case its own row. After recording information to identify the case, the case outcome for the case is recorded. To collect your data:

- **Make copies** of the information collection table so you have enough for all of the cases you sampled.
- **Label the pages** as being for **SANE** or **pre-SANE** cases. It continues to be very important to keep these cases separate. If

you mix them up you will not be able to determine if there are differences between the two groups of cases.

- **Before** you go to the prosecutor's office, use the patient files of the cases you sampled to **fill out the first six columns** of the table (patient's last name, patient's first name, patient's date of birth, complaint number if known, date of assault and date of exam if it is different from date of assault).
- **At the prosecutor's office**, use their records to mark an X in the "Case Outcome" column to show what the **final outcome** was for each case.

Table 11 provides common obstacles in collecting final case outcomes and potential solutions.

VERY IMPORTANT: Keep your pre-SANE and post-SANE cases separate!

Every time you use a new page, mark it as being for pre-SANE or post-SANE.

Example: Information Collection Table

After sampling a sufficient number of eligible cases from the SANE and pre-SANE groups, a program went to the prosecutor's office and recorded the case outcomes. The first page of their information collection table for post-SANE cases looked like this:

POST-SANE CASES

Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam*	Case Outcome
Smith	Jane	10 April 1970	8970-2	2/22/05	2/23/05	<input type="checkbox"/> Not charged <input checked="" type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Jones	Sam	28 May 1968	9230-1	3/3/06		<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input checked="" type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Garcia	Maria	23 March 1962	6532-3	4/8/06	4/10/06	<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input checked="" type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown

*if date of exam was different from date of assault

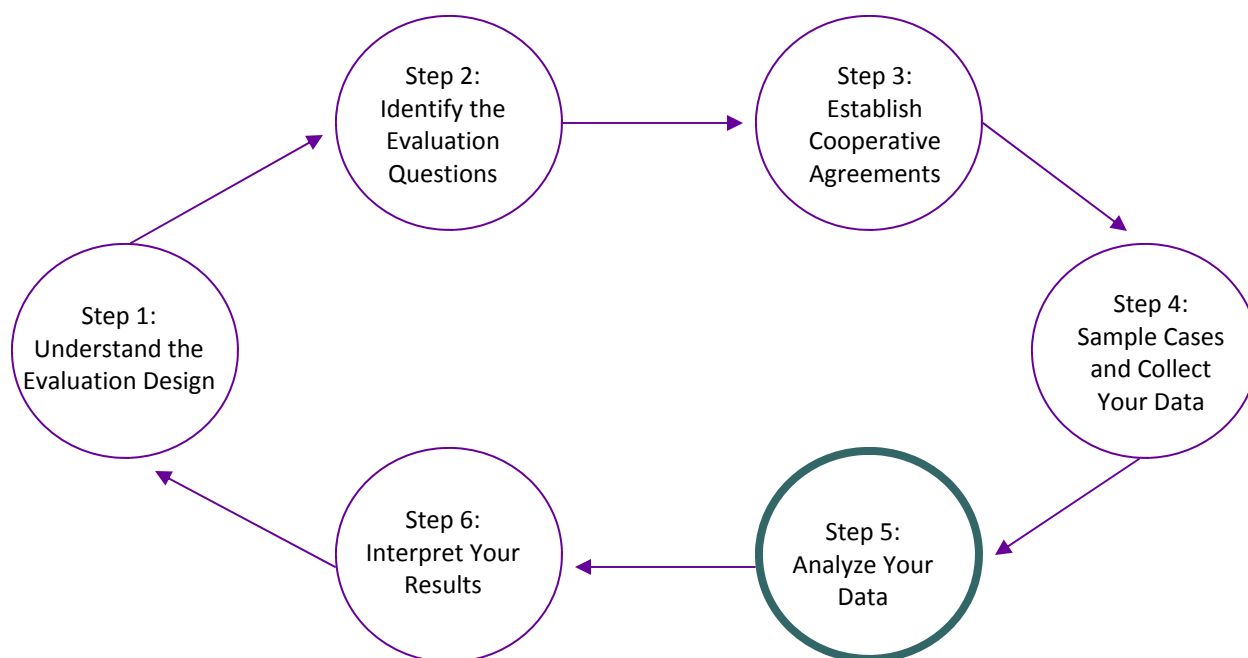
They recorded pre-SANE cases on a separate sheet.

Table 11: Common Roadblocks and Solutions in Identifying and Recording Case Outcomes

Common Roadblock	Proposed Solution
You learn that it is NOT POSSIBLE TO SEARCH THE PROSECUTOR DATABASE BY VICTIM NAME . It can only be searched by suspect name.	You can WORK WITH LAW ENFORCEMENT TO GET THE SUSPECT NAMES FOR ALL OF YOUR CASES . See Appendices F-H.
You encounter a case that is STILL IN PROGRESS .	You should MAKE A SEPARATE LIST OF CASES IN PROGRESS . You don't want to include this case in the evaluation as it does not yet have an outcome. Make a list of cases still in progress. You can then look them up later and include them in the evaluation OR completely remove them from your evaluation.
You encounter a case in which the DEFENDANT DIED BEFORE OR DURING PROSECUTION .	You should EXCLUDE THE CASE FROM THE STUDY as there is not a defendant to prosecute.
You encounter a case in which the PATIENT DIED AFTER THE EXAM, UNRELATED TO THE CRIME OR THE DEFENDANT .	You should INCLUDE THE CASE IN THE STUDY as the defendant can still be prosecuted.
You encounter a case in which the PATIENT WAS LATER MURDERED BY THE DEFENDANT .	You should EXCLUDE THE CASE FROM THE STUDY as homicide is prosecuted differently than sexual assault and this evaluation is focusing on the progression of sexual assault cases in the criminal justice system.
You are finding that the majority of THE CASE OUTCOMES ARE NOT WHAT YOU EXPECTED .	You SHOULD NOT BE DISCOURAGED BY WHAT YOU FIND AT THE PROSECUTOR'S OFFICE . The majority of cases do not make it to trial or end in a sentence. Your primary job is to provide medical care. This is an evaluation of the <u>entire system's</u> response to sexual assault.



Pre-SANE/Post-SANE Step 5: Analyze Your Data



Congratulations! You now have information on the criminal justice outcomes for pre-SANE and post-SANE cases. You are now ready to analyze the data. Analyzing data is often assumed to be a difficult task that requires expertise in statistics. For some kinds of data analysis this is true. However, there are many kinds of analysis that you can easily do.

We have created a **pre-programmed Microsoft Excel file** that will do all of the analysis for you. Using the pre-programmed Microsoft Excel file is very easy and experience with Excel is not necessary. The file is designed so that all you have to

do is enter the information you collected and click a button. The computer will then automatically run all the calculations and create graphs to illustrate your results. Additionally, if you use the pre-programmed Excel file, you will be able to keep adding more cases later and re-calculate your results.

The Pre-programmed Microsoft Excel File:

To use the pre-programmed Excel file for analysis there are three tasks you will complete:

- **Task 1:** Prepare to analyze your information
- **Task 2:** Enter the information you collected
- **Task 3:** Run the program to get your results

Task 1: Prepare to Analyze Your Information

Before starting your data analysis you should do a few simple things to keep your information secure and to prevent its loss:

- **Make a copy** of your completed information collection tables. This copy is what you will use when doing your analysis. This way if you want to make any markings on it or the document gets damaged, you still have your information and won't have to collect it again.
- **Lock up your originals** to protect confidentiality and keep patients' names secure.
- **Remove patients' names** from the copies of the information collection table that you will be using. This helps to protect patients' confidentiality by ensuring that no one who sees the information will be able to identify patients. You can remove that column from your paperwork and shred it, or use a permanent black marker or white out to cover their names. *Note:* If you use a marker, make one more copy of the blacked-out pages because you can still read the identifying information through the marker. Use this final photocopy for your work and either destroy or lock up the one you used the marker on.
- **Add ID numbers**, if needed. If you do not have case numbers for all of the cases, number each case. You can do this simply by starting with "1" and numbering through to the end of the list. These numbers will let you cross-check between your paper information collection tables and what you enter into the computer. For example:
 - If you take a break while entering your information, you will want to make sure you pick up where you left off.
 - If you realize you made an error when entering the information into the computer, you will want to go back and correct the error without having to re-enter a lot of information.

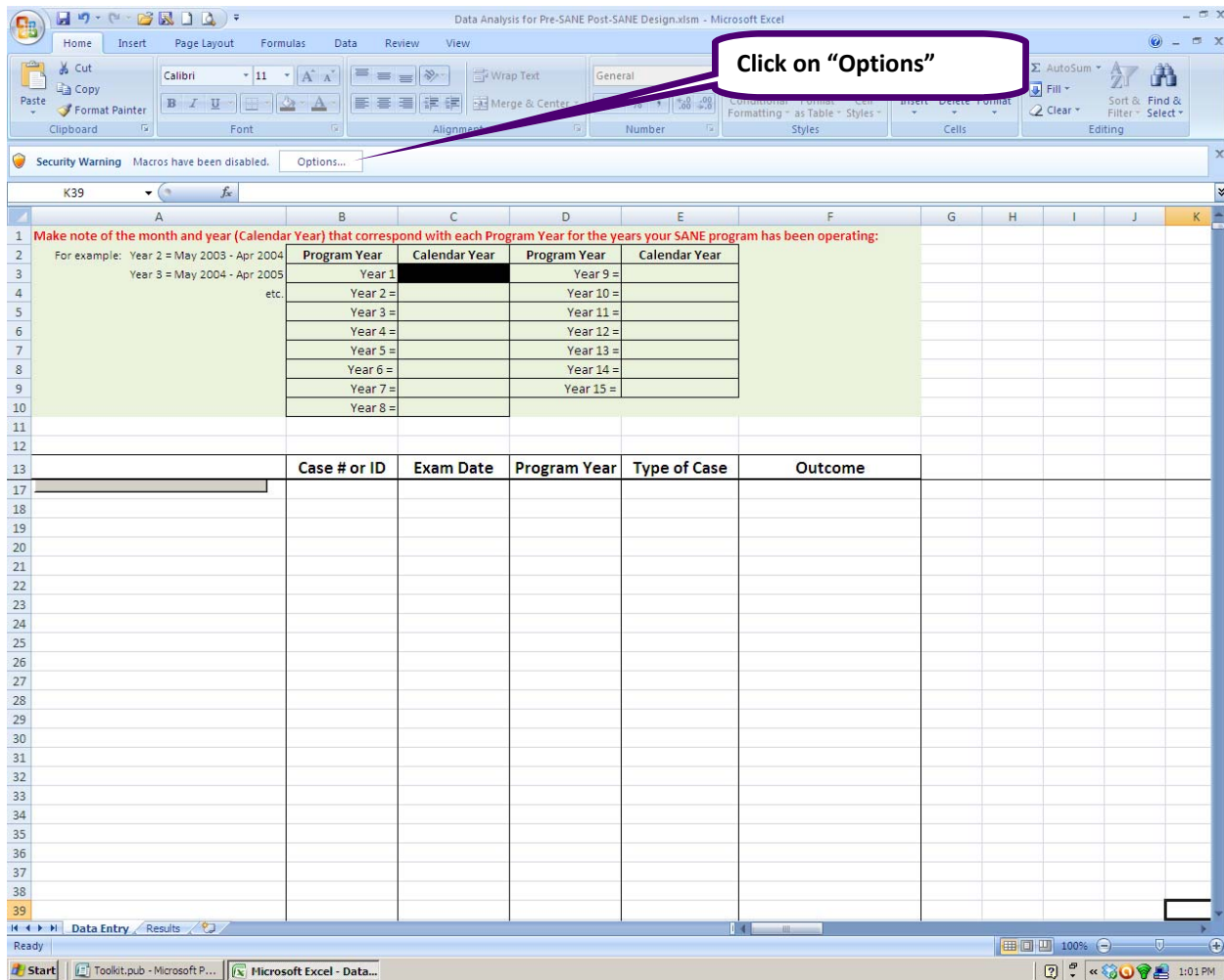
Task 2: Enter the Information You Collected

This Toolkit comes with three files:

1. **Data Analysis for Pre-SANE/Post-SANE Design**
2. Data Analysis for Post-SANE Only Design
3. Data Analysis for Ongoing Design

Because you used the Pre-Sane/Post-Sane Design, you will use the first file. **To get started**, open the appropriate file and orient yourself to it (see following page).

When you open up the file you will see a screen that looks like this³:



The first thing you must do is to **enable the macros**. A “macro” is a special program that has been written to make the spreadsheet do certain things. In this case, the macro is what runs the analyses and generates the results and graphs to show you what the evaluation found.

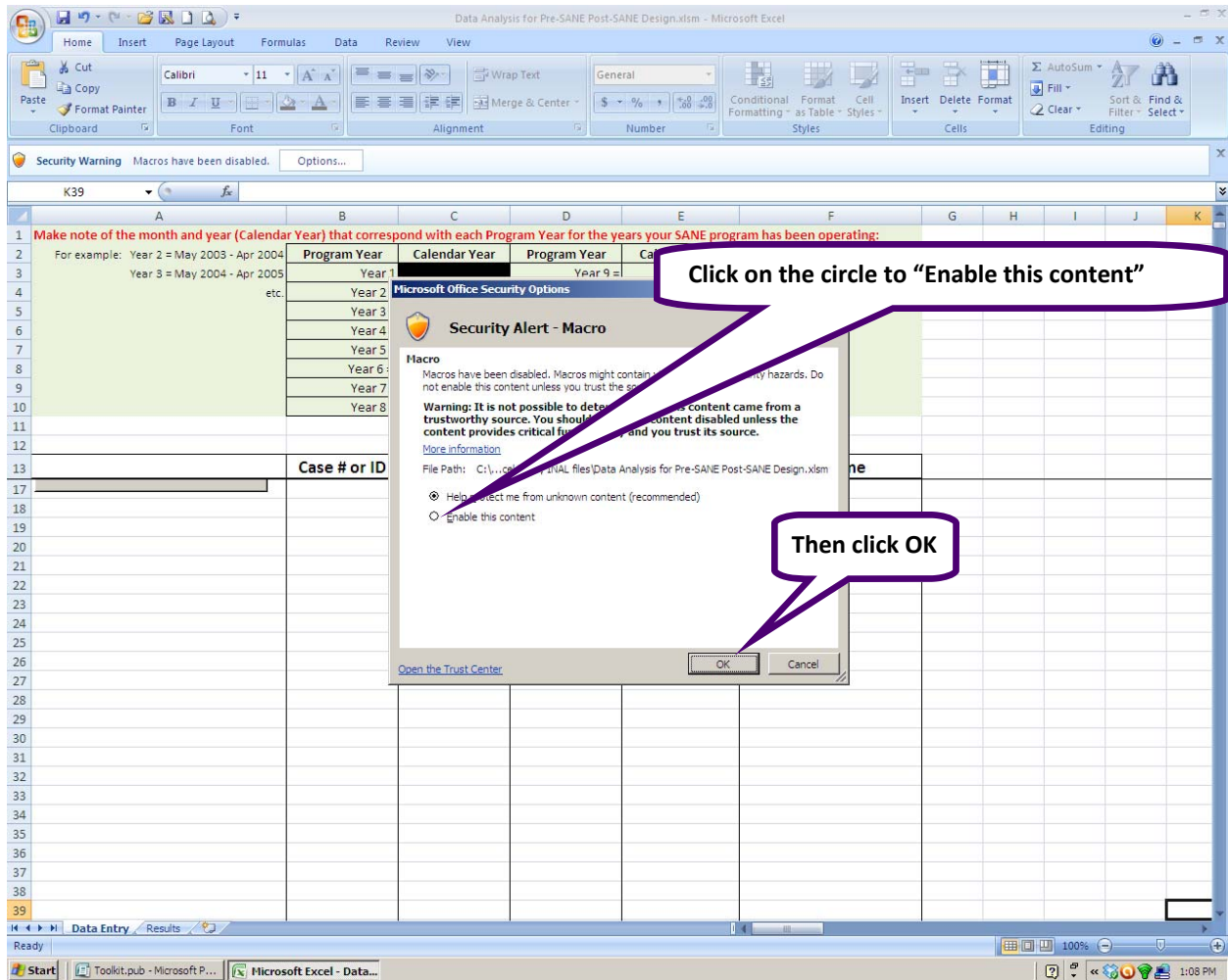
While you can enter data without enabling the macros, you cannot see any results without enabling the macros.

To enable the macros, click on “Options” at the top of the spreadsheet.

³ The pictures in this Toolkit use Office2007. If you are using a different version of Office the file should still work, but the top of the screen where the menus are will look different. The menus do not matter. Other than saving your work, you will not need the menus to use the file.

After you click “Options,” a dialogue box will open up that looks like the one shown below. **To enable the macros:**

- Click on the dot to select “Enable this Content”
- Then click OK.



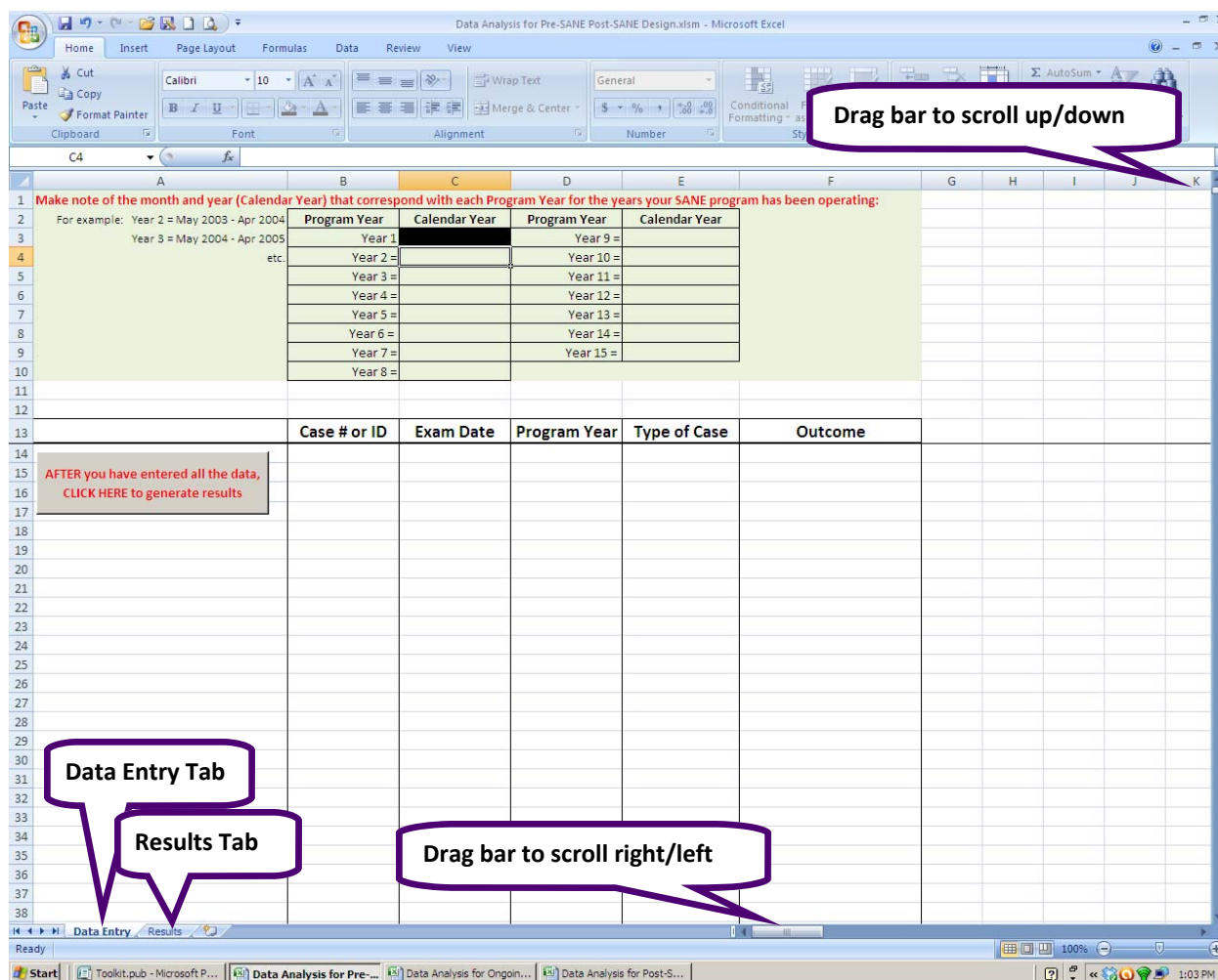
**If you don't enable the macros,
you won't see any Results.
You can enable the macros at any time.**

The file has two sheets in it:

- On the **Data Entry** sheet you will enter the outcomes information you collected.
- In the **Results** sheet your results will appear.

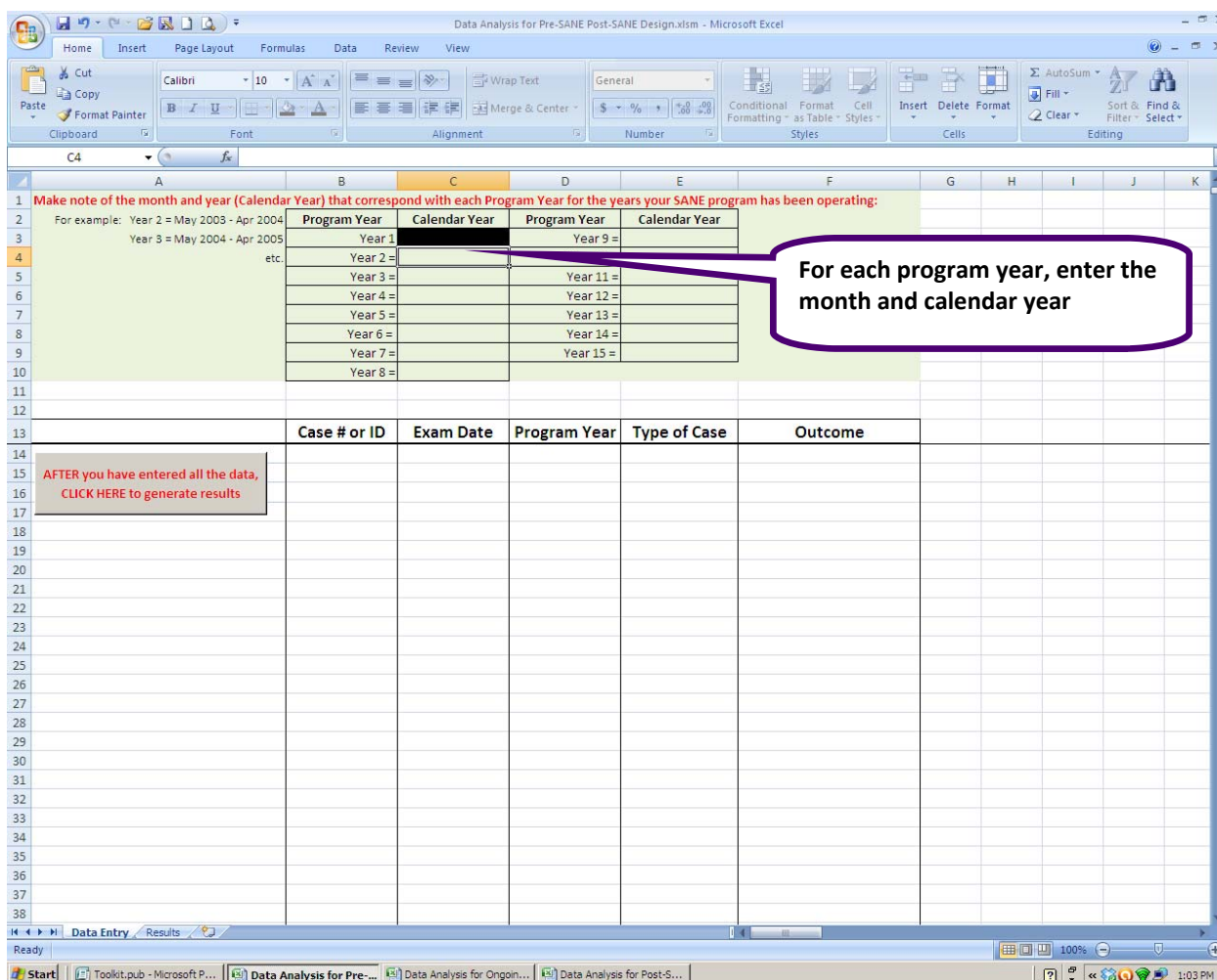
To **switch** from one sheet to the next, simply click on the tabs at the bottom of the screen.

If at any point you cannot see the entire sheet, simply use the **scroll** bars at the bottom and side of the screen to scroll right/left and down/up.



Begin by defining the years your program has been operating:

- Click on the space next to Year 2
- Enter the first and last month and calendar year that corresponds with that year of operation.
- Repeat for each of the years for which you are collecting post-SANE data.
- Reminder: this design does not collect data for your first year of operation.



- Click on the space for the first **Case # or ID**. If you are using case numbers, enter the first one in that space. If you are using sequential ID numbers, enter “1” in that space.

- [illegible]

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- Use the Tab key on your keyboard or use your mouse to move to the next space to enter the **Exam Date** for that case.
 - You may enter using either numbers (for example, 5/15/01) or writing out the month (for example, May 15, 2001).
 - The computer will automatically reformat the date to show the day, month (abbreviated), and year.

Data Analysis for Pre-SANE Post-SANE Design.xlsm - Microsoft Excel

Home Insert Page Layout Formulas Data Review View

Font: Calibri, 11, Bold, Italic, Underline, Text Color, Background Color, Number, Alignment, Wrap Text, Merge & Center, Conditional Formatting, Styles, Cell Styles, Insert, Delete, Format, Cells, AutoSum, Fill, Clear, Sort & Filter, Find & Select, Editing.

C14 5/15/2001

Make note of the month and year (Calendar Year) that
 For example: Year 2 = May 2003 - Apr 2004
 Year 3 = May 2004 - Apr 2005
 etc.

Program

Year 1 =	Year 11 =
Year 2 =	Year 12 =
Year 3 =	Year 13 =
Year 4 =	Year 14 =
Year 5 =	Year 15 =
Year 6 =	
Year 7 =	
Year 8 =	

Exam Date

Case # or ID

Case # or ID	Exam Date	Program Year	Type of Case	Outcome
1	15-May-01			

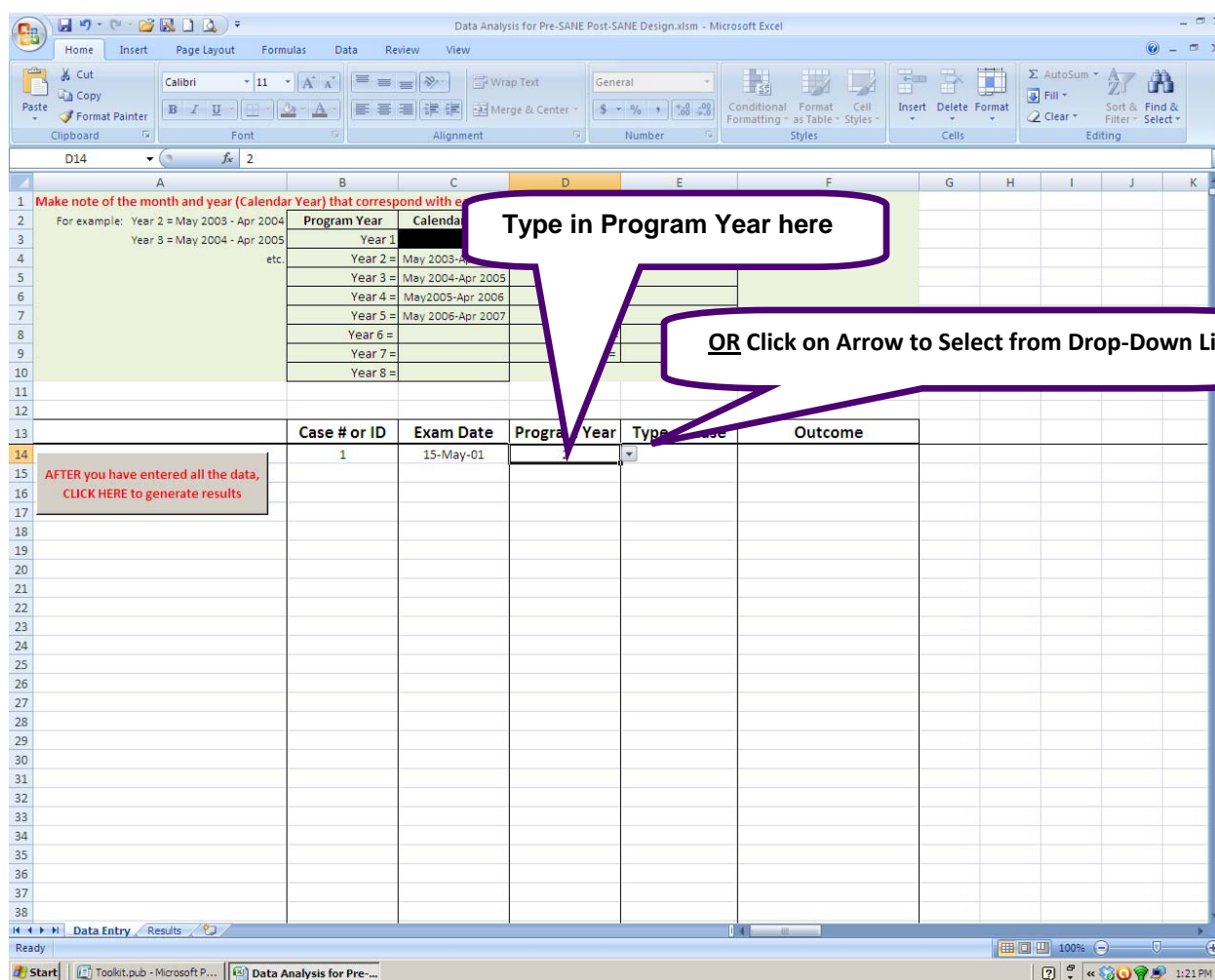
AFTER you have entered all the data, CLICK HERE to generate results

Ready

Start Toolkit.pub - Microsoft P... Data Analysis for Pre...

1:16 PM

- Use the Tab key on your keyboard or use your mouse to move to the next space to enter the **Program Year** for that case.
 - The Program Year will be either a **number** (1–15) or “**pre-SANE**”.
 - You can enter the program year either by **typing** in one of these labels OR you can use your mouse to click on the little arrow in the upper right hand corner of the box and select program year from the **drop-down list**.
 - The file is programmed so that it only accepts these a number (1–15) or “pre-SANE.” If you try to type in anything else you will get an error message.



- Use the Tab key on your keyboard or use your mouse to move to the next space to enter the **Type of Case**.
 - The Type of Case will be either “**SANE**” or “**pre-SANE**.”
 - You can enter the type of case either by **typing** in one of these labels OR you can use your mouse to click on the little arrow in the upper right hand corner of the box and select the type of case from the **drop-down list**.
 - The file is programmed so that it only accepts these two labels. If you try to type in anything else you will get an error message.

Type in Type of Case Here

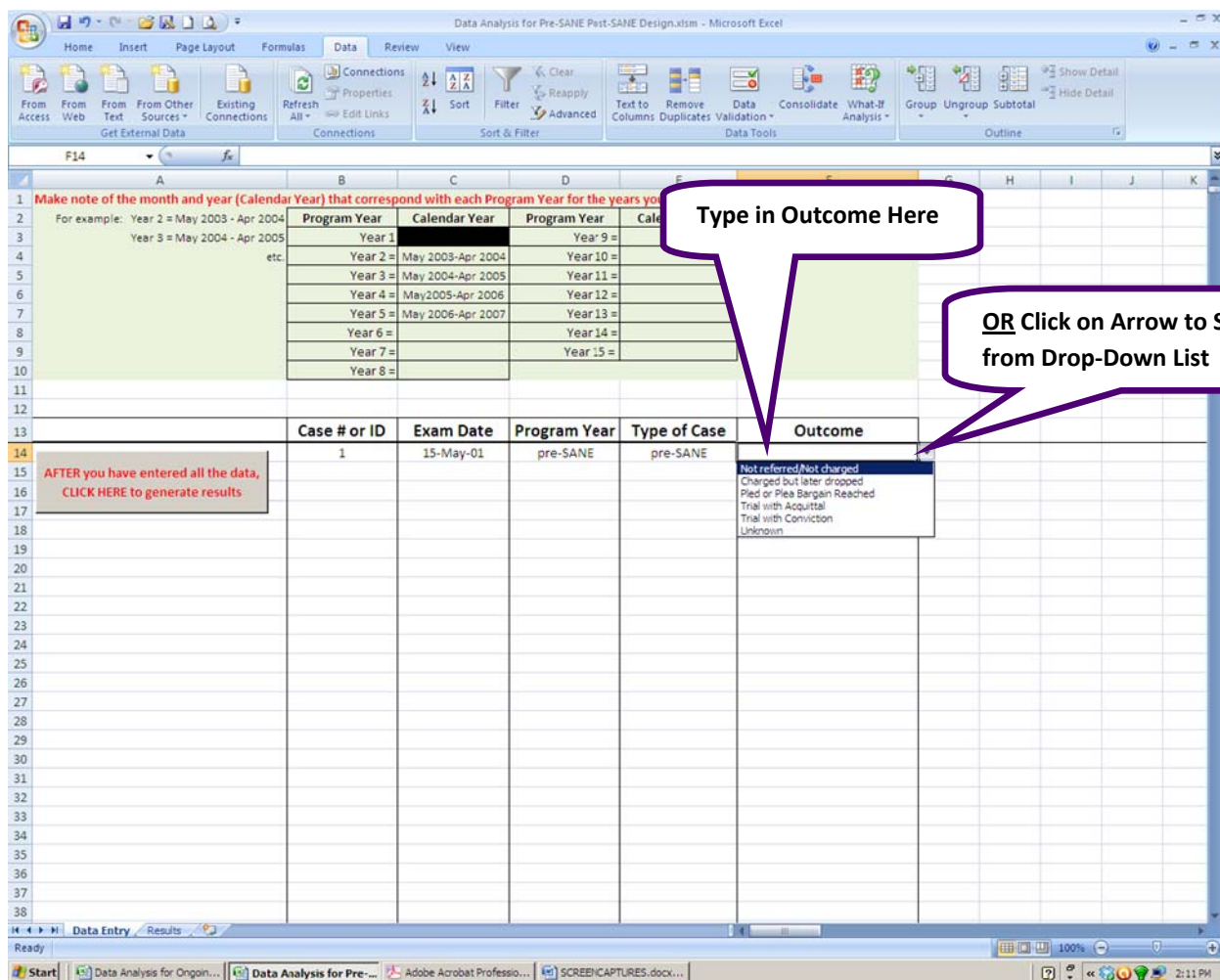
OR Click on Arrow to Select from Drop-Down List

AFTER you have entered all the data, CLICK HERE to generate results

Program Year	Calendar Year
Year 1 =	Year 1 =
Year 2 = May 2003-Apr 2004	Year 2 =
Year 3 = May 2004-Apr 2005	Year 3 =
Year 4 = May 2005-Apr 2006	Year 4 =
Year 5 = May 2006-Apr 2007	Year 5 =
Year 6 =	Year 6 =
Year 7 =	Year 7 =
Year 8 =	Year 8 =

Case # or ID	Exam Date	Program Year	Type of Case	Outcome
1	15-May-01	pre-SANE	SANE pre-SANE	

- Use the Tab key on your keyboard or use your mouse to move to the next space to enter the **Outcome**.
- The Outcome will be:
 - “Not referred/not charged”
 - “Charged but later dropped”
 - “Pled or Plea Bargain Reached”
 - “Trial with Acquittal”
 - “Trial with Conviction”
 - “Unknown”
- You can enter the outcome either by **typing** in one of these labels OR you can use your mouse to click on the little arrow in the upper right hand corner of the box and select outcome from the **drop-down list**.
- The file is programmed so that it only accepts these outcomes. If you try to type in anything else you will get an error message.



Once you have entered all your data, your sheet will look something like this:

- Note: While you may find it easier to enter the data sequentially (for example, all of the Year 2 data, followed by all of the Year 3 data, etc.), this is not necessary. The program can handle the data in any order that it is entered.

Make note of the month and year (Calendar Year) that correspond with each Program Year for the years your SANE program has been operating:

For example: Year 2 = May 2003 - Apr 2004
Year 3 = May 2004 - Apr 2005
etc.

Program Year	Calendar Year	Program Year	Calendar Year
Year 1 =		Year 9 =	
Year 2 =	May 2003-Apr 2004	Year 10 =	
Year 3 =	May 2004-Apr 2005	Year 11 =	
Year 4 =	May 2005-Apr 2006	Year 12 =	
Year 5 =	May 2006-Apr 2007	Year 13 =	
Year 6 =		Year 14 =	
Year 7 =		Year 15 =	
Year 8 =			

Case # or ID	Exam Date	Program Year	Type of Case	Outcome
1	15-May-01	pre-SANE	pre-SANE	Not referred/Not charged
2	1-Sep-01	pre-SANE	pre-SANE	Not referred/Not charged
3	5-Jan-02	pre-SANE	pre-SANE	Charged but later dropped
4	10-Jan-02	pre-SANE	pre-SANE	Pled or Plea Bargain Reached
5	1-Mar-02	pre-SANE	pre-SANE	Not referred/Not charged
6	15-May-03	2	SANE	Charged but later dropped
7	5-Jul-03	2	SANE	Charged but later dropped
8	1-Sep-03	2	SANE	Not referred/Not charged
9	15-Apr-04	2	SANE	Pled or Plea Bargain Reached
10	4-Jul-04	3	SANE	Pled or Plea Bargain Reached
11	5-Oct-04	3	SANE	Pled or Plea Bargain Reached
12	15-Dec-04	3	SANE	Trial with Acquittal
13	15-Mar-05	3	SANE	Charged but later dropped
14	1-Jun-05	4	SANE	Pled or Plea Bargain Reached
15	6-Aug-05	4	SANE	Pled or Plea Bargain Reached
16	10-Aug-05	4	SANE	Trial with Conviction
17	5-Jan-06	4	SANE	Charged but later dropped
18	5-May-06	5	SANE	Trial with Acquittal
19	10-Jul-06	5	SANE	Pled or Plea Bargain Reached
20	1-Oct-06	5	SANE	Trial with Conviction
21	5-Oct-06	5	SANE	Trial with Conviction
22	1-Jan-07	5	SANE	Charged but later dropped
23	15-Jun-05	4	SANE	Pled or Plea Bargain Reached
24	2-Mar-06	4	SANE	Pled or Plea Bargain Reached
25	15-Feb-05	3	SANE	Pled or Plea Bargain Reached

AFTER you have entered all the data, CLICK HERE to generate results

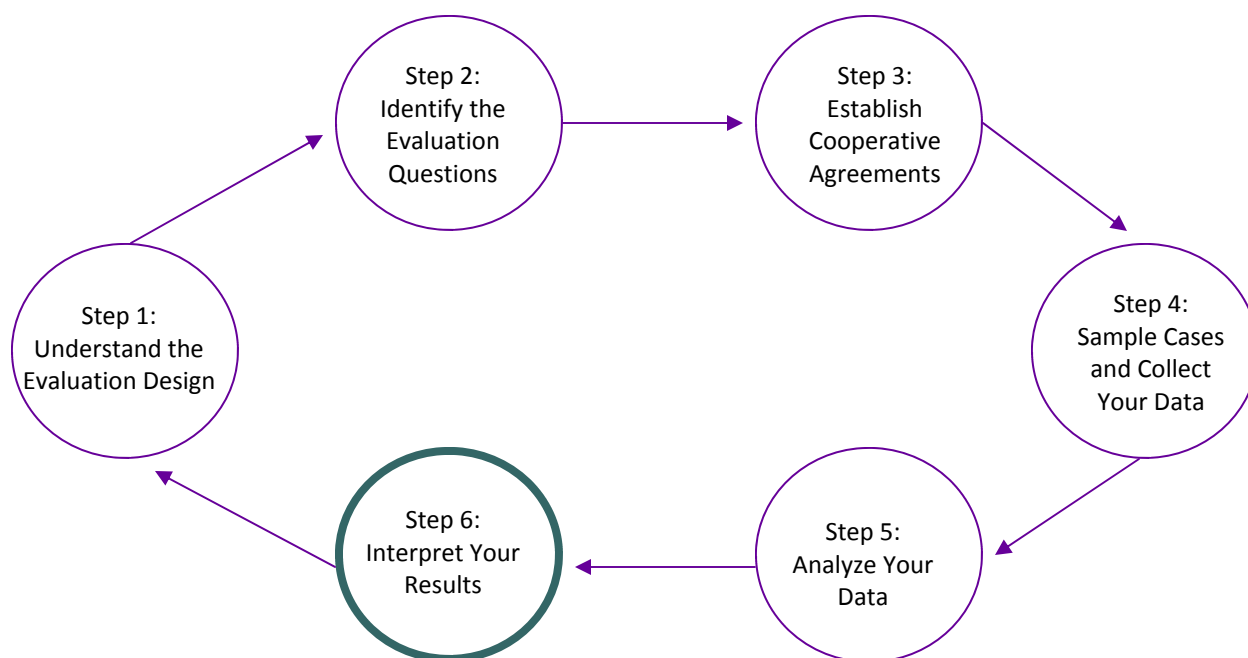
Click Here to Get Your Results

Task 3: Run the Program to Get Your Results

The final task is simply to **click** on the large, **gray box** on the left-hand side of the screen. When you do this, the computer will automatically calculate all of your results. You are now ready to move on to Step 6 – Interpret Your Results.



Pre-SANE/Post-SANE Step 6: Interpret Your Results



Congratulations! You have completed your data analysis and you are now ready to look at the results and interpret what they mean. To make this task less daunting, think of it as telling a story. The numbers are telling a story. We need to figure out what that story is.

In this final step we will:

- **Task 1:** Look at the percentages for each outcome category
- **Task 2:** Decide if the differences between pre-SANE and post-SANE outcomes are statistically significant

Task 1: Look at the Percentages for Each Outcome Category

Before we actually look at the results you will learn about **percentages** and why they are useful. You will also get to see how the case **outcome categories** were constructed from the individual case outcomes.

What are percentages and why should we use them?

We will be focusing on the **percentage** results because it is easier to compare pre-SANE to post-SANE cases using percentages. However, the numbers of cases (frequencies) are also presented in the results in case you want to look at them.

Percentages are proportions. In this evaluation, they are the proportion of cases that had a certain outcome. This is calculated by:
The number of cases with that outcome divided by the total number of cases $\times 100$
= % of all cases with this outcome.

Example: 25 out of 250 cases were dropped after charging. The percentage = 25 cases divided by 250 $\times 100$ = 10% of all cases were dropped after charging.

Percentages are often more useful than just using the number of cases because:

- Reporting that 25 cases were dropped by the prosecutor may be useful, but reporting that 100% (25 out of 25 cases) or 10% (25 out of 250 cases) were dropped after charging gives more meaningful information.
- You can compare percentages between groups even if the groups are different sizes. For example, imagine you had 10 SANE program cases and 20 pre-SANE cases. When you look at the number of cases, you see that among both the SANE and pre-SANE cases there were 10 successful prosecutions. If you only looked at the number of cases you might think that the prosecution outcomes were the same because 10 = 10. However, if you calculated the percentages you would see a very different picture because 100% of the SANE program cases had successful prosecutions and only 50% of the pre-SANE cases had successful prosecutions.
- Percentages also tell you where cases are dropping out of the system. For example, you may find that:

- 50% of cases are not charged
- 25% are charged but later dismissed
- 23% are plea bargained
- 1% are acquitted at trial
- 1% are convicted at trial.

- These percentages indicate half of all cases fall out of the system at the very first stage. This information can be used to do more training and outreach to police and prosecutors to help them better use forensic evidence in deciding what to do in the initial stages of a case.

How were the case outcome categories constructed?

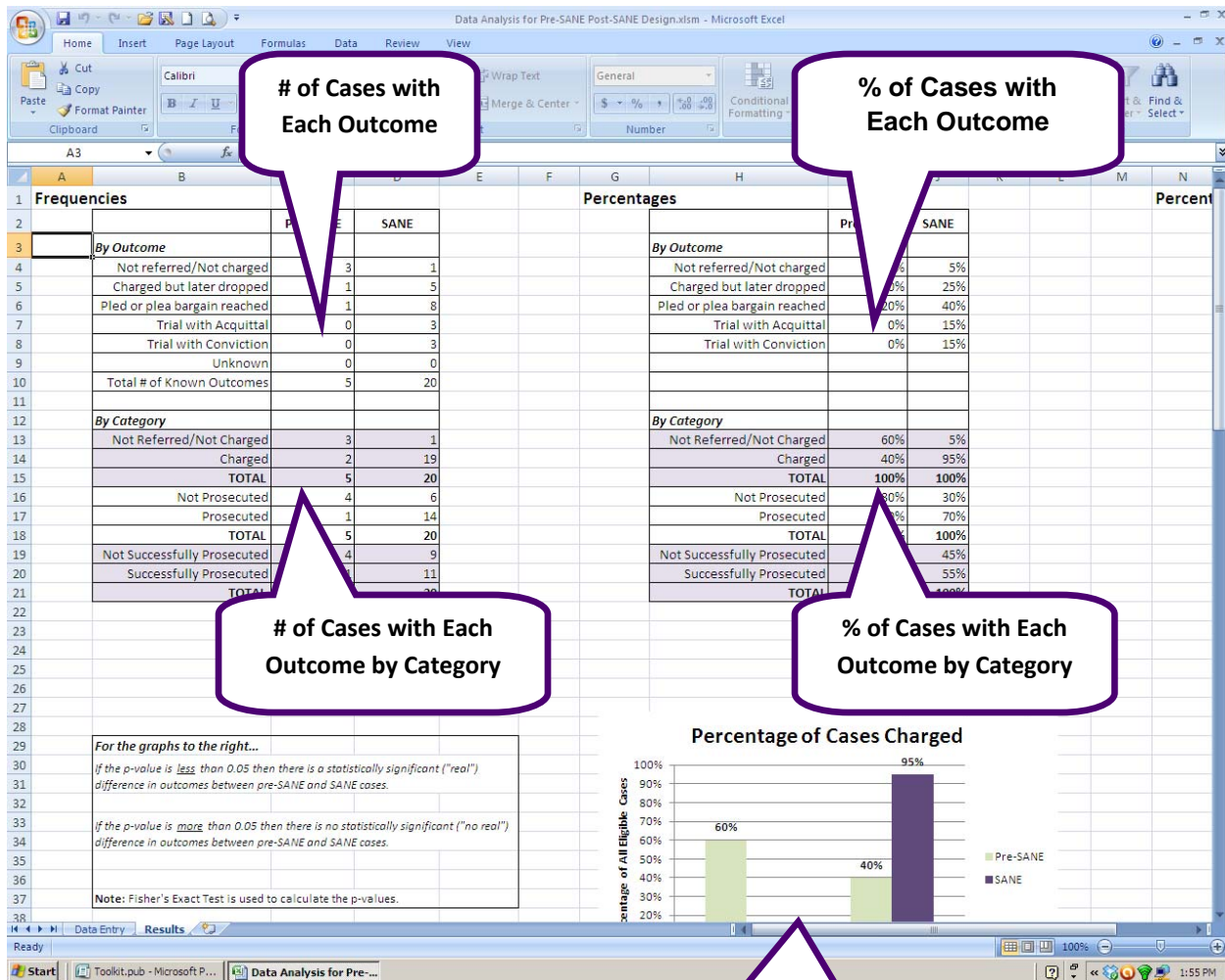
In order to simplify the results, the case outcomes were bundled into categories that provide more meaningful findings. The categories were constructed in the following way:

- | |
|--|
| <ul style="list-style-type: none"> • Not Referred/Not Charged = Not Referred/Not Charged • Charged = Charged but later dismissed + Pled/Plea bargain reached + Trial / Acquittal + Trial / Conviction |
| <ul style="list-style-type: none"> • Not Prosecuted = Not Referred/Not Charged + Charged but later dismissed • Prosecuted = Pled/Plea bargain reached + Trial / Acquittal + Trial / Conviction |
| <ul style="list-style-type: none"> • Not Successfully Prosecuted = Not Referred/Not Charged + Charged but later dismissed + Trial / Acquittal • Successfully Prosecuted = Pled / Plea bargain reached + Trial / Conviction |

YOU ARE NOW READY TO LOOK AT YOUR RESULTS!

To begin interpreting your results:

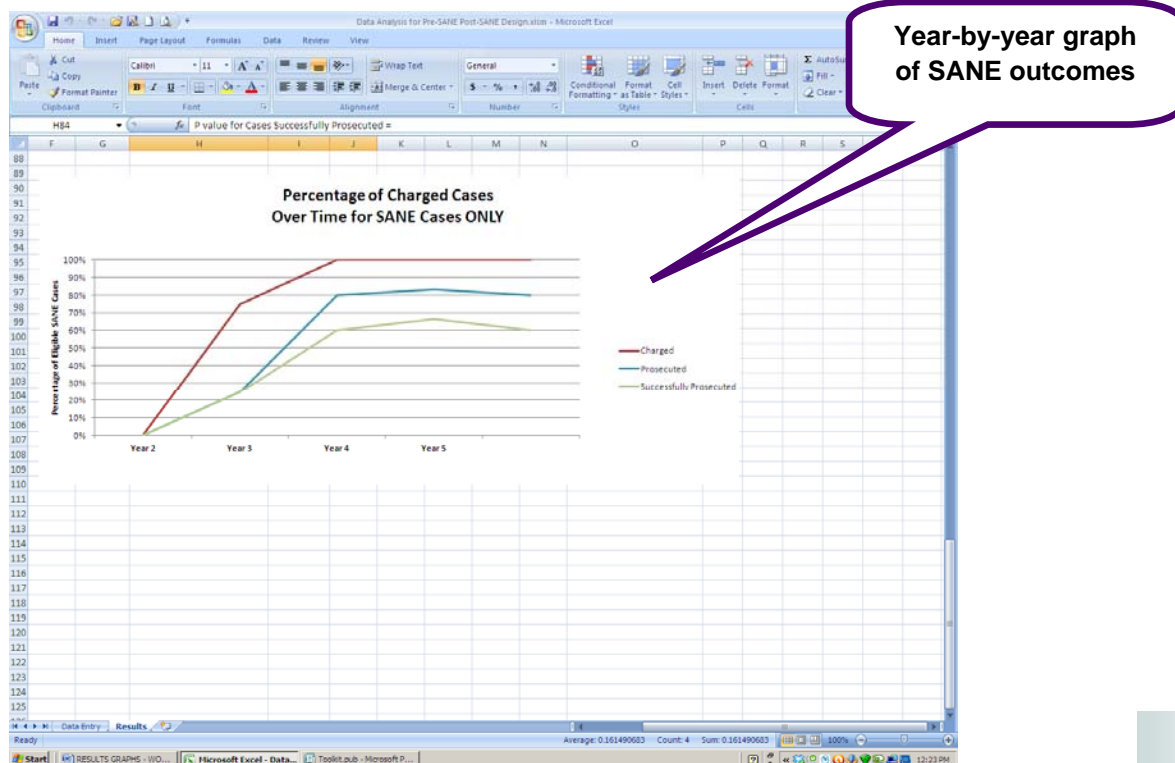
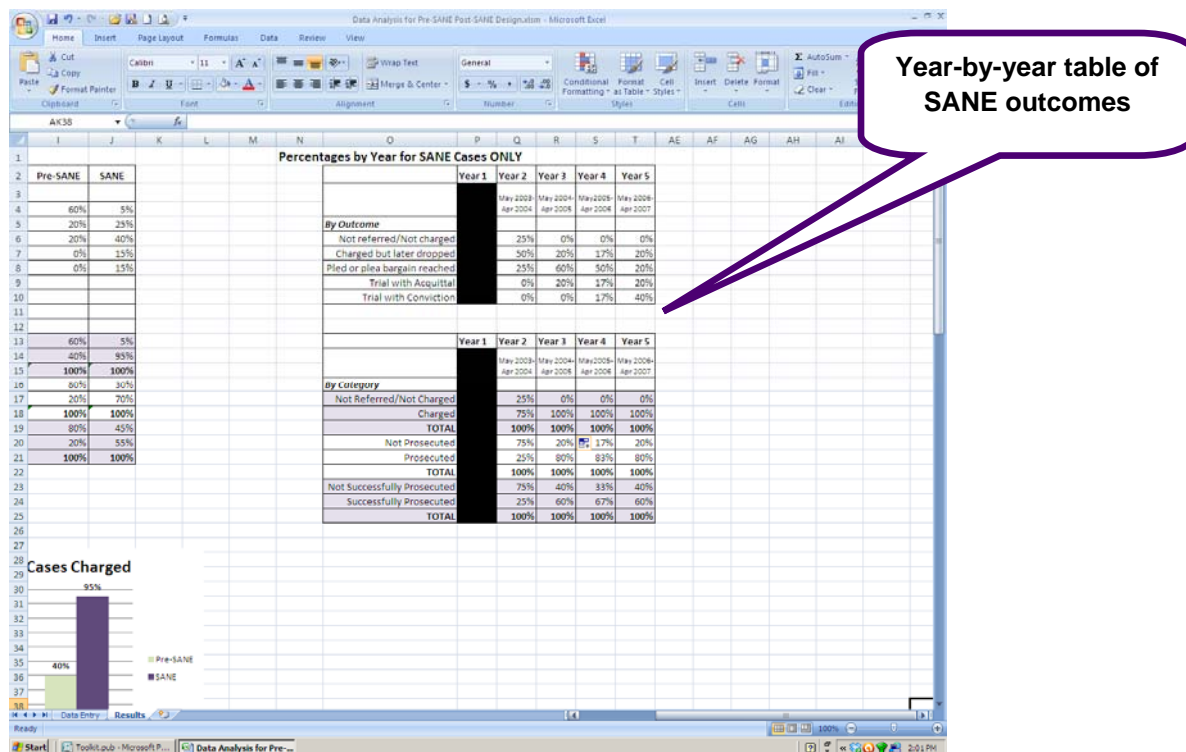
- **Click** on the **Results** tab at the bottom of the screen. This will bring up the results that the computer automatically calculated based on the information you entered.



Three graphs to illustrate differences in outcomes by category. Scroll down to see the other two graphs.

You will also find results for your post-SANE cases broken down by each year:

- **Scroll to the right** to find a year-by-year table.
- **Scroll down** to find a year-by-year graph.



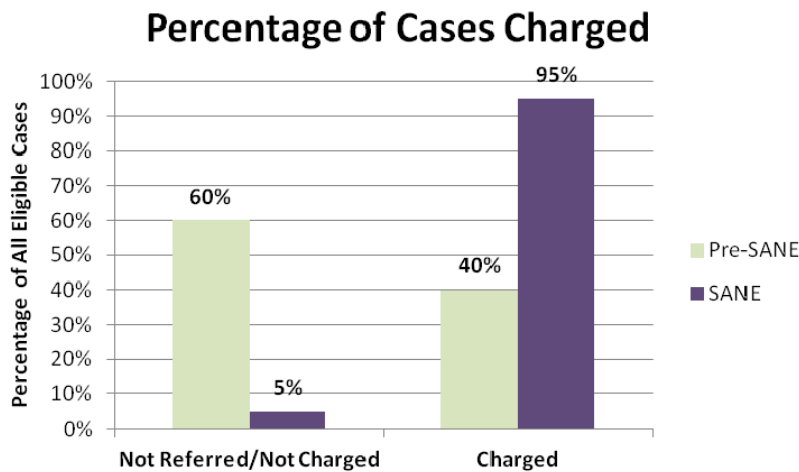
We will be focusing on the **percentage** results because it is easier to compare pre-SANE to post-SANE cases using percentages. However, the numbers of cases (frequencies) are also presented in the results in case you want to look at them. You can look at the percentages either in the **table** at the top of the screen or in the **graphs** at the bottom of the screen. We will focus here on the graphs because many people find the illustrations helpful.

- First look at the percentage of cases that were **not referred/not charged** versus **charged**.
- Are more pre-SANE or post-SANE cases not charged?
- Are more pre-SANE or post-SANE cases charged?
- Ideally, we hope that post-SANE cases will result in more cases being charged. However, if this is not the case then this is important information to know.



Example: Percentage of Cases Not Charged vs. Charged

A SANE program found the following results:



They noticed the following:

- Almost two-third of pre-SANE cases were **not charged**, but almost no post-SANE cases were not charged. This was a desired finding, although much stronger than expected.
- More than twice as many post-SANE cases were **charged** compared with pre-SANE cases. This was also a desired finding.

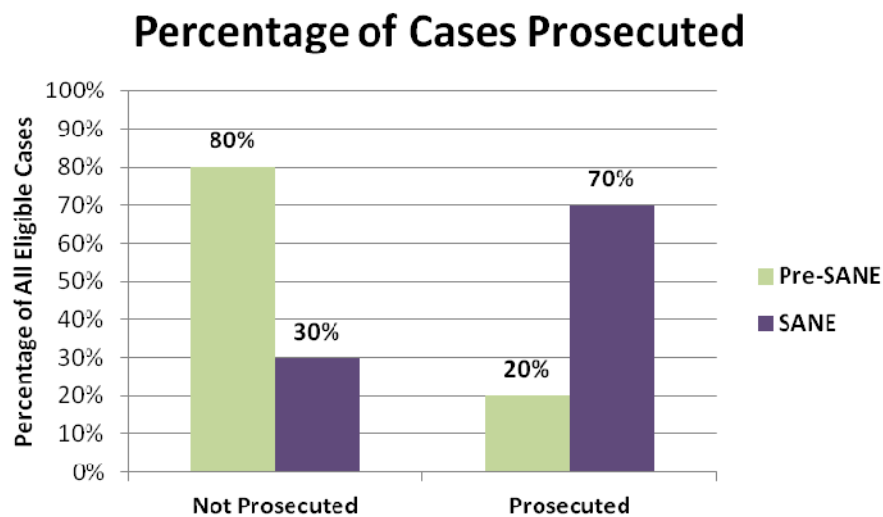
However, before they get too excited about these results they need to determine if the changes are statistically significant (see Task 2 on page 85).



- Second, look at the percentage of cases that were **prosecuted** versus **not prosecuted**.
- Are more pre-SANE or SANE cases not prosecuted?
- Are more pre-SANE or SANE cases prosecuted?
- Ideally, we hope that SANE cases will result in more cases being prosecuted. However, if this is not the case then this is important information to know.

Example: Percentage of Cases Not Prosecuted vs. Prosecuted

A SANE program found the following results:



They noticed the following:

- Fewer SANE cases were **not prosecuted** compared with pre-SANE cases. This was a positive finding.
- More SANE cases were **prosecuted** compared with pre-SANE cases. This was also a positive finding.

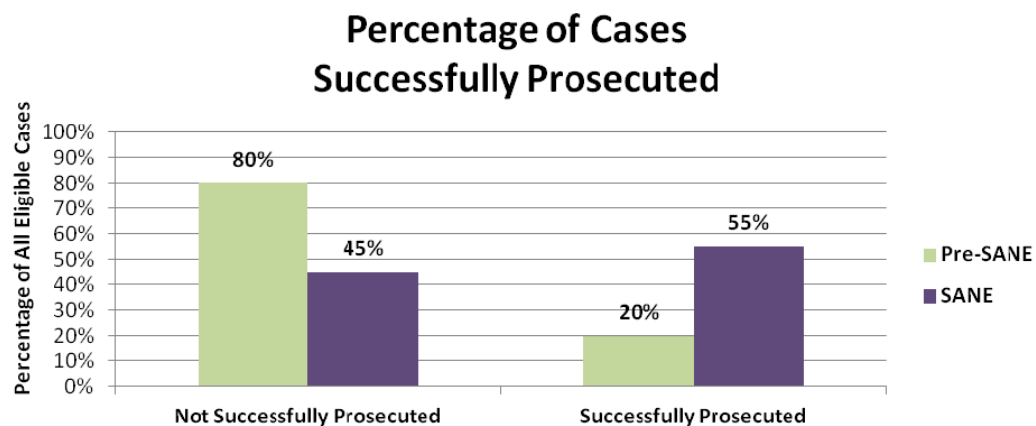
Before they get too excited about these results they need to determine if the changes are statistically significant (see Task 2 on page 85).

- Third, look at the percentage of cases that were **not successfully prosecuted** versus **successfully prosecuted**.
- Are more pre-SANE or SANE cases not successfully prosecuted?
- Are more pre-SANE or SANE cases successfully prosecuted?
- Ideally, we hope that SANE cases will result in more cases being successfully prosecuted. However, if this is not the case then this is important information to know.



Example: Percentage of Cases Not Successfully Prosecuted vs. Successfully Prosecuted

A SANE program found the following results:



They noticed the following:

- Fewer SANE cases were **not successfully prosecuted** compared with pre-SANE cases. This was a positive finding, but the difference is smaller than what was seen for charging or for prosecuting cases.
- More SANE cases were **successfully prosecuted** compared with pre-SANE cases. This was also a positive finding, but again the difference is smaller than for charging or for prosecuting cases.

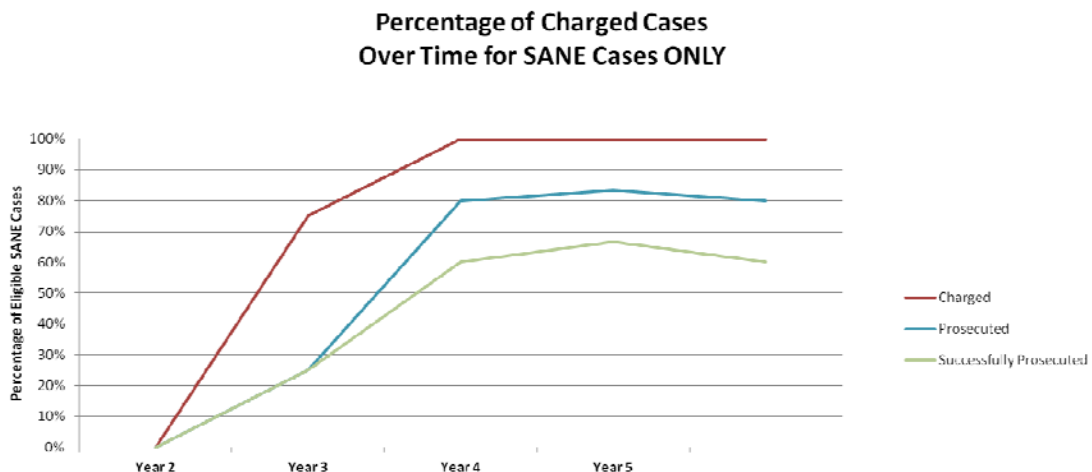
Before they get too excited about these results they need to determine if the changes are statistically significant (see Task 2, page 85).



- Finally, look at the outcomes for **post-SANE cases over time**.
- Where does the trend go up?
- Where does the trend go down?
- Where is the trend holding steady?
- Ideally, we hope that post-SANE cases will show increases over time in charging, prosecution, and successful prosecution. However, we realize that we may hit plateaus and that events in our communities and other changes in systems may cause our outcomes to fall.

Example: Outcomes in post-SANE Cases Over Time

A SANE program found the following results:



They noticed the following:

- Charging, prosecution, and successful prosecution have all increased over time.
- The trends (shape of the lines) are similar for all three outcomes.
- All three outcomes started to plateau at Year 4.

Task 2: Decide if the Differences Between Pre-SANE and Post-SANE Outcomes are Statistically Significant

The percentages you just calculated give you a good way to communicate to others (e.g., community partners, funders, etc.) about how many cases make it to each stage in the criminal justice system. However, often it is useful to know if there was a “**significant**” change from before the start of your SANE program to after the start of your program.

Testing for **statistical significance** will let you determine how likely it is that the difference you are seeing is due to **chance** versus being a “**real**” **difference** between pre-SANE and post-SANE cases. While you can look at the percentages and see if one is higher than the other, you need an objective way of determining if the difference is a “big enough” to be a “real” difference.

To determine if the differences are statistically significant, the Excel file calculated something called a **p-value**. There are three p-values in your file. Each one is found **underneath the graph** it goes with and tells you:

1. Was there a **significant difference** in the percentage of pre-SANE versus post-SANE **cases that were charged**?
2. Was there a **significant difference** in the percentage of pre-SANE versus post-SANE **cases that were prosecuted**?
3. Was there a **significant difference** in the percentage of pre-SANE versus post-SANE **cases that were successfully prosecuted**?

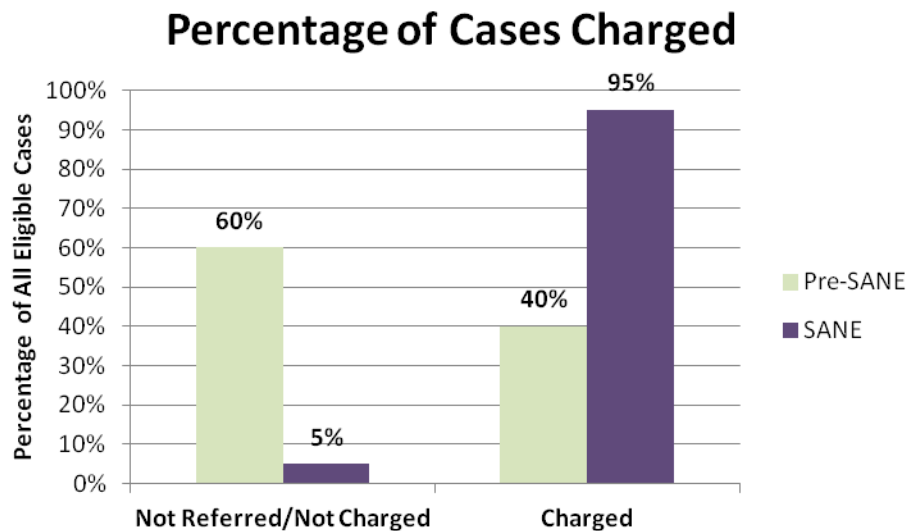
If the p-value is **less than 0.05** then the difference between pre-SANE and post-SANE cases is **statistically significant** (“real”).

If the p-values is **equal to or greater than 0.05** then the difference between pre-SANE and post-SANE cases is **not statistically significant** (“not real”).

- First look at the p-value for cases that were **not referred/not charged** versus **charged**.
- Is the p-value less than, equal to or greater than 0.05?
- If it is less than 0.05, the difference is statistically significant (“real”).
- If it is equal to or greater than 0.05, the difference is not statistically significant (not “real”).

Example: Percentage of Cases Not Charged vs. Charged

A SANE program found the following results:



P value for Cases Charged = **0.02**

Significantly Different? **Yes**

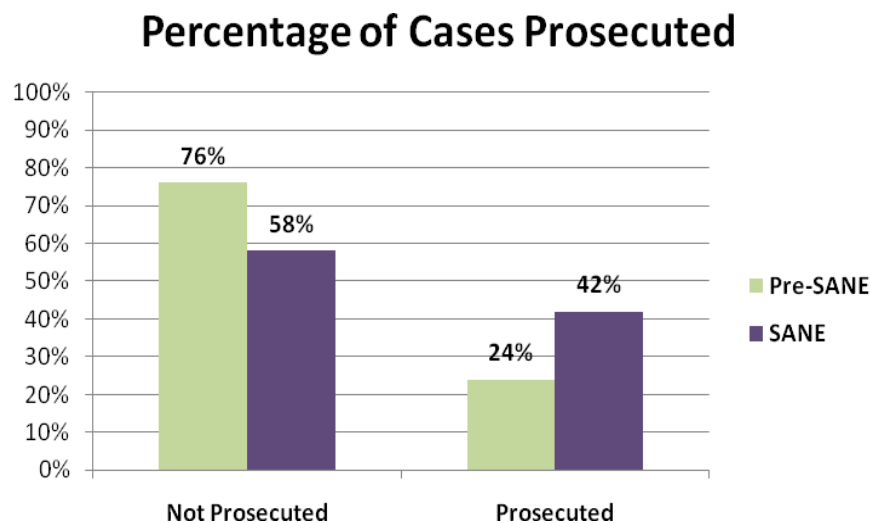
Because 0.02 is less than 0.05, the nurses conclude that:

- Fewer post-SANE cases were not charged than pre-SANE cases.
- More post-SANE cases were charged than pre-SANE cases.
- These differences were **statistically significant** (“real” differences).

- Now look at the p-value for cases that were **not prosecuted** versus **prosecuted**.
- Is the p-value less than, equal to or greater than 0.05?
- If it is less than 0.05, the difference is statistically significant (“real”).
- If it is equal to or greater than 0.05, the difference is not statistically significant (not “real”).

Example: Percentage of Cases Not Prosecuted vs. Prosecuted

A SANE program found the following results:



P value for Cases Prosecuted =

0.02

Significantly Different?

Yes

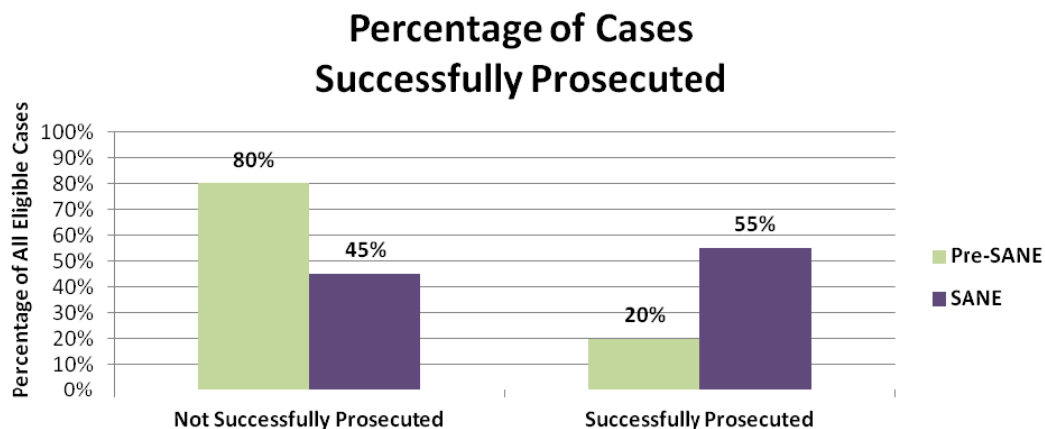
Because 0.01 is less than 0.05, the nurses conclude that:

- Fewer post-SANE cases were not prosecuted than pre-SANE cases.
- More post-SANE cases were prosecuted than pre-SANE cases.
- These differences were **statistically significant** (“real” differences).

- Finally, look at the p-value for cases that were **not successfully prosecuted** versus **successfully prosecuted**.
- Is the p-value less than, equal to or greater than 0.05?
- If it is less than 0.05, the difference is statistically significant (“real”).
- If it is equal to or greater than 0.05, the difference is not statistically significant (not “real”).

Example: Percentage of Cases Not Successfully Prosecuted vs. Successfully Prosecuted

A SANE program found the following results:



P value for Cases Successfully Prosecuted =

0.16

Significantly Different?

No

Because 0.16 is greater than 0.05, the nurses conclude that:

- There was **no statistically significant** (no “real”) difference in the percentage of cases that were successfully prosecuted pre-SANE versus post-SANE.
- It does not matter that the percentages appear to be different. The nurses cannot claim that there is any difference in successful prosecution of pre-SANE vs. post-SANE outcomes.
- However, because the gap between percentages is as large as it is, it may be that if they have a more even balance between the number of pre-SANE and post-SANE cases, they may find a significant difference. They will need to decide if it is worth their time to collect more data on pre-SANE cases.



Interpreting Our Statistical Test Results

In looking at our results we saw that:

- The following p-values were less than 0.05:
- The following p-values were equal to or more than 0.05:

Therefore, we interpret the results as meaning:

When interpreting these results, it is important to keep two key things in mind:

- **By itself**, the p-value only tells you **whether** there is a significant difference. It does not tell you **which group** (pre-SANE or post-SANE) was higher. *You* have to look at the **percentages** to determine which group of cases was higher.
- **Statistical significance** does not mean **practical significance**. It is up to your program and community to determine whether any increases are “good enough.” For example, if there was significant increase in the percentage of cases that were successfully prosecuted between Pre-SANE and post-SANE and it was only a 3% increase, your program might decide that this increase was low and not “good enough.”

Congratulations!
**You have collected, analyzed and
interpreted evaluation data using a
Pre-SANE/Post-SANE design.**

**You can now skip ahead to
page 185
for information on how to
use your results.**

STEPS FOR CONDUCTING A POST-SANE ONLY EVALUATION



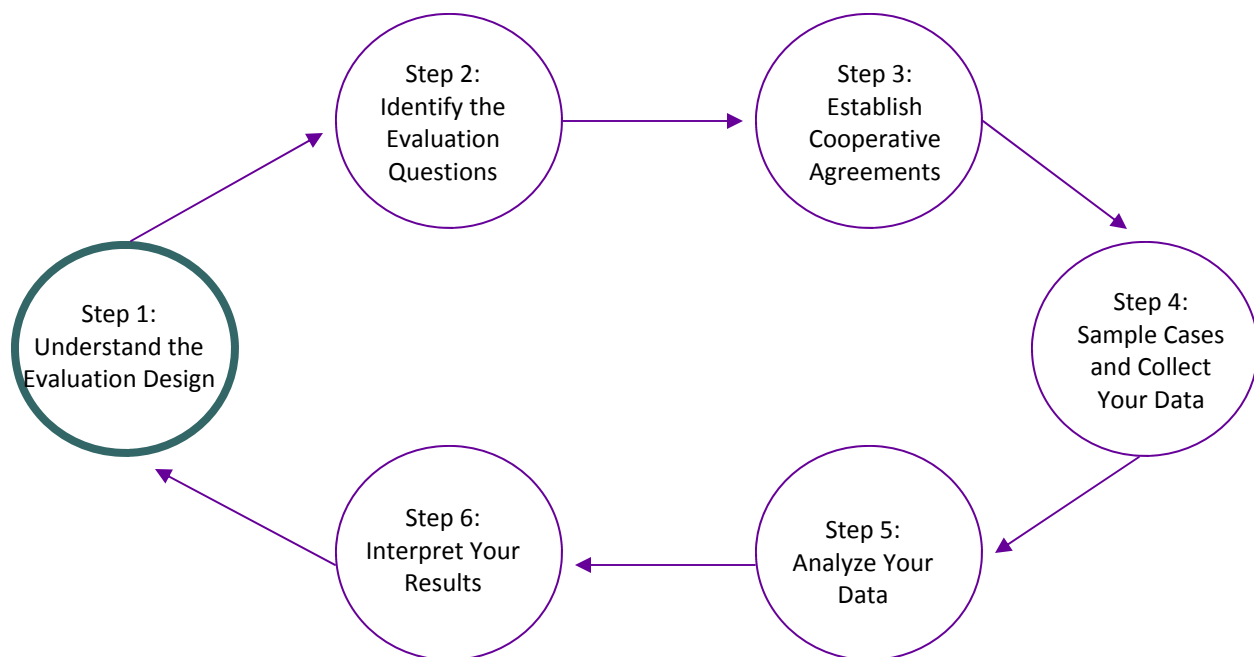
Post-Only Step 1: Understand the Evaluation Design

**If you somehow came to this
section without reading
pages 31-34:**

STOP!

**Go back to pages 31-34 and decide
if the post-only evaluation design
is the best design for your program
and community.**

You are reading this section because on page 34 you determined that the post-only design is the best evaluation design for your program and your community. This is likely because you were not able to build a relationship with the hospital in your community or you were not able to gain access to pre-SANE records.

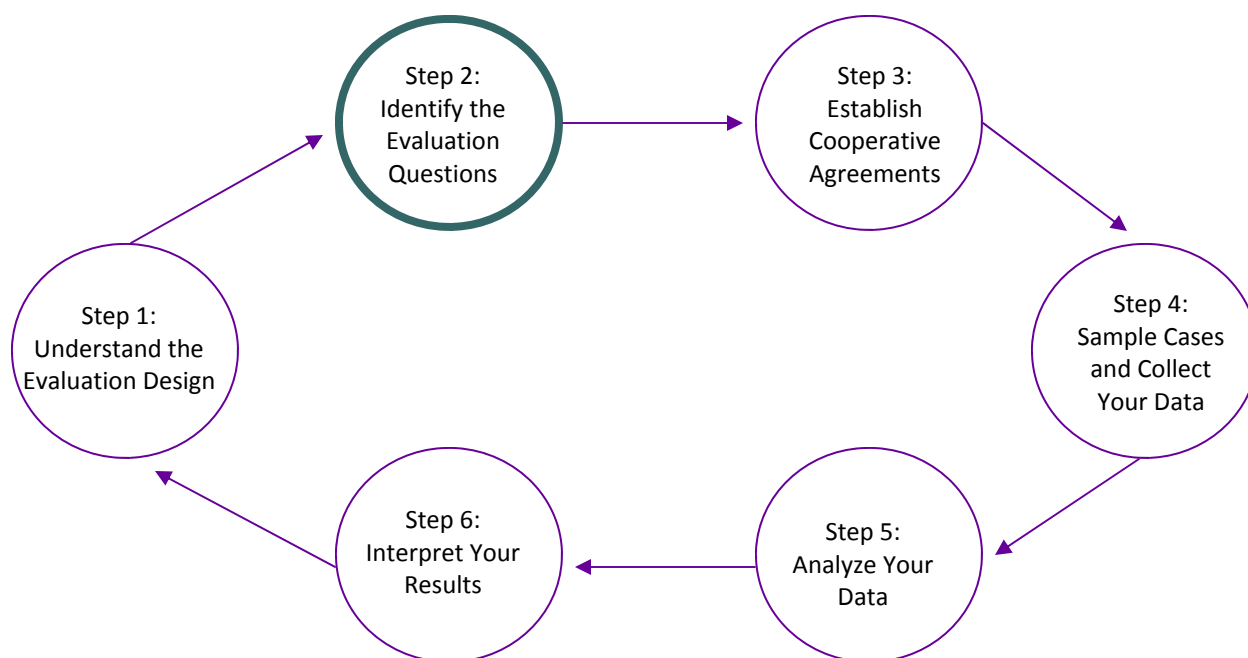


If you choose the **Post-SANE Only design**:

- You will find out from your local prosecutor's office how many of **your patients' cases** made it to each stage in the criminal justice system process.
- You will **not** track down what happened to victims who were assaulted **before** the implementation of your SANE program.
- However, you still need to find a basis of **comparison** for your program. This Toolkit has been previously implemented in six different communities. In this Toolkit, we will provide the results from those communities so that you can see how your community's rates compare.



Post-Only Step 2: Identify Your Evaluation Questions



Sexual assault cases go through multiple stages in the criminal justice system. Table 12 on the next page provides a summary of the criminal justice system process and the evaluation questions this Toolkit will help you answer. You will need to examine each of these stages in order to evaluate if and how

sexual assault cases progress through the system in your community. It may seem difficult or overwhelming to evaluate each of these stages, but we have developed a streamlined process to make it much easier.

Table 12: Stages of the Criminal Justice System and Corresponding Evaluation Questions

Stage	What This Involves	Evaluation Questions
1 Referral and Charging (aka authorizing or warranting)	<p>Law enforcement decides whether or not to refer a reported sexual assault to the prosecutor and the prosecutor decides whether or not to bring formal criminal charges against the suspect, based on the evidence of the case.</p> <p>In some communities, this is referred to as authorizing or warranting a case.</p>	<p>How many cases were referred by law enforcement to the prosecutor and subsequently charged by the prosecutor's office?</p> <p>How many were <u>not</u> referred and charged?</p> <p>Has there been a significant change in the percentage of cases charged since our SANE program started?</p>
2 Dismissal	<p>The prosecutor may decide to drop the charges for various reasons, including the victim requesting to no longer participate in prosecution.</p> <p>After charging, the judge may determine that probable cause (a reasonable belief that the defendant has committed a crime) does not exist and drop the charges.</p>	<p>How many cases were dropped after charging?</p> <p>How many continued on in the legal process?</p> <p>Has there been a significant change in the percentage of charges dropped since our SANE program started?</p>
3 Plea Bargaining	<p>A plea bargain is a negotiated agreement between the defense and the prosecution. Typically the defendant agrees to plea guilty to a specified charge(s) in exchange for a lower sentence.</p>	<p>How many cases ended with a plea bargain?</p> <p>How many went to trial?</p> <p>Has there been a significant change in the percentage of cases that pled out since our SANE program started?</p>
4 Trial	<p>During the trial, the prosecution and defense provide evidence to support their case. A judge or jury considers the evidence and reaches a decision of guilty (termed conviction) or not guilty (termed acquittal). Sometimes jurors cannot reach a decision (termed hung jury) and the case is resolved through a plea bargain, dismissal, or second trial.</p>	<p>How many cases were acquitted?</p> <p>How many were convicted?</p> <p>Has there been a significant change in the percentage of acquittals or convictions since our SANE program started?</p>

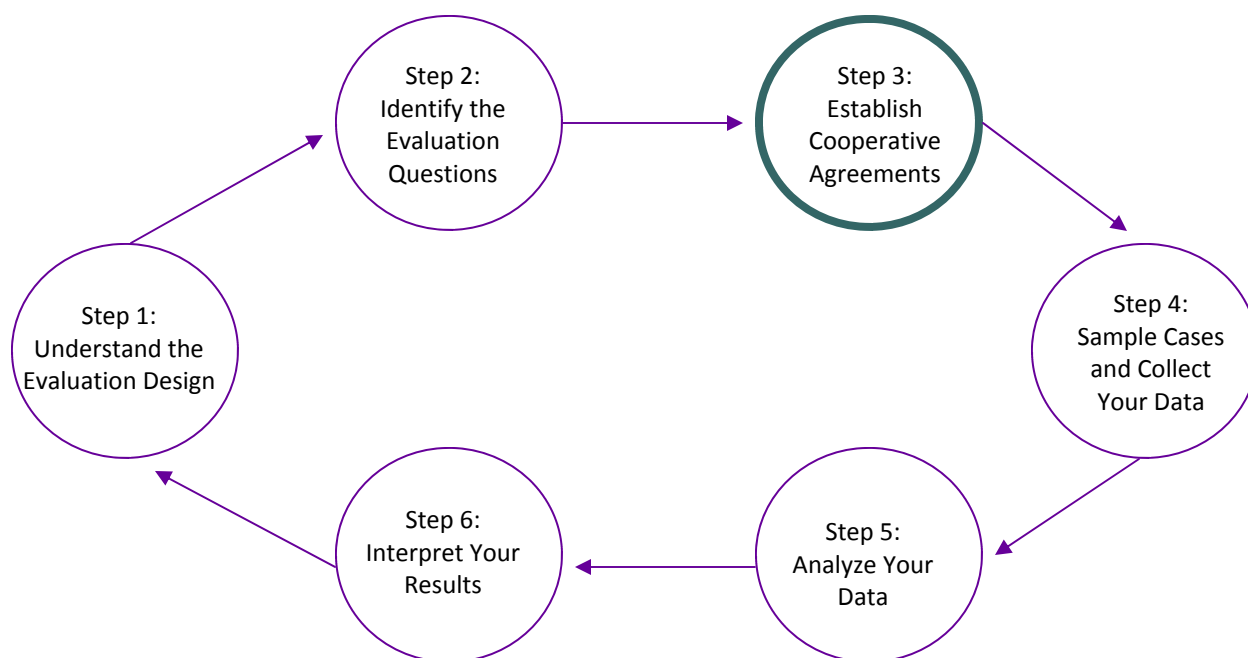
As you move forward, keep in mind the **general purpose** of the evaluation, which is to **understand how far cases are progressing** through the criminal justice system.

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

The remainder of this section of the Toolkit will show you how to answer each of the evaluation questions listed on the previous page.



Post-Only Step 3: Establish Cooperative Agreements



The next step is to work with the hospital, if necessary, and the prosecutor's office to reach a mutually agreeable approach for accessing the information you need from their records. This step involves two tasks:

- **Task 1:** Reach an agreement with the hospital, if necessary
- **Task 2:** Reach an agreement with the prosecutor's office


The following descriptions provide some tips and guidelines for approaching hospital personnel and prosecutors to get permission to access case records.

Task 1: Reach an Agreement with the Hospital

You will need to come to an agreement with the hospital(s) about getting the information you need from their records. Your SANE program will need to reach an agreement with each hospital in which you regularly see patients.

Selecting the Hospital(s)


Some community-based programs will not need to reach an agreement with a hospital because they only treat patients in their own facility and will only access their own SANE program records. All SANE programs that treat patients in a hospital facility(ies) will need to work with the hospital(s) to determine if they need to get approval to access hospital records. If your SANE program treats patients in more than one hospital, you will need to complete the following steps with each of these hospitals.



Example: SANE Programs Treating Patients in Hospitals Across Different Counties

A SANE program treats patients at two different hospitals in two different counties and wants to evaluate case progression for all of their patients.

This Toolkit is written in a way that it can only be completed with a single county. If this SANE program would like to include cases from both counties, they will need to complete two separate evaluations. They will follow the exact same process, but will need to have separate MOUs with the appropriate prosecutor's offices, separate data collection sheets and analysis files.



Explaining the Project

When approaching your hospital about the evaluation project, we recommend the following process:

- **Introduce and explain the evaluation**
 - Communicate that your goal is to evaluate the SANE program, not the hospital.
 - Help them understand that evaluation efforts can help SANEs to improve their programs and possibly access more funding.
 - See Appendix B for a handout that you can provide to the hospital that outlines the project.
- **Give examples of other evaluation projects your program has been involved in**
 - Discuss how these projects have been helpful to your program and

the population you serve.

- If you have not been involved in other evaluation projects, discuss how this is a great project to start with because there is an accompanying step-by-step Toolkit.
- **Determine if you can get the information that you need from the hospital's case files from before your program started**
 - Discuss specifically which files you need to access— which will be the files that meet your sampling criteria (see pages 104-111 for a detailed explanation of the sampling criteria).
 - Discuss the information that you will need from each file:
 - The patient's first and last name
 - Date of the exam or the assault
 - Police complaint number, if known
- **Discuss how information will be retrieved from the files:**
 - Who will go through patient files and select the cases that meet your criteria? We recommend that someone from your program selects the files that you need because they will be more familiar with your sampling criteria. However, to protect the privacy of patients who don't meet your criteria, it may be preferable to the hospital that they select the appropriate files for you.
 - How will you get the information that you need from each file? We recommend that you make copies of the pages in the hospital file that you need. This will prevent potential errors in writing down the information by hand. However, the hospital may ask you to only write down the minimal information that you need or the hospital may choose to write

down the requested information from the files for you. That way, you don't see any more of the patients' information than is necessary.

- **Be prepared to discuss how you will protect patients' confidentiality and privacy**

- Once you have the hospital's patients' names, who within your program and within the prosecutor's office will have access to them?
 - This will depend upon your arrangement with the prosecutor's office, but generally it is preferable to allow as few people as possible to have access to patients' names.
- How will files containing patients' names be stored and destroyed?
 - We recommend storing patients' names in a locked file cabinet and limiting access to the key.
 - When the evaluation is over, we recommend shredding any identifying information as long as it is no longer needed.

- **Be prepared to discuss compensation for the hospital**

- Will you reimburse the hospital for any expenses related to copying the files for your evaluation?
- Will you reimburse the hospital for staff time if they are responsible for pulling files and writing down case information?

Getting Board/Committee Approval

After explaining the project to your hospital, you will need to go through the appropriate channels to determine if you need approval to carry out your evaluation. Many hospital's have a board or committee in place to review and approve any evaluation/research projects and to make sure that ethical standards are met. Frequently,

this group is called an **Institutional Review Board (IRB)**. These boards act to protect you and, most importantly, the participants/subjects of your evaluation/research.

Not all evaluation projects need to be reviewed by an IRB.

Generally, if you plan to write about your project in a journal or book, or present your findings to others at a conference, your project will likely be considered research and will require IRB approval. If you plan to use your data and findings internally, perhaps to improve your program, and it will not be used by anyone outside of your program, your project will likely not be considered research and will not require IRB approval.

You should first find out if the hospital you are collaborating with has an IRB.

If they do, an IRB official can help you determine if you need to apply for approval. The IRB will then provide you with instructions and guidelines and any training to attain approval.

If the hospital you are collaborating with does not have an IRB and you do not plan to share the data with anyone outside of your program (e.g., at a conference, in a journal, in a book, etc.), you do not need approval. If the hospital you are collaborating with does not have an IRB and you DO plan to share the data outside of your program, you need to find an IRB to approve your research. The Federal Office for Human Research Protection also has resources available at www.hhs.gov/ohrp/education/#materials. Use the information in Table 13 to help determine your next steps in board/committee approval.

Finalizing your Agreement

It is essential that you finalize your agreement with the hospital in writing. This will look a bit different depending on if you had to get IRB approval from the hospital with which you are working.

Table 13: Determining IRB Review Requirements

	YES—YOU PLAN TO SHARE THE DATA	NO—YOU DO NOT PLAN TO SHARE THE DATA
YES—THE HOSPITAL HAS AN IRB	You will need to get Hospital IRB Approval for the evaluation	You will need to check in with Hospital IRB to confirm that you are IRB approval is not required
NO—THE HOSPITAL DOES NOT HAVE AN IRB or YOU ARE NOT WORKING WITH A HOSPITAL	You will need to get external IRB approval for the evaluation	You do not need to check in with or get approval from an IRB

- **IRB approval was required.**

If the hospital has an IRB and you need approval to move forward (see Table 13), you will receive a letter from the IRB approving the evaluation/research. This will act as the finalized agreement with the hospital. Be sure to note the expiration date on the letter (usually one year after approval is granted) as you may need to apply for renewal if the evaluation continues past the expiration date.

- **IRB approval was not required.**

If the hospital does not have an IRB or you do not need approval from the IRB, complete a memorandum of understanding (MOU) with the hospital that details what information you will be collecting, who will be collecting the information, how you will be collecting the information, and how long the information will be stored. See Appendix C for a hospital MOU template.

Example: Community-Based Programs Wanting to Share Their Findings

A community-based SANE program is not collaborating with a hospital because they are completing a post-SANE only evaluation from their own records and do not treat any patients in hospital facilities. They are excited to be doing the evaluation because they plan to share their findings in a journal and at conferences. Because they plan to share their data outside of their program, it qualifies as research and requires the approval of an IRB. They will need to find an external IRB to approve their project. The Federal Office for Human Research Protection also has resources available at www.hhs.gov/ohrp/education/#materials.

Task 1: Reach an agreement with the prosecutor's office

You will need to come to an agreement with the prosecutor's office to access the information from their records. The prosecutor's office should have files or a computer database that stores information about all of the criminal cases that were prosecuted in the county. Most likely, the database or files will contain information about case progression through the legal system. This is the information you need to answer your evaluation questions.

Explaining the Project

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

- **If you don't have an established relationship, introduce yourself and your program and explain the evaluation**
 - Communicate that your goal is to evaluate the SANE program, not the prosecutor's performance.
 - Help the prosecutor understand that evaluation efforts can help SANEs to improve their programs and possibly access more funding.
 - See Appendix D for a handout that you can provide to the prosecutor's office that outlines the project.
- **Give examples of other evaluation projects your program has been involved in**
 - Discuss how these projects have been helpful to your program and the population you serve.
 - If you have not been involved in other evaluation projects, discuss how this is a great project to start with because there is an accompanying step-by-step Toolkit.
- **Determine if you can get the information that you need from the prosecutor's office**
 - Do their case records have the information you need to answer your evaluation questions (e.g., if cases were charged, went to trial, etc.?)
 - Are their case files or database searchable by victim name? (This is how you will need to search the database based on the information you are able to attain from the medical records.)
 - Will the prosecutor's office grant you access to the case files or database? If not, are they willing to give you the information that you need from their files/database?
 - Be prepared to explain how you will decide which cases you will need to look up at the prosecutor's office. (See pages 104-111 for a detailed explanation of the sampling criteria.)
- **Be prepared to discuss confidentiality and privacy of the information you wish to obtain**
 - The prosecutor's database may contain information regarding the defendant that is confidential. If you or someone from your program is looking up case information, you will need to assure the prosecutor that you are only interested in what happens to cases and will not document any of the other information. You may need to offer to sign a confidentiality agreement.
 - If the prosecutor's office looks up the case information, you may want to ask them to agree to keep the names of your patients confidential by only allowing the person who is searching the database access to their names. You could ask them to sign a confidentiality agreement.

Finalizing your Agreement

It is essential that you finalize your agreement with the prosecutor's office in writing. To do this, you will want to complete a MOU with the prosecutor's office that details what information you will be collecting, who will be collecting the information, how you will be collecting the information, and how long the information will be stored. See Appendix E for a prosecutor's office MOU template.

If negotiations with the prosecutor's office fail and you are not able to obtain access to criminal justice outcomes.



STOP.

Your program is not able to carry out any of the evaluation designs at this time.

REMEMBER: Your IRB application and/or MOU can get stuck at places in the process where you might not expect. Be patient and willing to shift your timeline accordingly.

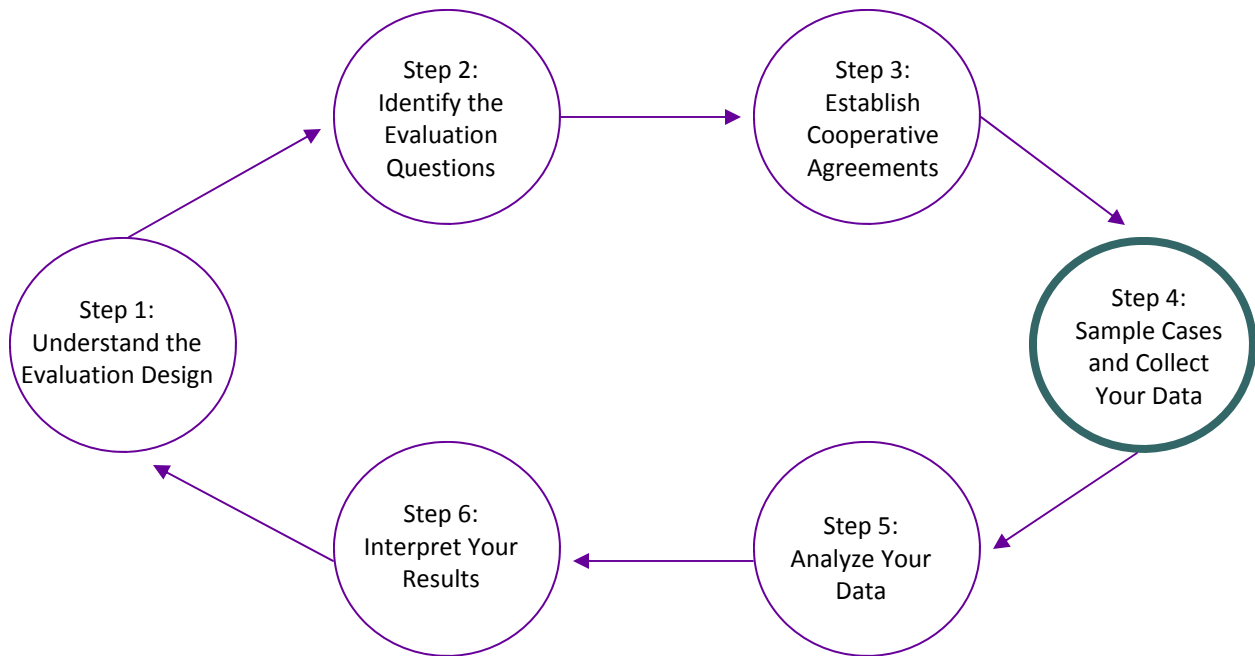
It is common to encounter different obstacles as you attempt to finalize cooperative agreements with the hospital or the prosecutor's office(s). Table 14 presents common obstacles you may encounter during this process along with proposed solutions.

Table 14: Common Roadblocks and Solutions in Establishing Cooperative Agreements

Common Roadblock	Proposed Solution
You are a hospital-based SANE program and you learn that the HOSPITAL IS UNWILLING TO GRANT YOUR PROGRAM ACCESS TO THE MEDICAL RECORDS.	Your program is NOT READY FOR EVALUATION. You should focus your efforts on building your current relationship with the hospital.
You learn that IT IS IMPOSSIBLE TO SEARCH FOR ALL PATIENTS WHO WERE TREATED FOR SEXUAL ASSAULT.	Your program is NOT READY FOR THIS TYPE OF EVALUATION as you cannot identify all sexual assault cases without patient information. However, the ONGOING EVALUATION may be a good fit for your program as you will record cases as they come in. Go to page 140 to learn about it.
You learn that your HOSPITAL WANTS TO REVIEW YOUR MOU WITH THE PROSECUTOR before it is sent to them.	You can LET THEM REVIEW IT. It is important to note that this is just one example of where your MOUs might get stuck in the process. Understand that this will happen and that it could affect your timeline for the project.
You learn that the PROSECUTOR IS UNWILLING TO SHARE PROSECUTION OUTCOMES with you or your program.	Your program is NOT READY FOR EVALUATION. You should focus your efforts on building your current relationship with the prosecutor.
You learn that the prosecutor is willing to share prosecution outcomes with you, but that THE PROSECUTOR WILL NOT GRANT YOU FULL ACCESS TO THEIR DATABASE.	You can ask if a representative of the prosecutor's office would be willing to pull records with you and CHANGE THE MOU to reflect this.
You learn that it is NOT POSSIBLE TO SEARCH THE PROSECUTOR DATABASE BY VICTIM NAME. It can only be searched by suspect name.	You can WORK WITH LAW ENFORCEMENT TO GET THE SUSPECT NAMES FOR ALL OF YOUR CASES. See Appendices F-H.



Post-Only Step 4: Sample Cases and Collect Your Data



You are almost ready to collect your data.
Collecting data requires that you know:

- which cases you are going to look at
- how you are going to record the data

With those decisions made, data collection is a relatively simple process that takes a bit of time to finish. To complete this step you need to complete four tasks:

- **Task 1:** Determine which cases will be included in your evaluation
- **Task 2:** Identify cases that meet your requirements
- **Task 3:** Draw a sample of the cases that meet your requirements
- **Task 4:** Collect prosecution outcomes for the sampled cases

Task 1: Determine Which Cases Will Be Included in Your Evaluation

To answer your evaluation questions you will need to look up individual sexual assault cases and find out how far these cases made it in the criminal justice process.

- Because this Toolkit looks at impact on the criminal justice system, only the files of patients who reported the assault to police will be used.

Table 14 below provides the set of criteria you will be using to determine which cases treated by your program (SANE) should not be included in your evaluation. Each criterion is accompanied by an explanation for why those cases should not be included in your evaluation.

Table 14: Post-Only Case Inclusion Criteria

Do Not Include	Explanation/Rationale
Do <u>NOT</u> include cases from the first year your program was operating	You need to give your program some “up & running time” and give it a chance to affect how cases progress through the system. For example, if your program launched in January 2000, it is unlikely that you would see immediate changes in how far cases progress. It would likely take one year to see any changes. So, if your program was implemented in January 2000, select cases that were treated in your program starting in January 2001. The implementation date of your program should be when your program began to self-identify as a functioning SANE program (this may or may not coincide with the start of grant funding, the start of providing 24 hour coverage, or the start of having SANE nurses on call).
Do <u>NOT</u> include cases from the year prior to the start of the evaluation	<p>It takes time for cases to move through the criminal justice system. You do not want to track cases too soon or they will not have had time to reach their final outcome. So if you are starting the evaluation in January 2010, only cases from January 2009 or <u>earlier</u> should be included.</p> <p>You may want to ask the prosecutor’s office about the typical length of the process in your area. If it takes more than a year for cases to complete prosecution, adjust your criterion accordingly.</p>

Do <u>NOT</u> include cases where the patients have not reported the assault to the police	Because you want to know if your program affected how cases progress through the system, patients who did not report the assault to the police should NOT be included in your evaluation sample—they were never a part of the criminal justice system in the first place because the patient chose not to report to the police.
Do <u>NOT</u> include cases where the patient was younger than 18 years	Prior research suggests that criminal justice system response varies depending on the age of the victim. Therefore it is best if the evaluation sample does not include multiple age groups.
Do <u>NOT</u> include cases where the patient did not consent to a medical exam with forensic evidence collection	Patients who declined a forensic exam may be less likely to report to the police and/or participate in the criminal justice process. Additionally, if prosecution does proceed, the criminal justice outcomes may be different for patients who had a complete forensic exam and those who did not. If you include patients who did not have an exam in your evaluation sample, you could underestimate the impact of your program.
Do <u>NOT</u> include cases that had anonymous or de-identified kits	Any patient whose kit did not include their <u>full name</u> and <u>date of birth</u> is considered an anonymous or de-identified kit. If a patient's kit is anonymous, it is crucial that their anonymity is maintained. Including cases with anonymous or de-identified kits in your evaluation will compromise that patient's privacy/confidentiality. Hence, it is crucial that you do not include those cases.
Do <u>NOT</u> include cases where the patient did not give permission for the kit to be released to law enforcement	In order to protect patients' privacy you do not want to include any cases where permission was not given to release the kit to law enforcement. You do not want to accidentally identify a patient by name to law enforcement who never gave permission for their identified kit to be released.
Do <u>NOT</u> include post-mortem cases.	Homicide cases (even if they involve sexual assault) are likely to be prosecuted differently than sexual assault cases. Therefore, including post-mortem cases could make it harder to find differences in how far sexual assault cases progress in the system. Or, including post-mortem cases could cause you to find changes or differences in case progression that are due to changes in prosecution of homicide, not sexual assault.

Choosing the time period for your cases

Based on how long your program has been around and the number of patients you see each year, you will need to decide the period of time from which you will be selecting your cases. In the pilot of this Toolkit, all of the sites who completed a post-only design selected cases from the beginning of their SANE program through the current day (excluding the first year of their program and the year prior to the evaluation). This is ideal as it will show prosecution outcome trends over time since the start of your program up until today. However, this may be too resource-intensive for older programs. You may decide that it is only valuable to look at cases in more recent years.



Example: Thinking About SANE Program Start Dates

A SANE program began to receive start up funds in January 2000 and started seeing patients in April of 2000. Because they had few SANEs on staff able to take call, about one in every three patients coming in was actually seen by a SANE nurse. Beginning in October of 2000, they had more reliable coverage and most all presenting patients were seen by a SANE.

While the official start date of their program, based on grant funding, was in January 2000, the SANEs in the program did not self-identify as a full-functioning SANE program until they were seeing the majority of their patients beginning in October 2000. Based on this, the program will select October 2000 as their start date and will begin collecting data in October 2001 (leaving out the first year as “up and running time.”





Our Selection Criteria:

Post-SANE Cases= _____ / _____ to _____ / _____
Month Year Month Year

Your County= _____

- ✓ Patient reported assault to police
- ✓ Patient was 18 years or older at time of exam
- ✓ Patient consented to medical exam with forensic evidence collection
- ✓ Kit included patient's full name and date of birth
- ✓ Patient gave permission for the kit to be released to law enforcement
- ✓ Case was not post-mortem

Task 2: Identify Cases That Meet Your Requirements

Now that you have a list of requirements, you need to identify cases that meet them. The steps to do this are listed below. Additionally, Table 15 presents common roadblocks you might encounter during this process and potential solutions.

- **Use the table** in Appendix I for case selection. On the table, each requirement you identified (see the list you wrote on the previous page) is a column heading and each case can be a row (below is a sample portion of the table).

Year Criteria: ____/____/____ to ____/____/____ County: _____								
Patient Name/ Number	Meets Year Criteria?	Police Report Made?	Is 18 Years or Older?	Medical Exam w/ Forensic Evidence ?	Kit Has Full Name and DOB?	Permission to Release Kit?	<u>NOT</u> Post-Mortem?	Is the case eligible?
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

- **Pull out your SANE files.**
- **Read the files and record whether the case meets each requirement.** For each case (row) record “Yes” or “No” to indicate whether that case meets each requirement (column).
- After the case information is recorded, look at what you wrote down for that case and **decide if the case is eligible** to be included in the evaluation.
 - If the case meets all requirements (i.e. you marked “Yes” for all the requirements), then the case is eligible.
 - If the case fails to meet any requirement (you marked “No” for one or more requirements), then it is not eligible.
 - Record your decision in the last column of your table.
- Make a **list** of the patient name, DOB, assault date, exam date (if different than assault date), and complaint number (if available) for all **eligible cases for each year**, and **number** the list.
- **Remember:** use all requirements for all cases.

Example: Selecting Cases

A SANE program has decided that it wants to evaluate cases from the following time periods:

- SANE program cases from 2004 – 2008

As they go through their files they keep a record of whether each case from that time period meets the criteria. Below is a brief illustration of their table.

Year Criteria: 1/1/2004 to 12/31/2008 County: West								
Patient Name/ Number	Meets Year Criteria? Y/N	Police Report Made? Y/N	Is 18 Years or Older? Y/N	Medical Exam w/ Forensic Evidence ? Y/N	Kit Has Full Name and DOB? Y/N	Permission to Release Kit? Y/N	<u>NOT</u> Post- Mortem? Y/N	Is the case eligible? Y/N
1001	Y	Y	N	Y	Y	N	Y	No
1002	Y	Y	Y	Y	Y	Y	Y	Yes
1002	Y	Y	Y	Y	Y	Y	Y	Yes
1003	Y	Y	Y	Y	Y	N	Y	No

Table 15: Common Roadblocks and Solutions in Identifying Eligible Cases

Common Roadblock	Proposed Solution
<p>You learn that IT IS IMPOSSIBLE TO SEARCH FOR ALL PATIENTS WHO WERE TREATED FOR SEXUAL ASSAULT.</p>	<p>Your program is NOT READY FOR THIS TYPE OF EVALUATION as you cannot identify all sexual assault cases without patient information. However, the ONGOING EVALUATION may be a good fit for your program as you will record cases as they come in. Go to page 140 to learn about it.</p>
<p>You are reading through a medical record and CANNOT TELL IF THE PATIENT CONSENTED TO A MEDICAL FORENSIC EXAM WITH FORENSIC EVIDENCE COLLECTION.</p>	<p>You should DECIDE IF YOU WILL INCLUDE OR EXCLUDE CASES WERE IT IS UNCLEAR IF AN INCLUSION CRITERION IS MET AND DO THIS FOR EVERY CASE THAT IS UNCLEAR. You need to consistently handle these cases in the same way. Make the decision once and stick to it. Write down the decisions you make for these cases and keep it nearby as a cheat sheet as you continue to review cases.</p>
<p>You encounter a POST-SANE CASE THAT WAS NOT COMPLETED BY A SANE.</p>	<p>You should INCLUDE THE CASE IN YOUR LIST OF ELIGIBLE CASES. There are always going to be a set of cases that are not seen by a SANE after the start of the SANE program. It is improbable, if not impossible, to systematically exclude all of these cases from the list of eligible cases so a consistent decision rule needs to be followed—leave them in.</p>

Task 3: Draw a Random Sample of the Cases That Meet Your Requirements

If you have the resources (e.g., time and staff to look up all of the cases that met your requirements in the prosecutor's office's records), then you should include **all cases** that were eligible. If you don't have enough resources, then you will need to reduce the number of cases you use in the evaluation. This process is known as **sampling**.

Sampling helps you to limit the number of cases you include in your evaluation so that the process is feasible for your program, the hospital, and the prosecutor's office. In the end, the cases that are included in an evaluation, collectively, are known as a **sample**.

- If when you look at the list of cases that meet your requirements, you think **you have the time and resources to look up all of the cases** in the prosecutor's records and enter this information into an Excel spreadsheet, **then skip this task and go on to page 114**. Remember that if you decide to use ALL cases you need to make sure you get ALL cases from that time period that meet the inclusion criteria i.e. you cannot do the majority and then decide you will skip the last handful.
- If you have **50 or fewer eligible cases, use all of them**. Skip the section below and go onto page 114.
- If when you look at the list of cases that meet your requirements, you have more than 50 eligible cases per year, and you think it is **not feasible to track them all**, then use the information below to **draw a random sample**.

- **Remember: Sampling is all or none.** If you have some years with more than 50 cases and other years with less than 50 cases, use all of them. Skip the section below and go onto page 114.

Instructions for Sampling

Step 1. Using the table below, determine which case to start counting off from based on how many eligible cases you have.

You have ____ eligible cases	To select your cases start with the ____ case on your list*
50-99 cases	21 st
100-149 cases	163 rd
150-199 cases	42 nd
200-249 cases	178 th
250 cases or more	20 th

* The starting numbers were randomly selected

Step 2. Select every third case that is available and circle the selected case.

[If you reach the end of your list of your eligible cases before getting 30 cases, circle back to the beginning of the list and continue selecting every third case, making sure to skip the already selected cases].

Step 3. Make a list of all the circled cases. This is your list of cases that will be used for the evaluation and for whom you will look up information at the prosecutor's office.



Example: Randomly Sampling Cases

A SANE program has chosen to look at SANE cases from August 2005 – July 2007. They have **120 eligible SANE cases** from that time (~60/year). They don't have the resources to look up all 120 cases and so have decided to randomly sample cases. They **need to track outcomes for 30 cases per year**. So they:

- Take their list of eligible SANE cases and number the cases from 1 – 60 per year.
- Then they start with case #21 on the list and they circle every third case.
- This gives them a sample that includes the cases that are number:


<u>Cases Selected from Eligible List</u>	<u># of cases sampled</u>
21	1
24	2
27	3
...	...
54	12
57	13
60	14

[Now that they have reached the end of the eligible list but still do not have 30 cases, they circle back to the beginning of the eligible list and continue counting of every third case making sure to skip the already selected ones e.g. #22 instead of #21]

3	15
6	16
9	17
12	18
15	19
18	20
22	21
25	22

[They continue counting off every third case until they have 30 cases selected]

Then they create a list of the selected cases.
They then **repeat** these steps for each year.



Task 4: Collect Prosecution Outcomes for the Sampled Cases

You are now ready to collect the prosecution outcomes for the cases that were sampled. The prosecution outcome is the end result of the case. Depending upon your arrangement with the prosecutor, they may grant you access to their case records or they may prefer to look up the information for you.

When you are collecting the case outcomes there are a few things you need to do to make sure you are collecting the most accurate information.

- Make sure that you have the correct case file
- Accurately determine the **final** case outcome
- Accurately identify cases with unknown outcomes

How to make sure you have the correct case file

Before recording the outcome you need to make sure that the case you pulled from your patient files actually goes with the case you are looking at in the criminal justice files. When you find a potential match in the prosecutor's database, double-check that:

- The victim's first and last name matches
- The victim's date of birth matches
- The date of the assault matches the date of the assault from your records
- The police complaint/case number matches (if available)
- The crime the offender was charged with is appropriate (e.g. a sexual assault crime or some other type of assault that is feasible given what you know about the crime)

This can prevent accidental mis-matching. For example, a common issue is an individual may be in the prosecutor's database multiple times, once for the assault that led to the SANE visit,

and another time for a role they played (whether victim, witness, or offender) in a different crime. This is why it's important to match not only the name, but also the date and the crime.

How to accurately determine the **final** case outcome

Remembering the steps of the criminal justice system (see page 95), there are six possible case outcomes:

- **Not referred/not charged**
- **Charged but later dropped**
- **Pled or Plea Bargain reached**
- **Trial with Acquittal**
- **Trial with Conviction**
- **Unknown**

While case outcomes are simple, reading the legal records is not always easy. Here are some tips for determining case outcomes:

- **Review the order of the stages of the criminal justice system process** to re-orient yourself to the possible outcomes.
- **Make sure you are recording the final result.** Often cases will reach multiple stages in prosecution. For example, a case that is convicted at trial was also charged. The case outcome is the **final result** the case reaches in the criminal justice system. Therefore, in this instance, "conviction at trial" is the case outcome, not "warranting."
- **Pay attention to what may have happened next.** For example, a case may go through plea bargaining but that is not necessarily its outcome. If a bargain was not reached and the defendant did not plea to a charge, the case would have gone to trial. Either "conviction at trial" or "acquittal at trial" would be the final outcome.

- **Ask for help.** You may need help from someone at the prosecutor's office to read some of the **legal terms** they use to designate case outcomes.

How to Handle Cases You Don't Find in the Prosecutor's Database

It is very likely that you will not find all of the cases on your list in the prosecutor's database. In fact, it is quite possible that the majority of your cases will not appear in the prosecutor's office as most cases are not referred to and charged by the prosecutor. If a case does not appear in the prosecutor's office, you should:

- **Double check your search information.** Check the spelling of the victim name, the date of birth for the victim, the date of the assault, and any other search criteria you are using to ensure you are searching for the correct case file.
- **Explore alternative search options.** Work with the prosecutor's office to determine if there is another search strategy you should be using to locate case files.
- **Record the outcome as "not referred/not charged."** If the case does not appear at the prosecutor's office and you have exhausted all other explanations for its absence (e.g., misspelled name, wrong search strategy), it was not referred or not charged and should be recorded accordingly.

How to Accurately Identify "Unknown" Case Outcomes

We have included "unknown" as a case outcome option in case you find a case in the prosecutor's database but there is not enough information in the records to determine the case outcome. It is important to remember that an "unknown" outcome is different from the situation where you did not find a case in the prosecutor's data-

base – in which case it means the case was not charged and so the case outcome would be "not referred/not charged" and not "unknown".

Example: Recording Final Outcomes

While recording information at the prosecutor's office, a SANE program comes across the following situations:

- Case number 001 was on the list of cases that met all the selection requirements, but did not show up in the prosecutor's records.
 - *Record this case as "Not referred/charged"*
- Case 002 was sent to the prosecutor, but records show no charges were brought.
 - *Record this case as "Not referred/not Charged"*
- Case number 003 was charged, but later the judge closed the case
 - *Record this case as "Charged, but later dropped"*
- Case 004 was acquitted at trial.
 - *Record this case as "Trial/Acquittal"*
- The prosecutor charged case 005. The defendant pled to lesser charges in order to receive a lighter sentence.
 - *Record this case as "Pled/Plea Bargain reached"*



Accurately Identifying Case Outcomes:

Answer the following questions to test your ability to identify case outcomes accurately (the correct answers are at the bottom of the page):

Q1: Case number 001 was on your list of cases that met all the selection requirements, but did not show up in the prosecutor's records.

How would you record the outcome for this case?

Q2: Case number 002 was on your list of cases that met all the selection requirements, and you did find the case in the prosecutor's records. However, from looking through the records you were unable to determine the case outcome because there was very limited information available.

How would you record the outcome for this case?

Q3: Case number 003 was on your list of cases that met all the selection requirements, and you did find the case in the prosecutor's records. The records show no charges were brought.

How would you record the outcome for this case?

Case001 – not referred/not charged
Case002 – unknown
Case003 – not referred/not charged

Recording the Case Outcomes

Now that you know how to accurately determine case outcomes, you can move onto the actual process of collecting the information from the prosecutor's records. Here are the step by step directions on how to actually record the case outcomes:

To make data collection easier for you, we have created a table you can use to record the case outcomes (see Appendix J). This table gives each case its own row. After recording information to identify the case, the case outcome for the case is recorded. To collect your data:

- **Make copies** of the information collection table so you have enough for all of the cases you sampled.
- **Before** you go to the prosecutor's office, use the patient files of the cases you sampled to **fill out the first six columns** of the table (patient's last name, patient's first name, patient's date of birth, complaint number if known, date of assault and date of exam if it is different from date of assault).
- **At the prosecutor's office**, use their records to mark an X in the "Case Outcome" column to show what the **final outcome** was for each case.

Table 16 provides common obstacles in collecting final case outcomes and potential solutions.

Example: Information Collection Table

After sampling a sufficient number of eligible cases, a program went to the prosecutor's office and recorded the case outcomes. The first page of their information collection table looked like this:

Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam*	Case Outcome
Smith	Jane	10 April 1970	8970-2	2/22/05	2/23/05	<input type="checkbox"/> Not charged <input checked="" type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Jones	Sam	28 May 1968	9230-1	3/3/06		<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input checked="" type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Garcia	Maria	23 March 1962	6532-3	4/8/06	4/10/06	<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input checked="" type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown

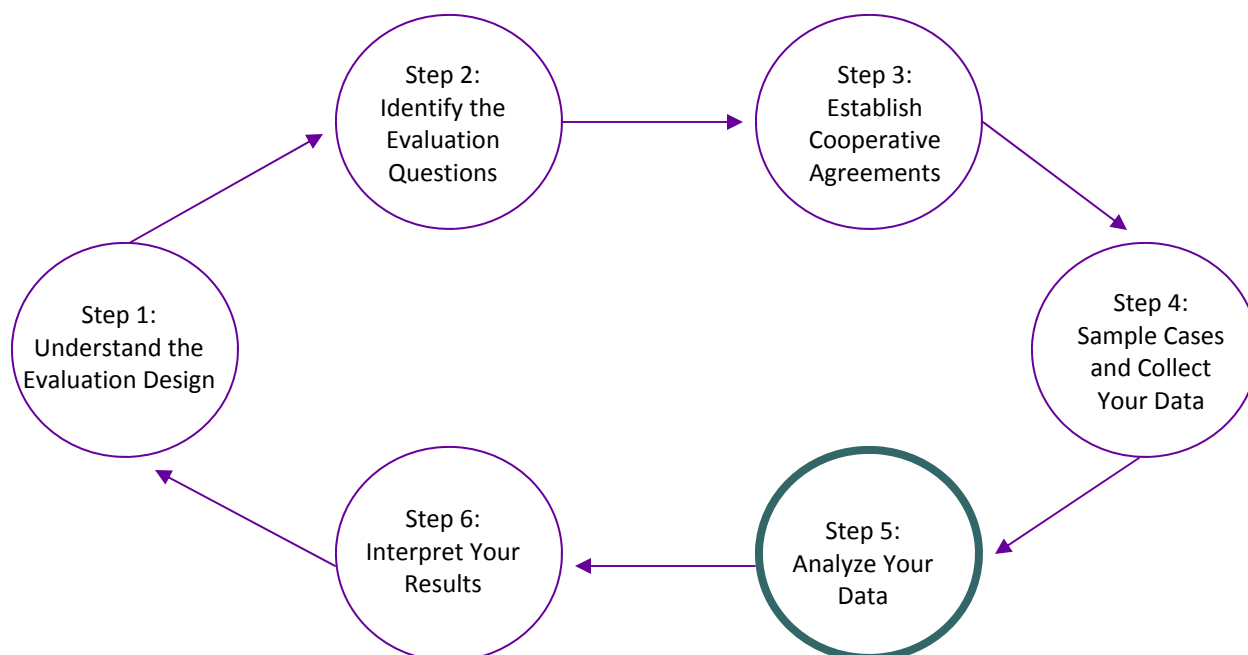
*if date of exam was different from date of assault

Table 16: Common Roadblocks and Solutions in Identifying and Recording Case Outcomes

Common Roadblock	Proposed Solution
You learn that it is NOT POSSIBLE TO SEARCH THE PROSECUTOR DATABASE BY VICTIM NAME . It can only be searched by suspect name.	You can WORK WITH LAW ENFORCEMENT TO GET THE SUSPECT NAMES FOR ALL OF YOUR CASES . See Appendices F-H.
You encounter a case that is STILL IN PROGRESS .	You should MAKE A SEPARATE LIST OF CASES IN PROGRESS . You don't want to include this case in the evaluation as it does not yet have an outcome. Make a list of cases still in progress. You can then look them up later and include them in the evaluation OR completely remove them from your evaluation.
You encounter a case in which the DEFENDANT DIED BEFORE OR DURING PROSECUTION .	You should EXCLUDE THE CASE FROM THE STUDY as there is not a defendant to prosecute.
You encounter a case in which the PATIENT DIED AFTER THE EXAM, UNRELATED TO THE CRIME OR THE DEFENDANT .	You should INCLUDE THE CASE IN THE STUDY as the defendant can still be prosecuted.
You encounter a case in which the PATIENT WAS LATER MURDERED BY THE DEFENDANT .	You should EXCLUDE THE CASE FROM THE STUDY as homicide is prosecuted differently than sexual assault and this evaluation is focusing on the progression of sexual assault cases in the criminal justice system.
You are finding that the majority of THE CASE OUTCOMES ARE NOT WHAT YOU EXPECTED .	You SHOULD NOT BE DISCOURAGED BY WHAT YOU FIND AT THE PROSECUTOR'S OFFICE . The majority of cases do not make it to trial or end in a sentence. Your primary job is to provide medical care. This is an evaluation of the entire system's response to sexual assault.



Post-Only Step 5: Analyze Your Data



Congratulations! You now have information on the criminal justice outcomes for your SANE program cases. You are now ready to analyze the data. Analyzing data is often assumed to be a difficult task that requires expertise in statistics. For some kinds of data analysis this is true. However, there are many kinds of analysis that you can easily do.

We have created a **pre-programmed Microsoft Excel file** that will do all of the analysis for you. Using the pre-programmed Microsoft Excel file is very easy and experience with Excel is not necessary. The file is designed so that all you have to

do is enter the information you collected and click a button. The computer will then automatically run all the calculations and create graphs to illustrate your results. Additionally, if you use the pre-programmed Excel file, you will be able to keep adding more cases later and re-calculate your results.

To use the pre-programmed Excel file for analysis there are three tasks you will complete:

- **Task 1:** Prepare to analyze your information
- **Task 2:** Enter the information you collected
- **Task 3:** Run the program to get your results

Task 1: Prepare to Analyze Your Information

Before starting your data analysis you should do a few simple things to keep your information secure and to prevent its loss:

- **Make a copy** of your completed information collection tables. This copy is what you will use when doing your analysis. This way if you want to make any markings on it or the document gets damaged, you still have your information and won't have to collect it again.
- **Lock up your originals** to protect confidentiality and keep your information and patients' names secure.
- **Remove patients' names** from the copies of the information collection table that you will be using. This helps to protect patients' confidentiality by ensuring that no one who sees the information will be able to identify patients. You can remove that column from your paperwork and shred it, or use a permanent black marker or white out to cover their names. *Note:* If you use a marker, make one more copy of the blacked-out pages because you can still read the identifying information through the marker. Use this final photocopy for your work and either destroy or lock up the one you used the marker on.
- **Add ID numbers**, if needed. If you do not have case numbers for all of the cases, number each case. You can do this simply by starting with "1" and numbering through to the end of the list. These numbers will let you cross-check between your paper Information collection tables and what you enter into the computer. For example:
 - If you take a break while entering your information, you will want to make sure you picked up where you left off.
 - If you realize you made an error when entering the information into the computer, you will want to go back and correct the error without having to re-enter a lot of information.

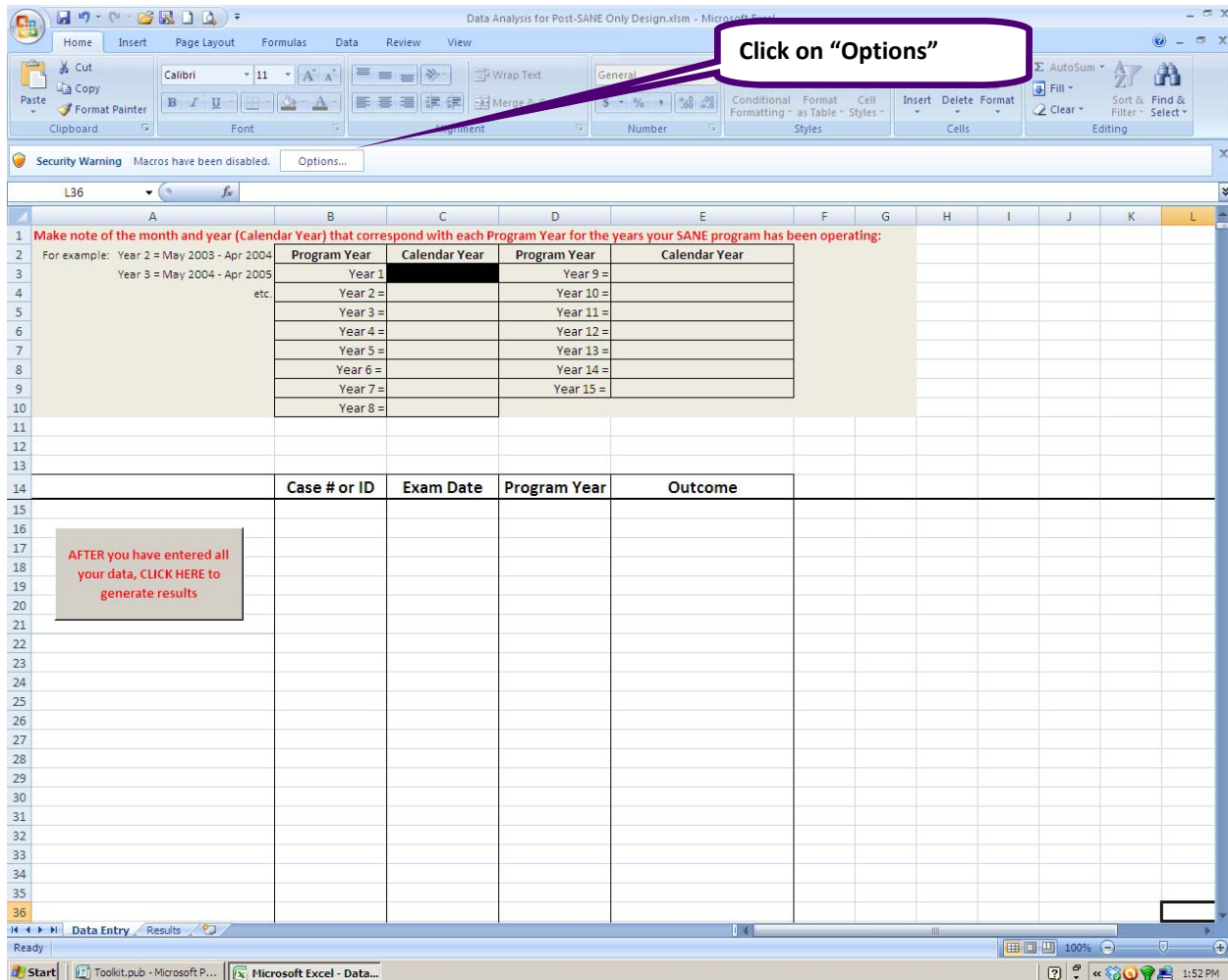
Task 2: Enter the Information You Collected

The USB drive that accompanies this Toolkit has three files on it:

1. Data Analysis for Pre-SANE/Post-SANE Design
2. **Data Analysis for Post-SANE Only Design**
3. Data Analysis for Ongoing Design

Because you used the Post-SANE Only Design, you will use the second file. **To get started**, open the appropriate file and orient yourself to it (see following page).

When you open up the file you will see a screen that looks like this³:



The first thing you must do is to **enable the macros**. A “macro” is a special program that has been written to make the spreadsheet do certain things. In this case, the macro is what runs the analyses and generates the results and graphs to show you what the evaluation found.

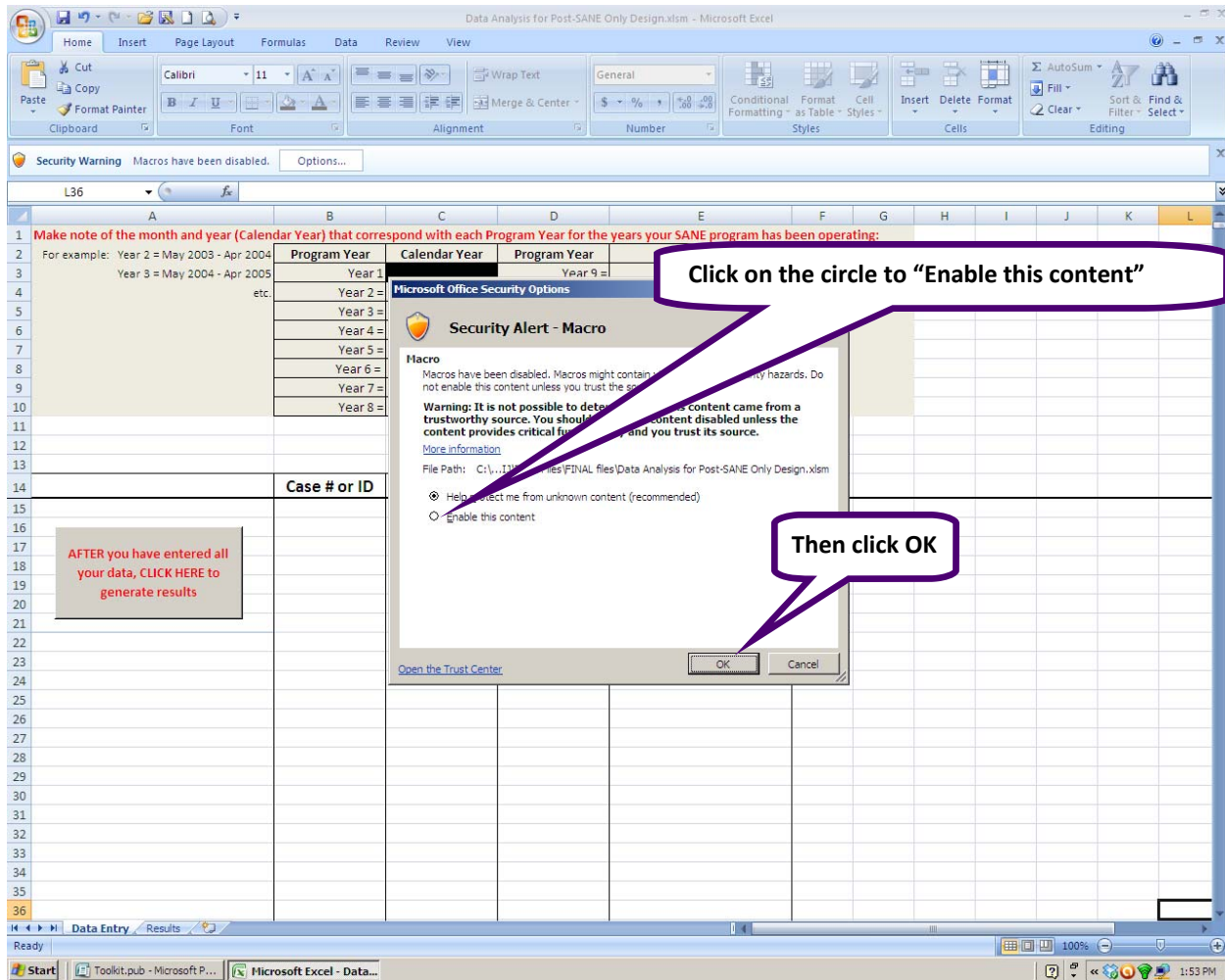
While you can enter data without enabling the macros, you cannot see any results without enabling the macros.

To enable the macros, click on “Options” at the top of the spreadsheet.

³ The pictures in this Toolkit use Office 2007. If you are using a different version of Office the file should still work, but the top of the screen where the menus are will look different. The menus do not matter. Other than saving your work, you will not need the menus to use the file.

After you click “Options,” a dialogue box will open up that looks like the one shown below. **To enable the macros:**

- Click on the dot to select “Enable this Content”
- Then click OK.



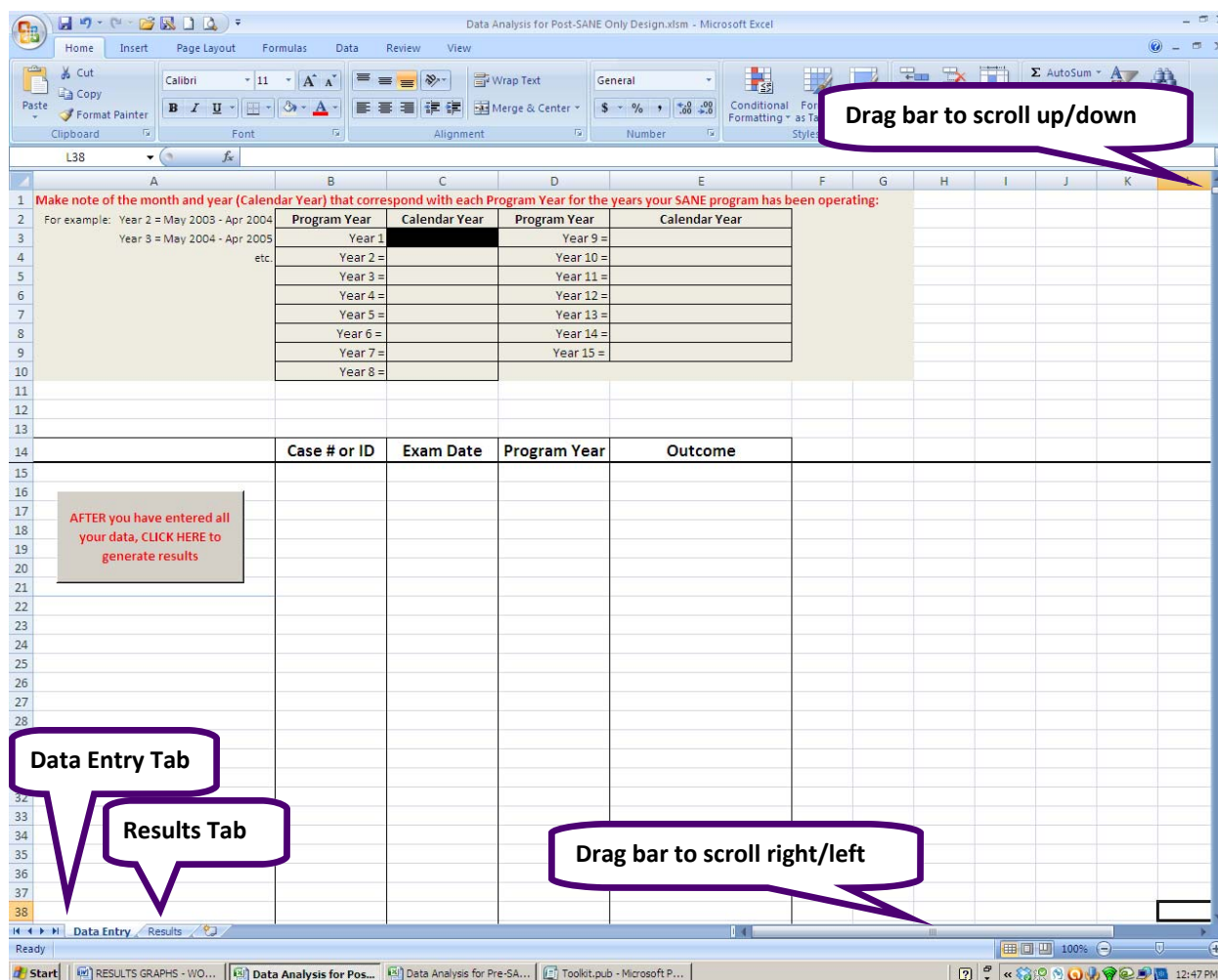
**If you don't enable the macros,
you won't see any Results.
You can enable the macros at any time.**

The file has two sheets in it:

- On the **Data Entry** sheet you will enter the outcomes information you collected.
- In the **Results** sheet your results will appear.

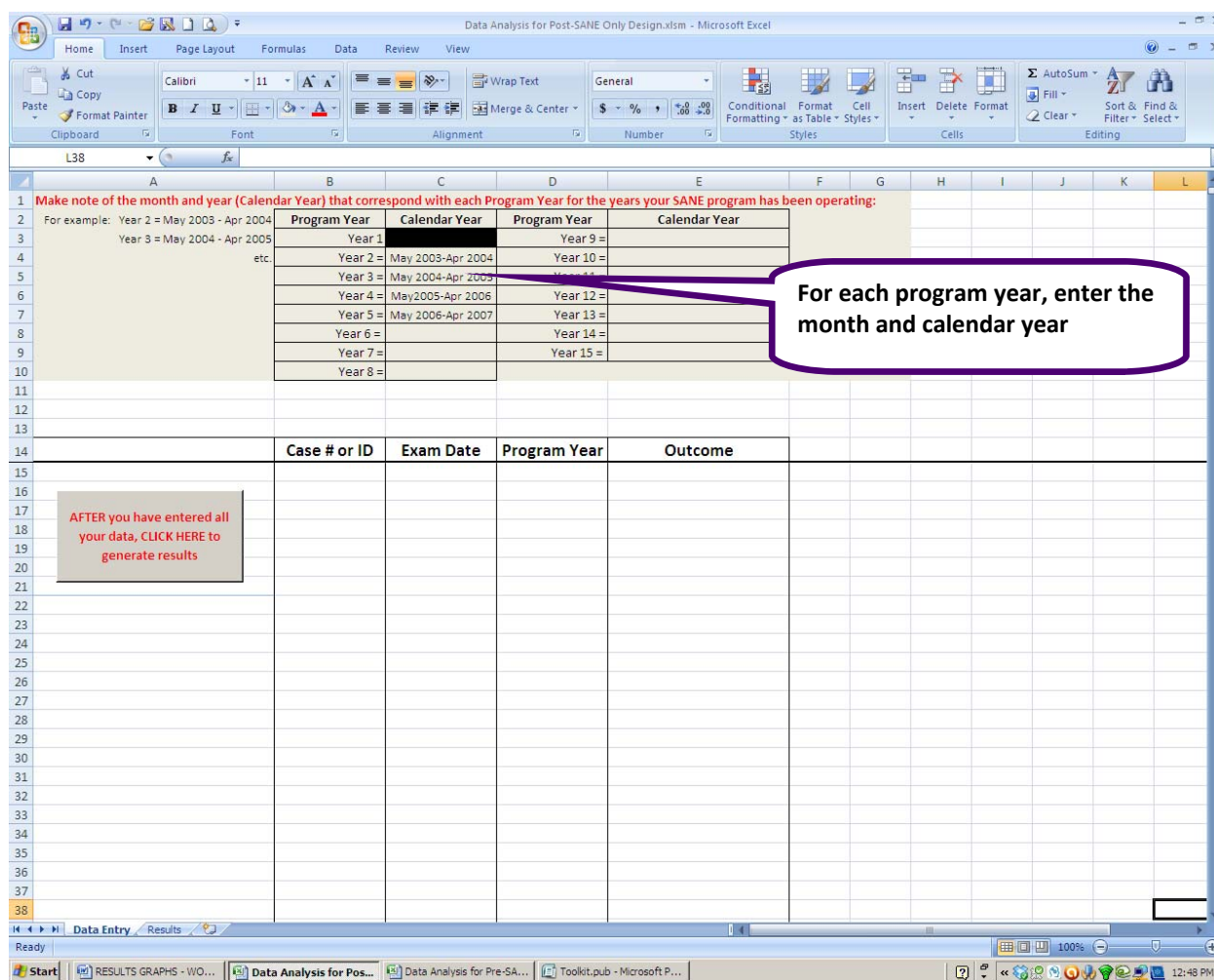
To **switch** from one sheet to the next, simply click on the tabs at the bottom of the screen.

If at any point you cannot see the entire sheet, simply use the **scroll** bars at the bottom and side of the screen to scroll right/left and down/up.



Begin by defining the years your program has been operating:

- Click on the space next to Year 2 (or the first year for which you are collecting post-SANE data).
- Enter the first and last month and calendar year that corresponds with that year of operation.
- Repeat for each of the years for which you are collecting post-SANE data.
- Reminder: this design does not collect data for your first year of operation.



To enter the information you collected:

- Click on the space for the first **Case # or ID**. If you are using case numbers, enter the first one in that space. If you are using sequential ID numbers, enter "1" in that space.

Make note of the month and year (Calendar Year) that correspond with each Program Year for the years your SANE program has been operating:

For example: Year 2 = May 2003 - Apr 2004
 Year 3 = May 2004 - Apr 2005
 etc.

Program Year	Calendar Year	Program Year	Calendar Year
Year 1 =		Year 9 =	
Year 2 =	May 2003-Apr 2004	Year 10 =	
Year 3 =	May 2004-Apr 2005	Year 11 =	
Year 4 =	May 2005-Apr 2006	Year 12 =	
Year 5 =	May 2006-Apr 2007	Year 13 =	
Year 6 =		Year 14 =	
Year 7 =		Year 15 =	
Year 8 =			

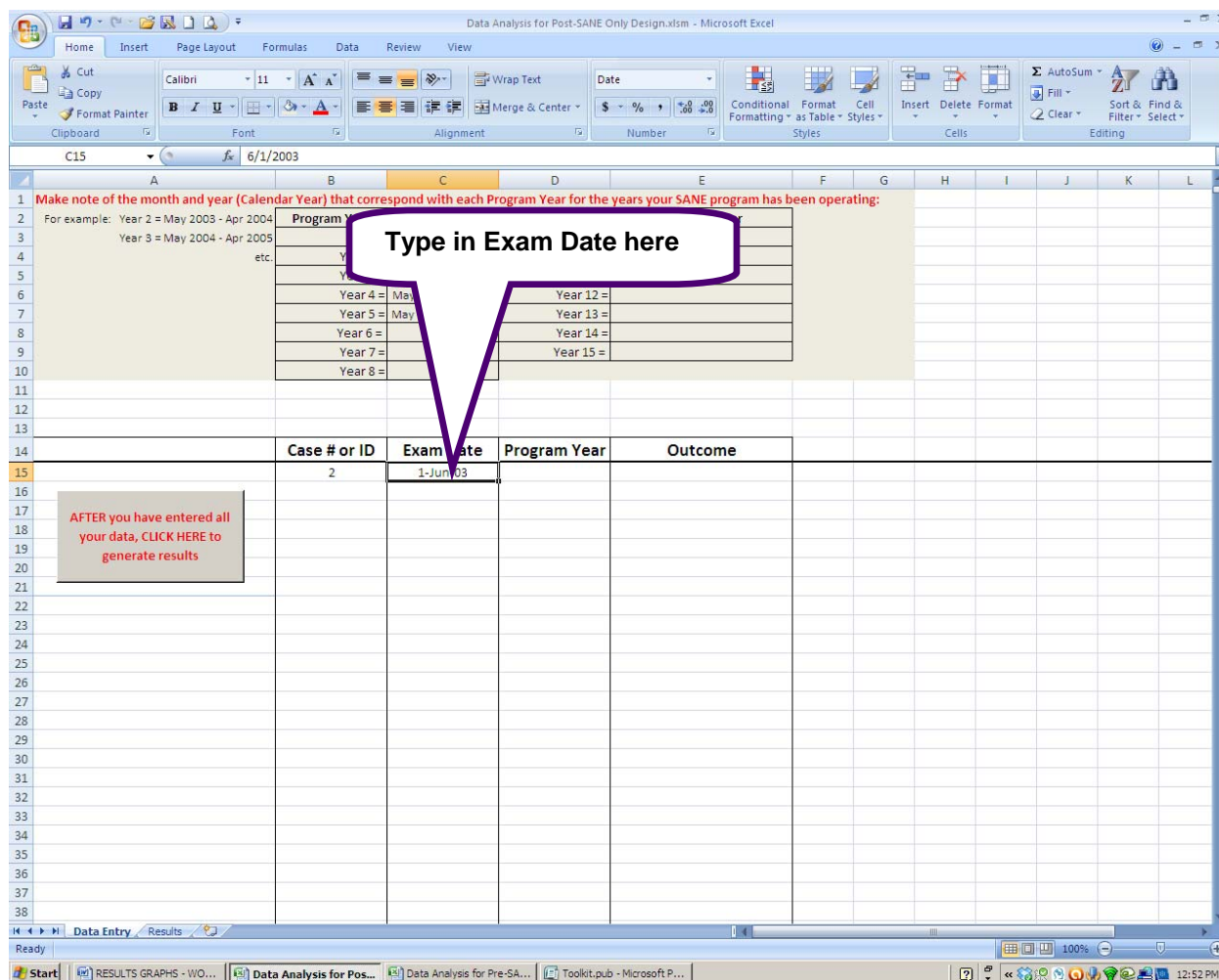
Case # or ID	Exam Date	Program Year	Outcome
1			

AFTER you have entered all your data, CLICK HERE to generate results

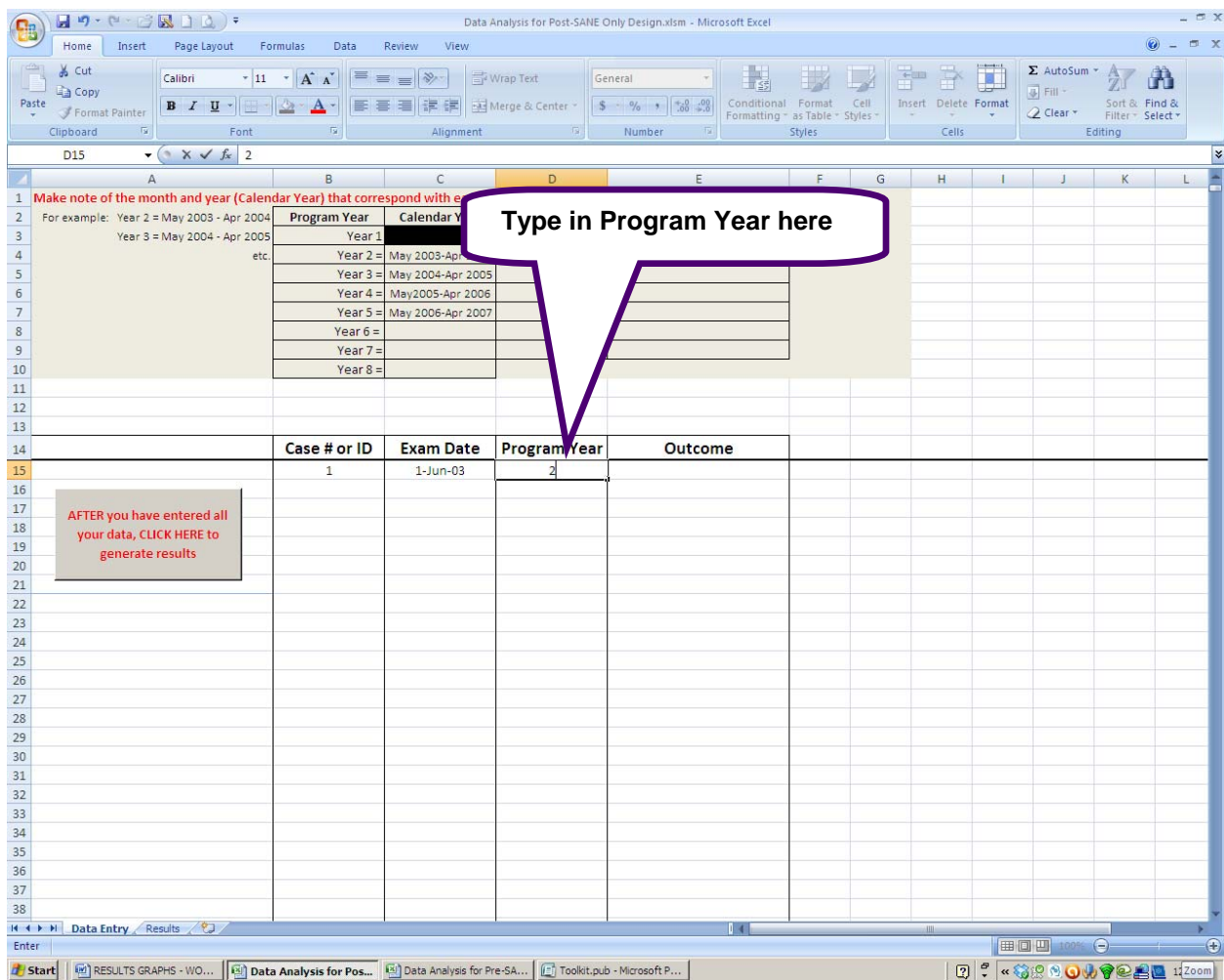
Type Case or ID # here

SAVE YOUR WORK OFTEN!!!

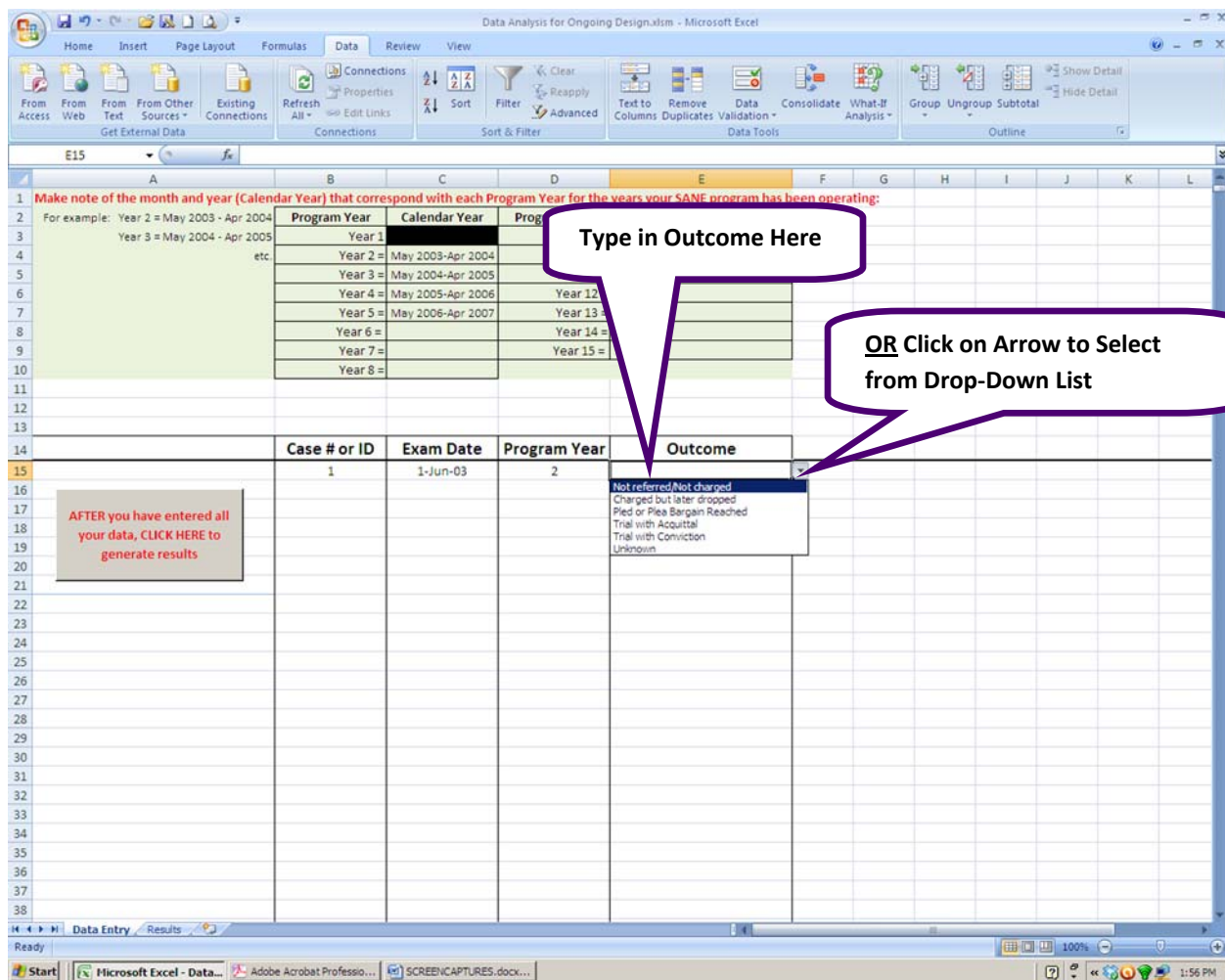
- Use the Tab key on your keyboard or use your mouse to move to the next space to enter the **Exam Date** for that case.
- You may enter using either numbers (for example, 5/15/01) or writing out the month (for example, May 15, 2001).
- The computer will automatically reformat the date to show the day, month (abbreviated), and year.



- Use the Tab key on your keyboard or use your mouse to move to the next space to enter the **Program Year** for that case.
 - The Program Year will be a **number** (1—15).
 - You can enter the program year either by **typing** in the number.
 - The file is programmed so that it only accepts these a number (1—15) . If you try to type in anything else you will get an error message.



- Use the Tab key on your keyboard or use your mouse to move to the next space to enter the **Outcome**.
 - The Outcome will be:
 - “Not referred/not charged”
 - “Charged but later dropped”
 - “Pled or Plea Bargain Reached”
 - “Trial with Acquittal”
 - “Trial with Conviction”
 - “Unknown”
 - You can enter the outcome either by **typing** in one of these labels OR you can use your mouse to click on the little arrow in the upper right hand corner of the box and select outcome from the **drop-down list**.
 - The file is programmed so that it only accepts these outcomes. If you try to type in anything else you will get an error message.



Once you have entered all your data, your sheet will look something like this:

- Note: While you may find it easier to enter the data sequentially (for example, all of the Year 2 data, followed by all of the Year 3 data, etc.), this is not necessary. The program can handle the data in any order that it is entered.

Make note of the month and year (Calendar Year) that correspond with each Program Year for the years your SANE program has been operating:

Program Year	Calendar Year	Program Year	Calendar Year
Year 1		Year 9	
Year 2 = May 2003-Apr 2004		Year 10	
Year 3 = May 2004-Apr 2005		Year 11	
Year 4 = May 2005-Apr 2006		Year 12	
Year 5 = May 2006-Apr 2007		Year 13	
Year 6 =		Year 14	
Year 7 =		Year 15	
Year 8 =			

Case # or ID	Exam Date	Program Year	Outcome
1	1-Jun-03	2	Not referred/Not charged
2	15-May-03	2	Not referred/Not charged
3	5-Jul-03	2	Charged but later dropped
4	1-Sep-03	2	Pled or Plea Bargain Reached
5	15-Apr-04	2	Not referred/Not charged
6	4-Jul-04	3	Charged but later dropped
7	5-Oct-04	3	Charged but later dropped
8	15-Dec-04	3	Not referred/Not charged
9	15-Mar-05	3	Pled or Plea Bargain Reached
10	1-Jun-05	4	Pled or Plea Bargain Reached
11	6-Aug-05	4	Pled or Plea Bargain Reached
12	10-Aug-05	4	Trial with Acquittal
13	5-Jan-06	4	Charged but later dropped
14	5-May-05	5	Pled or Plea Bargain Reached
15	10-Jul-05	5	Pled or Plea Bargain Reached
16	1-Oct-05	5	Trial with Conviction
17	5-Oct-05	5	Charged but later dropped
18	1-Jan-07	5	Trial with Acquittal
19	15-Jun-05	4	Pled or Plea Bargain Reached
20	10-Jul-06	5	Trial with Conviction
21	1-Oct-06	5	Trial with Conviction
22	5-Oct-06	5	Charged but later dropped
23	1-Jan-07	5	Pled or Plea Bargain Reached
24	15-Jun-05	4	Pled or Plea Bargain Reached

AFTER you have entered all your data, CLICK HERE to generate results

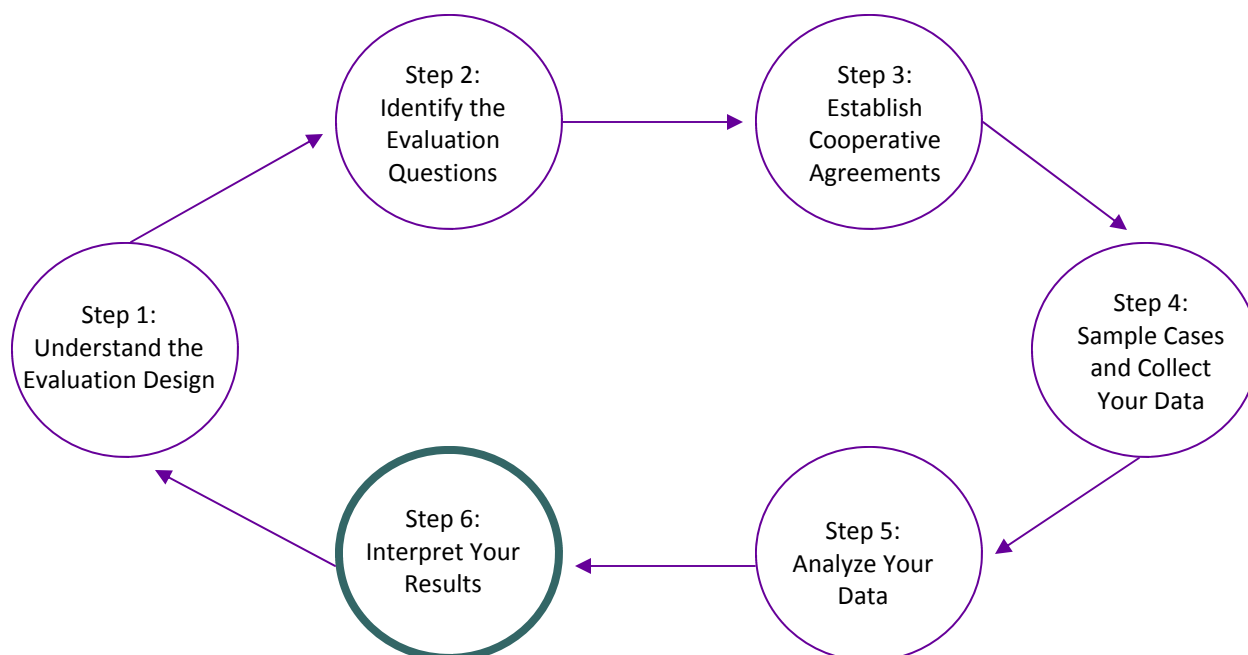
Click Here to Get Your Results

Task 3: Run the Program to Get Your Results

The final task is simply to **click** on the large, **gray box** on the left-hand side of the screen. When you do this, the computer will automatically calculate all of your results. You are now ready to move on to Step 6 – Interpret Your Results.



Post-Only Step 6: Interpret Your Results



Congratulations! You have completed your data analysis and you are now ready to look at the results and interpret what they mean. To make this task less daunting, think of it as telling a story. The numbers are telling a story. We need to figure out what that story is.

In this final step we will:

- **Task 1:** Look at the percentages for each outcome category
- **Task 2:** Compare your percentages to published rates

Task 1: Look at the Percentages for Each Outcome Category

Before we actually look at the results you will learn about **percentages** and why they are useful. You will also get to see how the case **outcome categories** were constructed from the individual case outcomes.

What are percentages and why should we use them?

We will be focusing on the **percentage** results because it is easier to compare your SANE cases to published rates using percentages. However, the numbers of cases (frequencies) are also presented in the results in case you want to look at them.

Percentages are proportions. In this evaluation, they are the proportion of cases that had a certain outcome. This is calculated by:
 The number of cases with that outcome divided by the total number of cases $\times 100$
 = % of all cases with this outcome.

Example: 25 out of 250 cases were dropped after charging. The percentage = 25 cases divided by 250 $\times 100$ = 10% of all cases were dropped after charging.

Percentages are often more useful than just using the number of cases because:

- Reporting that 25 cases were dropped by the prosecutor may be useful, but reporting that 100% (25 out of 25 cases) or 10% (25 out of 250 cases) were dropped after charging gives more meaningful information.
- You can compare percentages between groups even if the groups are different sizes. For example, imagine you had 100 SANE cases, while the program in a published study had 200 cases. When you look at the number of cases, you see that among both your SANE and those from the published study there were 10 successful prosecutions. If you only looked at the number of cases you might think that the prosecution outcomes were the same because $10 = 10$. However, if you calculated the percentages you would see a very different picture because 10% of your SANE program cases had successful prosecutions and only 5% of cases from the published study had successful prosecutions.
- Percentages also tell you where cases are dropping out of the system. For example, you may find that:

- 50% of cases are not charged
- 25% are charged but later dismissed
- 23% are plea bargained
- 1% are acquitted at trial
- 1% are convicted at trial.

- These percentages indicate half of all cases fall out of the system at the very first stage. This information can be used to do more training and outreach to police and prosecutors to help them better use forensic evidence in deciding what to do in the initial stages of a case.

How were the case outcome categories constructed?

In order to simplify the results, the case outcomes were bundled into categories that provide more meaningful findings. The categories were constructed in the following way:

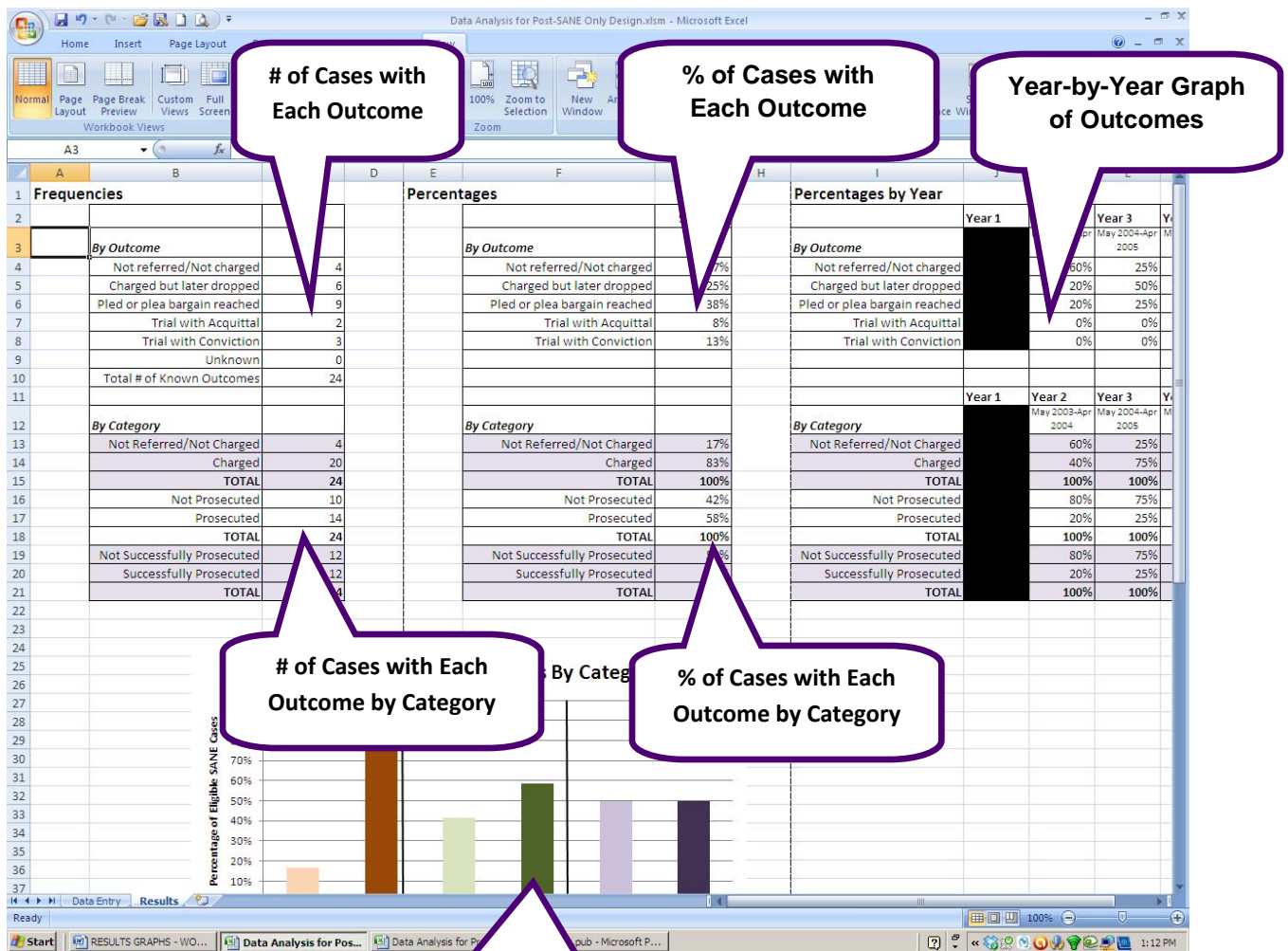
- | |
|--|
| <ul style="list-style-type: none"> • Not Referred/Not Charged = Not Referred/Not Charged • Charged = Charged but later dismissed + Pled/Plea bargain reached + Trial / Acquittal + Trial / Conviction |
| <ul style="list-style-type: none"> • Not Prosecuted = Not Referred/Not Charged + Charged but later dismissed • Prosecuted = Pled/Plea bargain reached + Trial / Acquittal + Trial / Conviction |
| <ul style="list-style-type: none"> • Not Successfully Prosecuted = Not Referred/Not Charged + Charged but later dismissed + Trial / Acquittal • Successfully Prosecuted = Pled / Plea bargain reached + Trial / Conviction |

YOU ARE NOW READY TO LOOK AT YOUR RESULTS!

To begin interpreting your results:

- Click on the **Results** tab at the bottom of the screen. This will bring up the results that the computer automatically calculated based on the information you entered.

Your results sheet will look something like this:



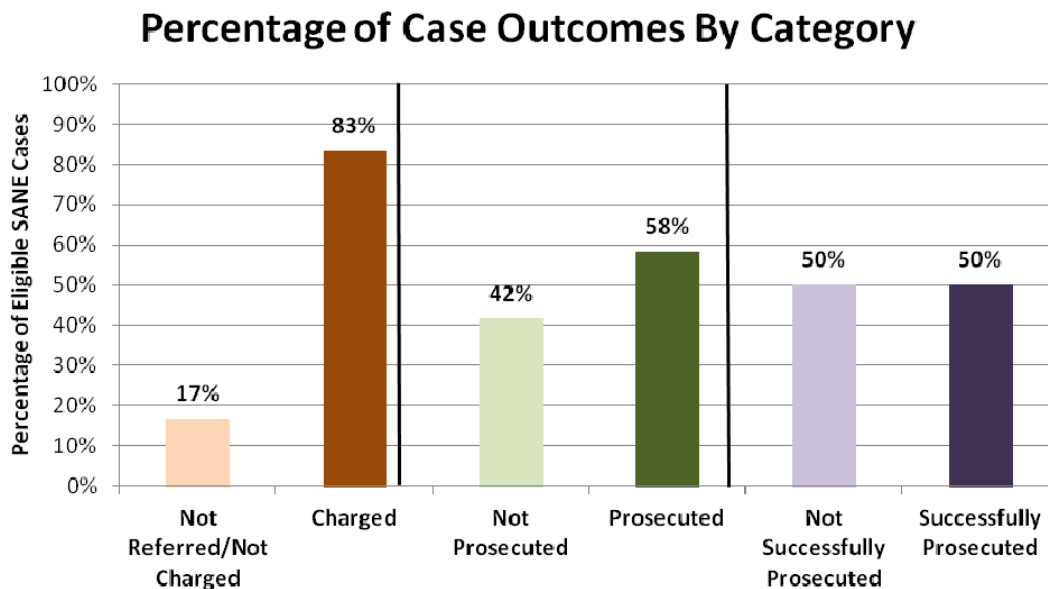
We will be focusing on the **percentage** results because it is easier to compare your findings to findings from other studies using the percentages. However, the numbers of cases (frequencies) are also presented in the results tables in case you want to look at them.

You can look at the percentages either in the **table** at the top of the screen or in the **graph** at the bottom of the screen. We will focus here on the graph because many people find the illustrations helpful.

- Are more cases not referred/not charged or charged?
- Are more cases not prosecuted or prosecuted?
- Are more cases not successfully prosecuted or successfully prosecuted?
- Ideally, we hope that SANE cases will result in more cases being charged, prosecuted and successfully prosecuted. However, if this is not the case then this is important information to know.

Example: Percentage of Cases by Outcome Categories

A SANE program found the following results:



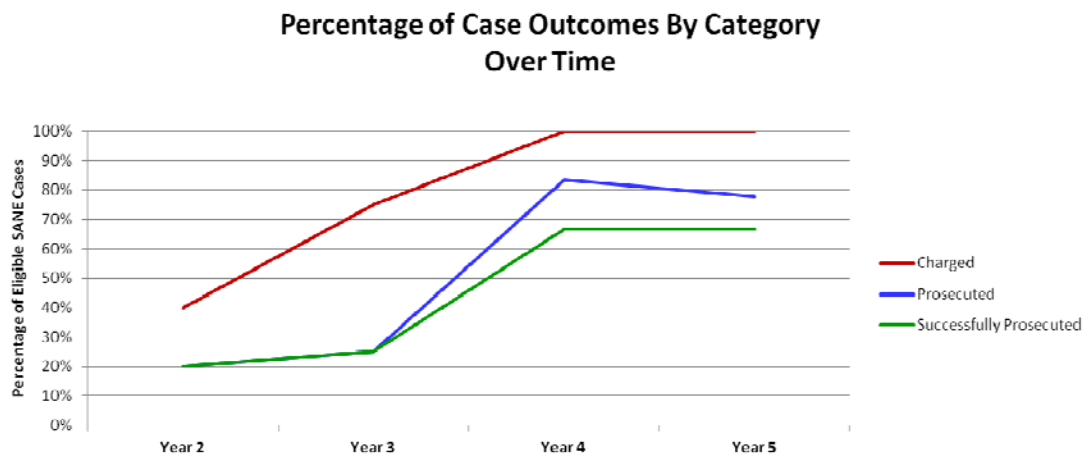
They noticed the following:

- More than 8 out of 10 of their cases were **charged**.
- More than half of their cases were **prosecuted**.
- Half of their cases were **successfully prosecuted**.

- Finally, look at the outcomes for **SANE cases over time**.
- Where does the trend go up?
- Where does the trend go down?
- Where is the trend holding steady?
- Ideally, we hope that SANE cases will show increases over time in charging, prosecution, and successful prosecution. However, we realize that we may hit plateaus and that events in our communities and other changes in systems may cause outcomes to trend downwards.

Example: Outcomes in SANE Cases Over Time

A SANE program found the following results:



They noticed the following:

- Charging, prosecution, and successful prosecution have all increased over time.
- The trends (shape of the lines) are similar for all three outcomes.
- All three outcomes started to plateau at Year 4.

Task 2: Compare Your Percentages to Rates in Other Communities

You now know what is happening with the cases in your SANE program. It may also be useful to know how your outcomes compare with what has been found in other communities that have used the Toolkit to evaluate criminal justice outcomes (see Table 17).

You can use these findings to determine how your outcomes compare with other communities that have a SANE program. As you will notice, the outcomes show that prosecution of sexual assault cases is very difficult. Across these six communities:

- 9% - 20% of cases were charged
- 6% - 17% of cases were prosecuted
- 6% - 14% of cases were successfully prosecuted

Additionally, you can see that:

- Most cases dropped out very early in the process, specifically by not being referred or charged
- Most successful prosecutions were achieved through plea bargains

It is notable that these SANE programs were all well-established, had been operating for many years, and most of them had substantial community support.

Table 17. Findings from Other Programs

TOOLKIT PILOT SITE POST-SANE FINDINGS						
	RURAL		MID-SIZED		URBAN	
	SITE A	SITE B	SITE C	SITE D	SITE E	SITE F
By Outcome						
Not referred/Not charged	80%	91%	89%	89%	84%	82%
Charged but later dropped	2%	0%	0%	5%	7%	4%
Pled or plea bargain reached	13%	4%	6%	4%	7%	13%
Trial with Acquittal	3%	0%	2%	0%	1%	1%
Trial with Conviction	1%	5%	3%	1%	1%	1%
By Category						
Not Referred/Not Charged	80%	84%	89%	82%	89%	91%
Charged	20%	16%	11%	18%	11%	9%
TOTAL	100%	100%	100%	100%	100%	100%
Not Prosecuted	83%	91%	89%	85%	94%	91%
Prosecuted	17%	9%	11%	15%	6%	9%
TOTAL	100%	100%	100%	100%	100%	100%
Not Successfully Prosecuted	86%	92%	91%	87%	94%	91%
Successfully Prosecuted	14%	8%	9%	13%	6%	9%
TOTAL	100%	100%	100%	100%	100%	100%

Example: Comparing Outcomes

A SANE program compared what they found with six other sites that used the Toolkit:

	Their SANE Program	Six Sites
By Category		
Not Referred/Not Charged	21%	80-91%
Charged	79%	9-20%
Not Prosecuted	58%	83-94%
Prosecuted	42%	6-17%
Not Successfully Prosecuted	74%	86-94%
Successfully Prosecuted	26%	6-14%

When they compared their outcomes to these other communities, they noticed that:

- Their percentage of cases **charged** was much higher than has been found in other SANE programs.
- Their percentage of cases **prosecuted** was much higher than has been found in other SANE programs
- Their percentage of cases **successfully prosecuted** was slightly more than has been found in other SANE programs.

On the basis of these findings, the nurses think they have evidence to support the **benefit of their program** for achieving positive criminal justice outcomes. Additionally, there is evidence that their program/community is doing better than other SANE programs in regard to charging and pursuing prosecution.

However, they realize that because they do not have data from what was happening in their community prior to the SANE program, they cannot claim that their positive outcomes are due to their program. But they can be confident in asserting that **their community is doing better than many other communities with respect to the prosecution of sexual assault cases.**

More importantly, they noticed that while the vast majority of cases in their community were charged, only about half of those cases were actually prosecuted. Furthermore, of those prosecuted, only about half were successful. This information is potentially useful for the community and will be used in ongoing discussions with law enforcement and prosecutors about how to increase prosecution.



Interpreting Our Results

(Copied from your Excel spreadsheet)

	Their SANE Program	Six Sites
<i>By Category</i>		
Not Referred/Not Charged		80-91%
Charged		9-20%
Not Prosecuted		83-94%
Prosecuted		6-17%
Not Successfully Prosecuted		86-94%
Successfully Prosecuted		6-14%

When we compare these percentages to the published findings, we see that:

- Charged Cases:
- Prosecuted Cases:
- Successfully Prosecuted Cases:

Congratulations!
**You have collected, analyzed and
interpreted evaluation data using a
Post-SANE Only design.**

**You can now go to page 185
for information on how to
use your results.**

STEPS FOR CONDUCTING AN ONGOING EVALUATION



Ongoing Design Step 1: Understand the Evaluation Design

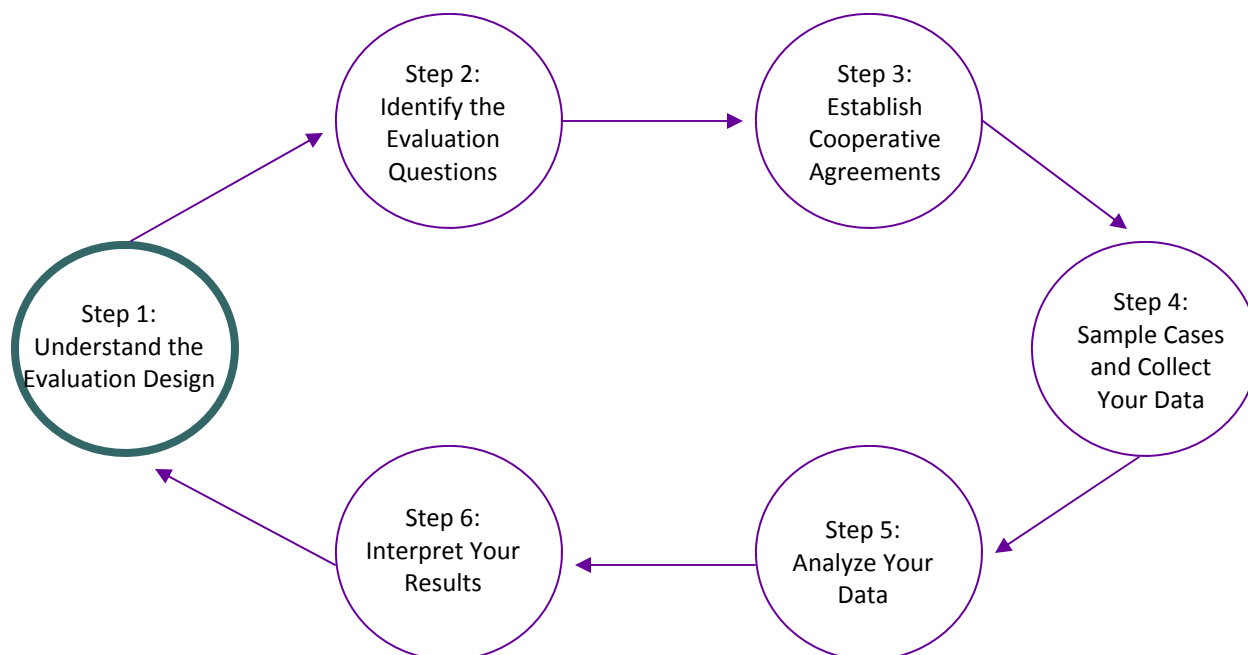
**If you somehow came to this
section without reading
pages 31-34:**

STOP!

**Go back to pages 31-34 and decide
if the ongoing evaluation design is
the best design for your program
and community.**

You are reading this section because on page 34 you determined that the ongoing design is the best evaluation design for your program and your community. This is likely because you have been in operation for more than two years, you were not able to build a relationship with the hospital in your community, you were not able to gain access to pre-SANE records, and/or you are not able to access older post-SANE records that contain all the information required for the evaluation.

Alternatively, you may be reading this page because your program is less than two years old and you are interested in the possibility of beginning evaluation now. Incorporating evaluation into your SANE program early on helps set the stage for later evaluation. We recommend waiting until your program has been in operation for two years because evaluations are resource-intensive and younger program should focus their attention on building a sustainable SANE program. However, if your program can designate time and staff to this process without compromising patient services, you can begin evaluation now.

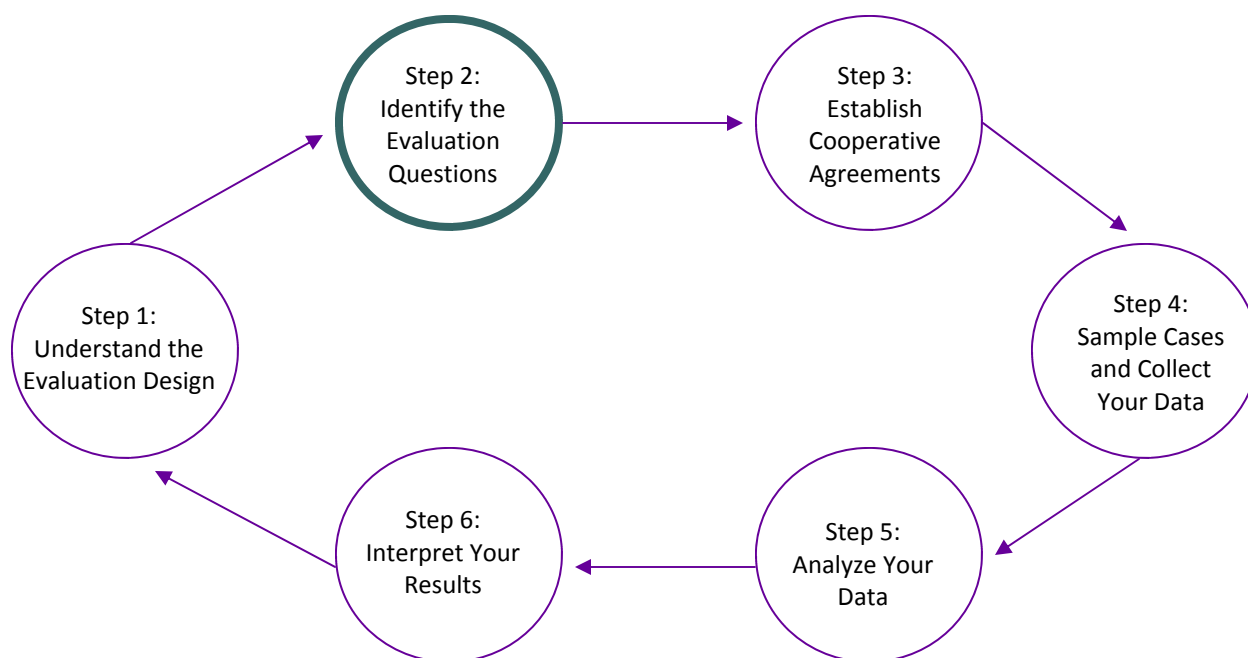


If you choose the **Ongoing Design**:

- You will find out from your local prosecutor's office how many of **your incoming patients' cases** make it to each stage in the criminal justice system process.
- You will **not** track down what happened to victims who were assaulted **before** today.
- However, you still need to find a basis of **comparison** for your program. This Toolkit has been previously implemented in six different communities. In this Toolkit, we will provide the results from those communities so that you can see how your community's rates compare.
- Finding that, in comparison, more cases make it to the final stages of prosecution than other communities would be encouraging. Finding that, in comparison, more cases drop out of the criminal justice system early in the process would be an indication that something is not working in your community.



Ongoing Step 2: Identify Your Evaluation Questions



Sexual assault cases go through multiple stages in the criminal justice system. Table 18 on the next page provides a summary of the criminal justice system process and the evaluation questions this Toolkit will help you answer. You will need to examine each of these stages in order to evaluate if and how

sexual assault cases progress through the system in your community. It may seem difficult or overwhelming to evaluate each of these stages, but we have developed a streamlined process to make it much easier.

Table 18: Stages of the Criminal Justice System and Corresponding Evaluation Questions

Stage	What This Involves	Evaluation Questions
1 Referral and Charging (aka authorizing or warranting)	<p>Law enforcement decides whether or not to refer a reported sexual assault to the prosecutor and the prosecutor decides whether or not to bring formal criminal charges against the suspect, based on the evidence of the case.</p> <p>In some communities, this is referred to as authorizing or warranting a case.</p>	<p>How many cases were referred by law enforcement to the prosecutor and subsequently charged by the prosecutor's office?</p> <p>How many were <u>not</u> referred and charged?</p> <p>Has there been a significant change in the percentage of cases charged since our SANE program started?</p>
2 Dismissal	<p>The prosecutor may decide to drop the charges for various reasons, including the victim requesting to no longer participate in prosecution.</p> <p>After charging, the judge may determine that probable cause (a reasonable belief that the defendant has committed a crime) does not exist and drop the charges.</p>	<p>How many cases were dropped after charging?</p> <p>How many continued on in the legal process?</p> <p>Has there been a significant change in the percentage of charges dropped since our SANE program started?</p>
3 Plea Bargaining	<p>A plea bargain is a negotiated agreement between the defense and the prosecution. Typically the defendant agrees to plea guilty to a specified charge(s) in exchange for a lower sentence.</p>	<p>How many cases ended with a plea bargain?</p> <p>How many went to trial?</p> <p>Has there been a significant change in the percentage of cases that pled out since our SANE program started?</p>
4 Trial	<p>During the trial, the prosecution and defense provide evidence to support their case. A judge or jury considers the evidence and reaches a decision of guilty (termed conviction) or not guilty (termed acquittal). Sometimes jurors cannot reach a decision (termed hung jury) and the case is resolved through a plea bargain, dismissal, or second trial.</p>	<p>How many cases were acquitted?</p> <p>How many were convicted?</p> <p>Has there been a significant change in the percentage of acquittals or convictions since our SANE program started?</p>

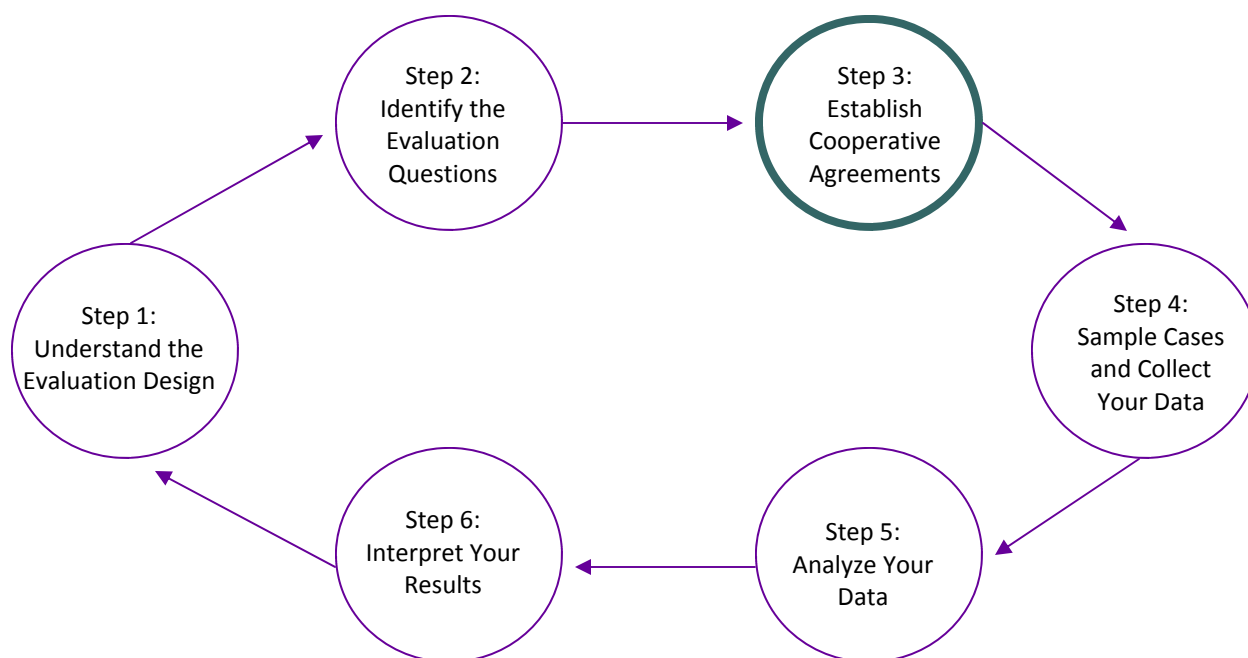
As you move forward, keep in mind the **general purpose** of the evaluation, which is to **understand how far cases are progressing** through the criminal justice system.

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

The remainder of this section of the Toolkit will show you how to answer each of the evaluation questions listed on the previous page.



Ongoing Step 3: Establish Cooperative Agreements



The next step is to work with the hospital, if necessary to reach a mutually agreeable approach to record the information you need on incoming patients and to work with the prosecutor to reach a mutually agreeable approach for accessing the information you need from their records. This step involves two tasks:

- **Task 1:** Reach an agreement with the hospital, if necessary
- **Task 2:** Reach an agreement with the prosecutor's office

The following descriptions provide some tips and guidelines for approaching hospital personnel and prosecutors to get permission to record information and access case records.

Task 1: Reach an Agreement with the Hospital

You will need to come to an agreement with the hospital(s) about recording the information you need on incoming patients. Your SANE program will need to reach an agreement with each hospital in which you regularly see patients.

Selecting the Hospital(s)


Some community-based programs will not need to reach an agreement with a hospital because they only treat patients in their own facility and already record their own information on patients. All SANE programs that treat patients in a hospital facility(ies) will need to work with the hospital(s) to determine if they need to get approval to record incoming patient information. If your SANE program treats patients in more than one hospital, you will need to complete the following steps with each of these hospitals.



Example: SANE Programs Treating Patients in Hospitals Across Different Counties

A SANE program treats patients at two different hospitals in two different counties and wants to evaluate case progression for all of their patients.

This Toolkit is written in a way that it can only be completed with a single county. If this SANE program would like to include cases from both counties, they will need to complete two separate evaluations. They will follow the exact same process, but will need to have separate MOUs with the appropriate prosecutor's offices, separate data collection sheets and analysis files.



Explaining the Project

When approaching your hospital about the evaluation project, we recommend the following process:

- **Introduce and explain the evaluation**
 - Communicate that your goal is to evaluate the SANE program, not the hospital.
 - Help them understand that evaluation efforts can help SANEs to improve their programs and possibly access more funding.
 - See Appendix B for a handout that you can provide to the hospital that outlines the project.
- **Give examples of other evaluation projects your program has been involved in**
 - Discuss how these projects have been helpful to your program and the population you serve.

- If you have not been involved in other evaluation projects, discuss how this is a great project to start with because there is an accompanying step-by-step Toolkit.
- **Discuss what information will be recorded for which incoming patients:**
 - Discuss specifically which patients you will record information on (see pages 153-159 for a detailed explanation of the sampling criteria).
 - Discuss the information that you will record for each qualifying patient:
 - The patient's first and last name
 - Date of the exam or the assault
 - Police complaint number, if known
- **Discuss how you will maintain the information you have collected, including how you will protect patient privacy and confidentiality**
 - We recommend that you create a spreadsheet that only contains the necessary patient information for eligible cases. These paper records should be stored in a locked file cabinet with limited access.
 - You could also maintain this spreadsheet electronically (e.g., excel workbook). The electronic database should be stored on hospital computers/networks that have the same protection as other patient medical records.
 - Once you have the hospital's patients' names, who within your program and within the prosecutor's office will have access to them and for how long?
 - This will depend upon your arrangement with the prosecutor's office, but generally it is preferable to allow as few peo-

- When the evaluation is over, we recommend shredding any identifying information as long as it is no longer needed.

Getting Board/Committee Approval

After explaining the project to your hospital, you will need to go through the appropriate channels to determine if you need approval to carry out your evaluation. Many hospital's have a board or committee in place to review and approve any evaluation/research projects and to make sure that ethical standards are met. Frequently, this group is called an **Institutional Review Board (IRB)**. These boards act to protect you and, most importantly, the participants/subjects of your evaluation/research.

Not all evaluation projects need to be reviewed by an IRB. Generally, if you plan to write about your project in a journal or book, or present your findings to others at a conference, your project will likely be considered research and will require IRB approval. If you plan to use your data and findings internally, perhaps to

improve your program, and it will not be used by anyone outside of your program, your project will likely not be considered research and will not require IRB approval. IRBs don't always agree with one another. What one IRB calls research, another may call evaluation.

You should first find out if the hospital you are collaborating with has an IRB. If they do, an IRB official can help you determine if you need to apply for approval. The IRB will then provide you with instructions and guidelines and any training to attain approval.

If the hospital you are collaborating with does not have an IRB and you do not plan to share the data with anyone outside of your program (e.g., at a conference, in a journal, in a book, etc.), you do not need approval. If the hospital you are collaborating with does not have an IRB and you DO plan to share the data outside of your program, you need to find an IRB to approve your research. The Federal Office for Human Research Protection also has resources available at www.hhs.gov/ohrp/education/#materials. Use the information in Table 19 to help determine your next steps in board/committee approval.

Table 19: Determining IRB Review Requirements

	YES—YOU PLAN TO SHARE THE DATA	NO—YOU DO NOT PLAN TO SHARE THE DATA
YES—THE HOSPITAL HAS AN IRB	You will need to get Hospital IRB Approval for the evaluation.	You will need to check in with Hospital IRB to confirm that you are IRB approval is not required
NO—THE HOSPITAL DOES NOT HAVE AN IRB or YOU ARE NOT WORKING WITH A HOSPITAL	You will need to get external IRB approval for the evaluation.	You do not need to check in with or get approval from an IRB.

Finalizing your Agreement

It is essential that you finalize your agreement with the hospital in writing. This will look a bit different depending on if you had to get IRB approval from the hospital with which you are working.

- **IRB Approval was required.**

If the hospital has an IRB and you need approval to move forward (see Table 19), you will receive a letter from the IRB approving the evaluation/research. This will act as the finalized agreement with the hospital. Be sure to note the expiration date on the letter (usually one year after approval is granted) as you may need to apply for renewal if the evaluation continues past the expiration date.


- **IRB approval was not required.**

If the hospital does not have an IRB or you do not need approval from the IRB, complete a memorandum of understanding (MOU) with the hospital that details what information you will be collecting, who will be collecting the information, how you will be collecting the information, and how long the information will be stored. See Appendix C for a sample MOU with the hospital.



Example: Community-Based Programs Wanting to Share Their Findings

A community-based SANE program is not collaborating with a hospital because they are completing a hereafter evaluation from their own records. They are excited to be doing the evaluation because they plan to share their findings in a journal and at conferences. Because they plan to share their data outside of their program, it qualifies as research and requires the approval of an IRB. They will need to find an external IRB to approve their project. The Federal Office for Human Research Protection also has resources available at www.hhs.gov/ohrp/education/#materials.



Task 1: Reach an agreement with the prosecutor's office

You will need to come to an agreement with the prosecutor's office to access the information from their records. The prosecutor's office should have files or a computer database that stores information about all of the criminal cases that were prosecuted in the county. Most likely, the database or files will contain information about case progression through the legal system. This is the information you need to answer your evaluation questions.

Explaining the Project

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

- **If you don't have an established relationship, introduce yourself and your program and explain the evaluation**
 - Communicate that your goal is to evaluate the SANE program, not the prosecutor's performance.
 - Help the prosecutor understand that evaluation efforts can help SANEs to improve their programs and possibly access more funding.
 - See Appendix D for a handout that you can provide to the prosecutor's office that outlines the project.
- **Give examples of other evaluation projects your program has been involved in**
 - Discuss how these projects have been helpful to your program and the population you serve.
 - If you have not been involved in other evaluation projects, discuss how this is a great project to start with because there is an accompanying step-by-step Toolkit.
- **Determine if you can get the information that you need from the prosecutor's office**
 - Do their case records have the information you need to answer your evaluation questions (e.g., if cases were charged, went to trial, etc.?)
- Are their case files or database searchable by victim name? (This is how you will need to search the database based on the information you are able to attain from the medical records.)
- Will the prosecutor's office grant you access to the case files or database? If not, are they willing to give you the information that you need from their files/database?
- Be prepared to explain how you will decide which cases you will need to look up at the prosecutor's office. (See pages 153-159 for a detailed explanation of the sampling criteria.)
- Be prepared to discuss how often you will need to look up cases at the prosecutor's office. This is an ongoing evaluation. You and the prosecutor may decide to look up cases quarterly, annually, or on some other schedule agreeable to all.
- **Be prepared to discuss confidentiality and privacy of the information you wish to obtain**
 - The prosecutor's database may contain information regarding the defendant that is confidential. If you or someone from your program is looking up case information, you will need to assure the prosecutor that you are only interested in what happens to cases and will not document any of the other information. You may need to offer to sign a confidentiality agreement.
 - If the prosecutor's office looks up the case information, you may want to ask them to agree to keep the names of your patients confidential by only allowing the person who is searching the database access to their names. You could

Finalizing your Agreement

It is essential that you finalize your agreement with the prosecutor's office in writing. To do this, you will want to complete a MOU with the prosecutor's office that details what information you will be collecting, who will be collecting the information, how you will be collecting the information, and how long the information will be stored. See Appendix E for a sample MOU with the prosecutor's office.

If negotiations with the prosecutor's office fail and you are not able to obtain access to criminal justice outcomes.



STOP.
Your program is not able to carry out any of the evaluation designs at this time.

REMEMBER: Your IRB application and/or MOU can get stuck at places in the process where you might not expect. Be patient and willing to shift your timeline accordingly.

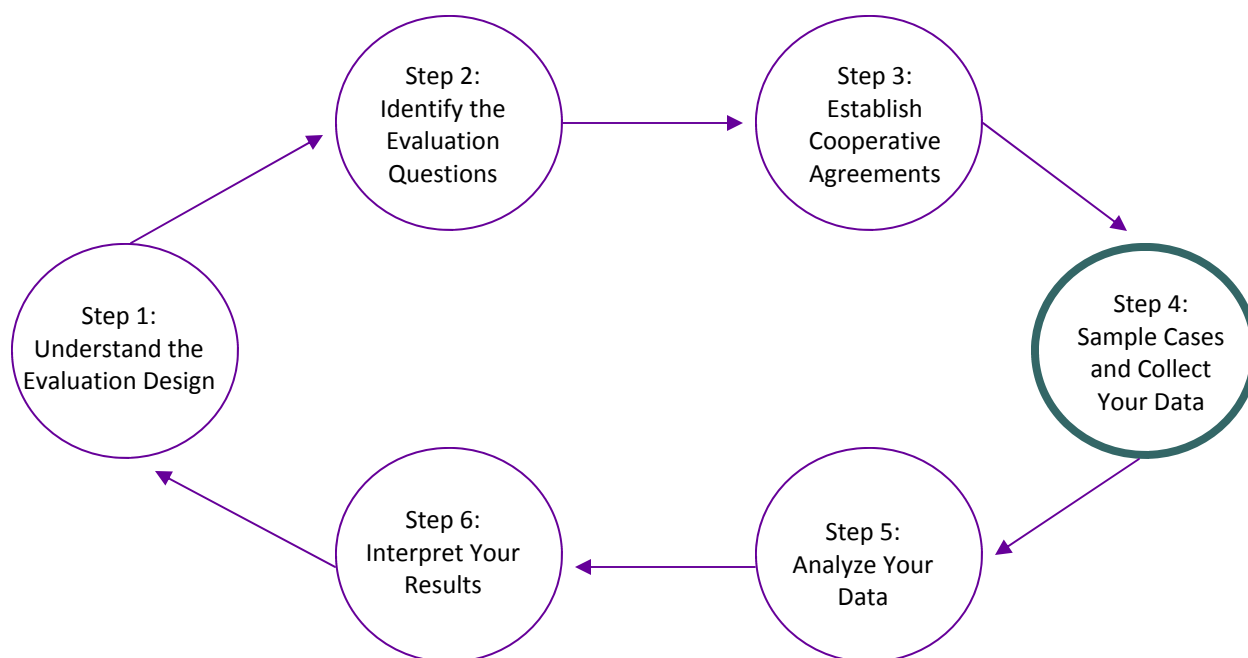
It is common to encounter different obstacles as you attempt to finalize cooperative agreements with the hospital or the prosecutor's office(s). Table 20 presents common obstacles you may encounter during this process along with proposed solutions.

Table 20: Common Roadblocks and Solutions in Establishing Cooperative Agreements

Common Roadblock	Proposed Solution
You learn that the HOSPITAL IS UNWILLING TO ALLOW YOU TO RECORD INCOMING PATIENT INFORMATION.	Your program is NOT READY FOR EVALUATION. You should focus your efforts on building your current relationship with the hospital.
You learn that your HOSPITAL WANTS TO REVIEW YOUR MOU WITH THE PROSECUTOR before it is sent to them.	You can LET THEM REVIEW IT. It is important to note that this is just one example of where your MOUs might get stuck in the process. Understand that this will happen and that it could affect your timeline for the project.
You learn that the PROSECUTOR IS UNWILLING TO SHARE PROSECUTION OUTCOMES with you or your program.	Your program is NOT READY FOR EVALUATION. You should focus your efforts on building your current relationship with the prosecutor.
You learn that the prosecutor is willing to share prosecution outcomes with you, but that THE PROSECUTOR WILL NOT GRANT YOU FULL ACCESS TO THEIR DATABASE.	You can ask if a representative of the prosecutor's office would be willing to pull records with you and CHANGE THE MOU to reflect this.
You learn that it is NOT POSSIBLE TO SEARCH THE PROSECUTOR DATABASE BY VICTIM NAME. It can only be searched by suspect name.	You can WORK WITH LAW ENFORCEMENT TO GET THE SUSPECT NAMES FOR ALL OF YOUR CASES. See Appendices F-H.



Ongoing Step 4: Sample Cases and Collect Your Data



You are almost ready to collect your data. Collecting data requires that you know:

- which cases you are going to look at
- how you are going to record the data

With those decisions made, data collection is a relatively simple process that takes a bit of time to finish. To complete this step you need to complete four tasks:

- **Task 1:** Determine which cases will be included in your evaluation
- **Task 2:** Identify incoming cases that meet your requirements and record necessary information
- **Task 3:** After collecting a full year of data, draw a sample of the cases that meet your requirements
- **Task 4:** Collect prosecution outcomes for the sampled cases

Task 1: Determine Which Cases Will Be Included in Your Evaluation

To answer your evaluation questions you will need to record information on individual incoming sexual assault cases and find out how far these cases make it in the criminal justice process.

- Because this Toolkit looks at impact on the criminal justice system, you will only record information on patients who reported the assault to police.

Table 21 below provides the set of criteria you will be using to determine which cases treated by your program (SANE) should not be included in your evaluation. Each criterion is accompanied by an explanation for why those cases should not be included in your evaluation.

Table 21: Ongoing Case Inclusion Criteria

Do Not Include	Explanation/Rationale
Do <u>NOT</u> include cases from the first year your program was operating	Most programs that have selected this design are more than 2 years old. Because you are only collecting information on incoming cases, all of your cases will already meet this criterion. However, if your program is less than 2 years old, you will need to wait until you have been up and running for a full year in order to give your program some “up & running time” and give it a chance to affect how cases progress through the system. The implementation date of your program should be when your program began to self-identify as a functioning SANE program (this may or may not coincide with the start of grant funding, the start of providing 24 hour coverage, or the start of having SANE nurses on call).
Do <u>NOT</u> include cases where the patients have not reported the assault to the police	Because you want to know if your program affected how cases progress through the system, patients who did not report the assault to the police should NOT be included in your evaluation sample—they were never a part of the criminal justice system in the first place because the patient chose not to report to the police.
Do <u>NOT</u> include cases where the patient was younger than 18 years	Prior research suggests that criminal justice system response varies depending on the age of the victim. Therefore it is best if the evaluation sample does not include multiple age groups.

Do <u>NOT</u> include cases where the patient did not consent to a medical exam with forensic evidence collection	Patients who declined a forensic exam may be less likely to report to the police and/or participate in the criminal justice process. Additionally, if prosecution does proceed, the criminal justice outcomes may be different for patients who had a complete forensic exam and those who did not. If you include patients who did not have an exam in your evaluation sample, you could underestimate the impact of your program.
Do <u>NOT</u> include cases that had anonymous or de-identified kits	Any patient whose kit did not include their <u>full name</u> and <u>date of birth</u> is considered an anonymous or de-identified kit. If a patient's kit is anonymous, it is crucial that their anonymity is maintained. Including cases with anonymous or de-identified kits in your evaluation will compromise that patient's privacy/confidentiality. Hence, it is crucial that you do not include those cases.
Do <u>NOT</u> include cases where the patient did not give permission for the kit to be released to law enforcement	In order to protect patients' privacy you do not want to include any cases where permission was not given to release the kit to law enforcement. You do not want to accidentally identify a patient by name to law enforcement who never gave permission for their identified kit to be released.
Do <u>NOT</u> include post-mortem cases.	Homicide cases (even if they involve sexual assault) are likely to be prosecuted differently than sexual assault cases. Therefore, including post-mortem cases could make it harder to find differences in how far sexual assault cases progress in the system. Or, including post-mortem cases could cause you to find changes or differences in case progression that are due to changes in prosecution of homicide, not sexual assault.

Task 2: Identify Cases That Meet Your Requirements

Now that you have a list of requirements, you need to identify incoming cases that meet them. The steps to do this are listed below.

- **Use the table** in Appendix I for case selection. On the table, each requirement you identified (see the list you wrote on the previous page) is a column heading and each case can be a row a row (below is a sample portion of the table).

	Year: _____ County: _____							
Patient Name/ Number	Meets Year Criteria?	Police Report Made?	Is 18 Years or Older?	Medical Exam w/ Forensic Evidence ?	Kit Has Full Name and DOB?	Permission to Release Kit?	<u>NOT</u> Post-Mortem?	Is the case eligible?
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

- **For each incoming patient, record whether the case meets each requirement.** For each case (row) record “Yes” or “No” to indicate whether that case meets each requirement (column).
- After the case information is recorded, look at what you wrote down for that case and **decide if the case is eligible** to be included in the evaluation.
 - If the case meets all requirements (i.e. you marked “Yes” for all the requirements), then the case is eligible.
 - If the case fails to meet any requirement (you marked “No” for one or more requirements), then it is not eligible.
 - Record your decision in the last column of your table.
- Create a **separate list** for all eligible cases. For each case, record the patient name, DOB, assault date, exam date (if different than assault date), and complaint number (if available).
- After collecting a full year of data, **number** the list of eligible cases.
- **Remember:** use all requirements for all cases.

Example: Selecting Cases

A SANE program has decided that to conduct an ongoing evaluation beginning in July 2012.

As they treat patients, they keep a record of whether each case meets the criteria. Below is a brief illustration of their table.

Year: July 2012-June 2013 County: West								
Patient Name/ Number	Meets Year Criteria? Y/N	Police Report Made? Y/N	Is 18 Years or Older? Y/N	Medical Exam w/ Forensic Evidence ? Y/N	Kit Has Full Name and DOB? Y/N	Permission to Release Kit? Y/N	<u>NOT</u> Post- Mortem? Y/N	Is the case eligible? Y/N
1001	Y	Y	N	Y	Y	N	Y	No
1002	Y	Y	Y	Y	Y	Y	Y	Yes
1002	Y	Y	Y	Y	Y	Y	Y	Yes
1003	Y	Y	Y	Y	Y	N	Y	No

They then record the patient name, DOB, assault date, exam date (if different than assault date), and complaint number (if available) for each eligible case. Below is a brief illustration of their table of eligible cases.

Year: July 2012-June 2013 County: West						
Patient Name/ Number	Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam*
1002	Smith	Jane	4/10/70	8970-2	8/22/2012	8/23/2012
1003	Jones	Sam	5/28/68	9230-1	2/1/2013	

Task 3: Draw a Random Sample of the Cases That Meet Your Requirements

If you have the resources (e.g., time and staff to look up all of the cases that met your requirements in the prosecutor's office's records), then you should include **all cases** that were eligible. If you don't have enough resources, then you will need to reduce the number of cases you use in the evaluation. This process is known as **sampling**.

Sampling helps you to limit the number of cases you include in your evaluation so that the process is feasible for your program, the hospital, and the prosecutor's office. In the end, the cases that are included in an evaluation, collectively, are known as a **sample**. After collecting the first full year of data, you will want to determine if you should sample or not.

- If when you look at the list of cases that meet your requirements for the first full year of data collection, **you have the time and resources to look up all of the cases** in the prosecutor's records and enter this information into an Excel spreadsheet, **then skip this task and go on to page 160**. Remember that if you decide to use ALL cases you need to make sure you get ALL cases from that time period that meet the inclusion criteria i.e. you cannot do the majority and then decide you will skip the last handful.
- If you have **50 or fewer eligible cases for the first year, use all of them**. Skip the section below and go onto page 160.
- If when you look at the list of cases that meet your requirements, you have more than 50 eligible cases for the first year, and you think it is **not feasible to track them all**, then use the information below to draw a random sample.

- **Remember: Sampling is all or none.** If you sample for the first year, you will sample for all remaining years.

Instructions for Sampling

Step 1. Using the table below, determine which case to start counting off from based on how many eligible cases you have.

You have ____ eligible cases	To select your cases start with the ____ case on your list*
50-99 cases	21 st
100-149 cases	163 rd
150-199 cases	42 nd
200-249 cases	178 th
250 cases or more	20 th

* The starting numbers were randomly selected

Step 2. Select every third case that is available and circle the selected case. [If you reach the end of your list of your eligible cases before getting 30 cases, circle back to the beginning of the list and continue selecting every third case, making sure to skip the already selected cases].

Step 3. Make a list of all the circled cases. This is your list of cases that will be used for the evaluation and for whom you will look up information at the prosecutor's office.



Example: Randomly Sampling Cases

A SANE program has chosen to start an ongoing evaluation in July 2012. They have a total of 60 cases for their first year (July 2012-June 2013). They don't have the resources to look up all 60 cases and so have decided to randomly sample cases. They **need to track outcomes for 30 cases**

So they:

- Take their list of eligible SANE cases and number the cases from 1 – 60.
- Then they start with case #21 on the list and they circle every third case.
- This gives them a sample that includes the cases that are number:

<u>Cases Selected from Eligible List</u>	<u># of cases sampled</u>
21	1
24	2
27	3
...	...
54	12
57	13
60	14

[Now that they have reached the end of the eligible list but still do not have 30 cases, they circle back to the beginning of the eligible list and continue counting of every third case making sure to skip the already selected ones e.g. #22 instead of #21]

3	15
6	16
9	17
12	18
15	19
18	20
22	21
25	22

[They continue counting off every third case until they have 30 cases selected]

Then they create a list of the selected cases.

They then **repeat** these steps for each following year.



Task 4: Collect Prosecution Outcomes for the Sampled Cases

You are now ready to collect the prosecution outcomes for the cases that were sampled. The prosecution outcome is the end result of the case. Depending upon your arrangement with the prosecutor, they may grant you access to their case records or they may prefer to look up the information for you. You may be able to go to the prosecutor's office immediately, or you may need to wait until your next prescheduled visit (e.g., quarterly, annually, etc.) Remember, you should not take cases to the prosecutor's office until you have closed out the year and sampled (or not, depending on what you decided on page 158.)

When you are collecting the case outcomes there are a few things you need to do to make sure you are collecting the most accurate information.

- Make sure that you have the correct case file
- Accurately determine the final case outcome
- Accurately identify cases with unknown outcomes

How to make sure you have the correct case file

Before recording the outcome you need to make sure that the case you pulled from your patient files actually goes with the case you are looking at in the criminal justice files. When you find a potential match in the prosecutor's database, double-check that:

- The victim's first and last name matches
- The victim's date of birth matches
- The date of the assault matches the date of the assault from your records
- The police complaint/case number matches (if available)
- The crime the offender was charged with is appropriate (e.g. a sexual assault crime or

some other type of assault that is feasible given what you know about the crime)

This can prevent accidental mis-matching. For example, a common issue is an individual may be in the prosecutor's database multiple times, once for the assault that led to the SANE visit, and another time for a role they played (whether victim, witness, or offender) in a different crime. This is why it's important to match not only the name, but also the date and the crime.

How to accurately determine the final case outcome

Remembering the steps of the criminal justice system (see page 144), there are six possible case outcomes:

- **Not referred/not charged**
- **Charged but later dropped**
- **Pled or Plea Bargain reached**
- **Trial with Acquittal**
- **Trial with Conviction**
- **Unknown**

While case outcomes are simple, reading the legal records is not always easy. Here are some tips for determining case outcomes:

- **Review the order of the stages of the criminal justice system process** to re-orient yourself to the possible outcomes.
- **Make sure you are recording the final result.** Often cases will reach multiple stages in prosecution. For example, a case that is convicted at trial was also charged. The case outcome is the **final result** the case reaches in the criminal justice system. Therefore, in this instance, "conviction at trial" is the case outcome, not "warranting."
- **Pay attention to what may have happened next.** For example, a case may go through plea bargaining but that is not necessarily its outcome. If a bargain was not reached and the defendant did not plea to a charge, the

case would have gone to trial. Either “conviction at trial” or “acquittal at trial” would be the final outcome.

- **Ask for help.** You may need help from someone at the prosecutor’s office to read some of the **legal terms** they use to designate case outcomes.

How to Handle Cases You Don’t Find in the Prosecutor’s Database

It is very likely that you will not find all of the cases on your list in the prosecutor’s database. In fact, it is quite possible that the majority of your cases will not appear in the prosecutor’s office as most cases are not referred to and charged by the prosecutor. If a case does not appear in the prosecutor’s office, you should:

- **Double check your search information.** Check the spelling of the victim name, the date of birth for the victim, the date of the assault, and any other search criteria you are using to ensure you are searching for the correct case file.
- **Explore alternative search options.** Work with the prosecutor’s office to determine if there is another search strategy you should be using to locate case files.
- **Record the patient information to look up later.** It is possible that not enough time has passed for the case to be referred to the prosecutor. Create a list of cases that do not appear in the prosecutor’s office so that you can search for them during your next visit to the prosecutor’s office.
- **Record the outcome as “not referred/not charged.”** If a case does not appear at the prosecutor’s office **2 years** after the assault date, it was not referred or not charged and should be recorded accordingly.

How to Accurately Identify “Unknown” Case Outcomes

We have included “unknown” as a case outcome option in case you find a case in the prosecutor’s database but there is not enough information in the records to determine the case outcome. It is important to remember that an “unknown” outcome is different from the situation where you did not find a case in the prosecutor’s database – in which case it means the case was not charged and so the case outcome would be “not charged” and not “unknown”.

Example: Recording Final Outcomes

While recording information at the prosecutor’s office, a SANE program comes across the following situations:

- Case number 001 was on the list of cases that met all the selection requirements, but did not show up in the prosecutor’s records.
 - *Record this case as “Not referred/charged”*
- Case 002 was sent to the prosecutor, but records show no charges were brought.
 - *Record this case as “Not referred/not Charged”*
- Case number 003 was charged, but later the judge closed the case
 - *Record this case as “Charged, but later dropped”*
- Case 004 was acquitted at trial.
 - *Record this case as “Trial/Acquittal”*
- The prosecutor charged case 005. The defendant pled to lesser charges in order to receive a lighter sentence.
 - *Record this case as “Pled/Plea Bargain reached”*



Accurately Identifying Case Outcomes:

Answer the following questions to test your ability to identify case outcomes accurately (the correct answers are at the bottom of the page):

Q1: Case number 001 was on your list of cases that met all the selection requirements, but did not show up in the prosecutor's records.

How would you record the outcome for this case?

Q2: Case number 002 was on your list of cases that met all the selection requirements, and you did find the case in the prosecutor's records. However, from looking through the records you were unable to determine the case outcome because there was very limited information available.

How would you record the outcome for this case?

Q3: Case number 003 was on your list of cases that met all the selection requirements, and you did find the case in the prosecutor's records. The records show no charges were brought.

How would you record the outcome for this case?

Case001 – THERE ARE TWO POSSIBILITIES. (1) It may be that not enough time has passed for this case to make it to the prosecutor's office or (2) it may not have been charged. Keep this case on your list for 2 YEARS following the assault date. If it does not appear at the prosecutor's office for 2 years after the date of the assault, you can record it as not charged.

Case002 – unknown

Case003 – not referred/not charged

Recording the Case Outcomes

Now that you know how to accurately determine case outcomes, you can move onto the actual process of collecting the information from the prosecutor's records. Here are the step by step directions on how to actually record the case outcomes:

To make data collection easier for you, we have created a table you can use to record the case outcomes (see Appendix J). This table gives each case its own row. After recording information to identify the case, the case outcome for the case is recorded. To collect your data:

- **Make copies** of the information collection table so you have enough for all of the cases you sampled.
- **Before** you go to the prosecutor's office, use the patient files of the cases you sampled to **fill out the first six columns** of the table (patient's last name, patient's first name, patient's date of birth, complaint number if known, date of assault and date of exam if it is different from date of assault).
- **At the prosecutor's office**, use their records to mark an X in the "Case Outcome" column to show what the **final outcome** was for each case.

Table 22 provides common obstacles in collecting final case outcomes and potential solutions.

Example: Information Collection Table

After sampling a sufficient number of eligible cases, a program went to the prosecutor's office and recorded the case outcomes. The first page of their information collection table looked like this:

Patient's Last Name	Patient's First Name	Patient's DOB	Complaint Number (if known)	Date of Assault	Date of Exam*	Case Outcome
Smith	Jane	4/10/70	8970-2	8/22/12	8/23/12	<input type="checkbox"/> Not charged <input checked="" type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Jones	Sam	5/28/68	9230-1	2/1/13		<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input checked="" type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Garcia	Maria	3/23/62	6532-3	4/8/13	4/10/13	<input type="checkbox"/> Not charged <input type="checkbox"/> Charged, but later dropped <input checked="" type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown

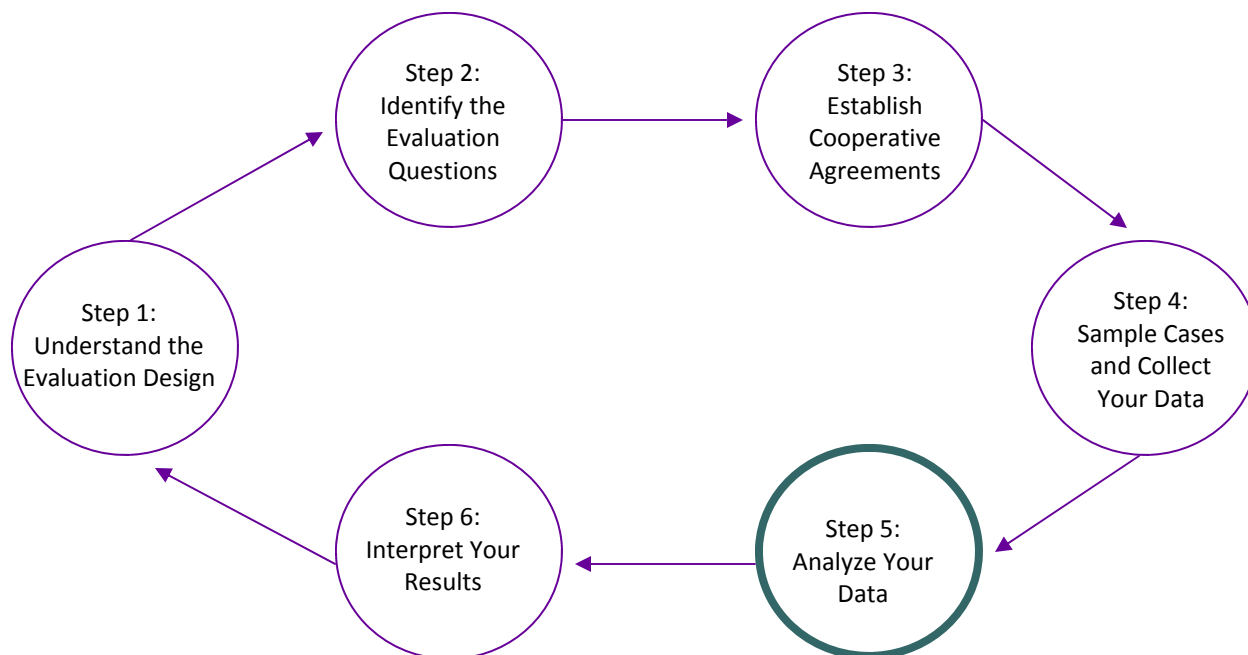
*if date of exam was different from date of assault

Table 22: Common Roadblocks and Solutions in Identifying and Recording Case Outcomes

Common Roadblock	Proposed Solution
You learn that it is NOT POSSIBLE TO SEARCH THE PROSECUTOR DATABASE BY VICTIM NAME . It can only be searched by suspect name.	You can WORK WITH LAW ENFORCEMENT TO GET THE SUSPECT NAMES FOR ALL OF YOUR CASES . See Appendices F-H.
You encounter a case that is STILL IN PROGRESS .	You should MAKE A SEPARATE LIST OF CASES IN PROGRESS . You don't want to include this case in the evaluation as it does not yet have an outcome. Make a list of cases still in progress. You can then look them up later and include them in the evaluation. Cases that are still in progress or are not immediately found in the prosecutor's office should remain on your list for 2 years.
You encounter a case in which the DEFENDANT DIED BEFORE OR DURING PROSECUTION .	You should EXCLUDE THE CASE FROM THE STUDY as there is not a defendant to prosecute.
You encounter a case in which the PATIENT DIED AFTER THE EXAM, UNRELATED TO THE CRIME OR THE DEFENDANT .	You should INCLUDE THE CASE IN THE STUDY as the defendant can still be prosecuted.
You encounter a case in which the PATIENT WAS LATER MURDERED BY THE DEFENDANT .	You should EXCLUDE THE CASE FROM THE STUDY as homicide is prosecuted differently than sexual assault and this evaluation is focusing on the progression of sexual assault cases in the criminal justice system.
You are finding that the majority of THE CASE OUTCOMES ARE NOT WHAT YOU EXPECTED .	You SHOULD NOT BE DISCOURAGED BY WHAT YOU FIND AT THE PROSECUTOR'S OFFICE . The majority of cases do not make it to trial or end in a sentence. Your primary job is to provide medical care. This is an evaluation of the entire system's response to sexual assault.



Ongoing Design Step 5: Analyze Your Data



Congratulations! You now have information on the criminal justice outcomes for your SANE program cases. You are now ready to analyze the data. Analyzing data is often assumed to be a difficult task that requires expertise in statistics. For some kinds of data analysis this is true. However, there are many kinds of analysis that you can easily do.

We have created a **pre-programmed Microsoft Excel file** that will do all of the analysis for you. Using the pre-programmed Microsoft Excel file is very easy and experience with Excel is not necessary. The file is designed so that all you have to

do is enter the information you collected and click a button. The computer will then automatically run all the calculations and create graphs to illustrate your results. Additionally, if you use the pre-programmed Excel file, you will be able to keep adding more cases later and re-calculate your results.

To use the pre-programmed Excel file for analysis there are three tasks you will complete:

- **Task 1:** Prepare to analyze your information
- **Task 2:** Enter the information you collected
- **Task 3:** Run the program to get your results

Task 1: Prepare to Analyze Your Information

Before starting your data analysis you should do a few simple things to keep your information secure and to prevent its loss:

- **Make a copy** of your completed information collection tables. This copy is what you will use when doing your analysis. This way if you want to make any markings on it or the document gets damaged, you still have your information and won't have to collect it again.
- **Lock up your originals** to protect confidentiality and keep your information and patients' names secure.
- **Remove patients' names** from the copies of the information collection table that you will be using. This helps to protect patients' confidentiality by ensuring that no one who sees the information will be able to identify patients. You can remove that column from your paperwork and shred it, or use a permanent black marker or white out to cover their names.
 - *Note:* If you use a marker, make one more copy of the blacked-out pages because you can still read the identifying information through the marker. Use this final photocopy for your work and either destroy or lock up the one you used the marker on.
- **Add ID numbers**, if needed. If you do not have case numbers for all of the cases, number each case. You can do this simply by starting with "1" and numbering through to the end of the list. These numbers will let you cross-check between your paper Information collection tables and what you enter into the computer. For example:
 - If you take a break while entering your

information, you will want to make sure you picked up where you left off.

- If you realize you made an error when entering the information into the computer, you will want to go back and correct the error without having to re-enter a lot of information.

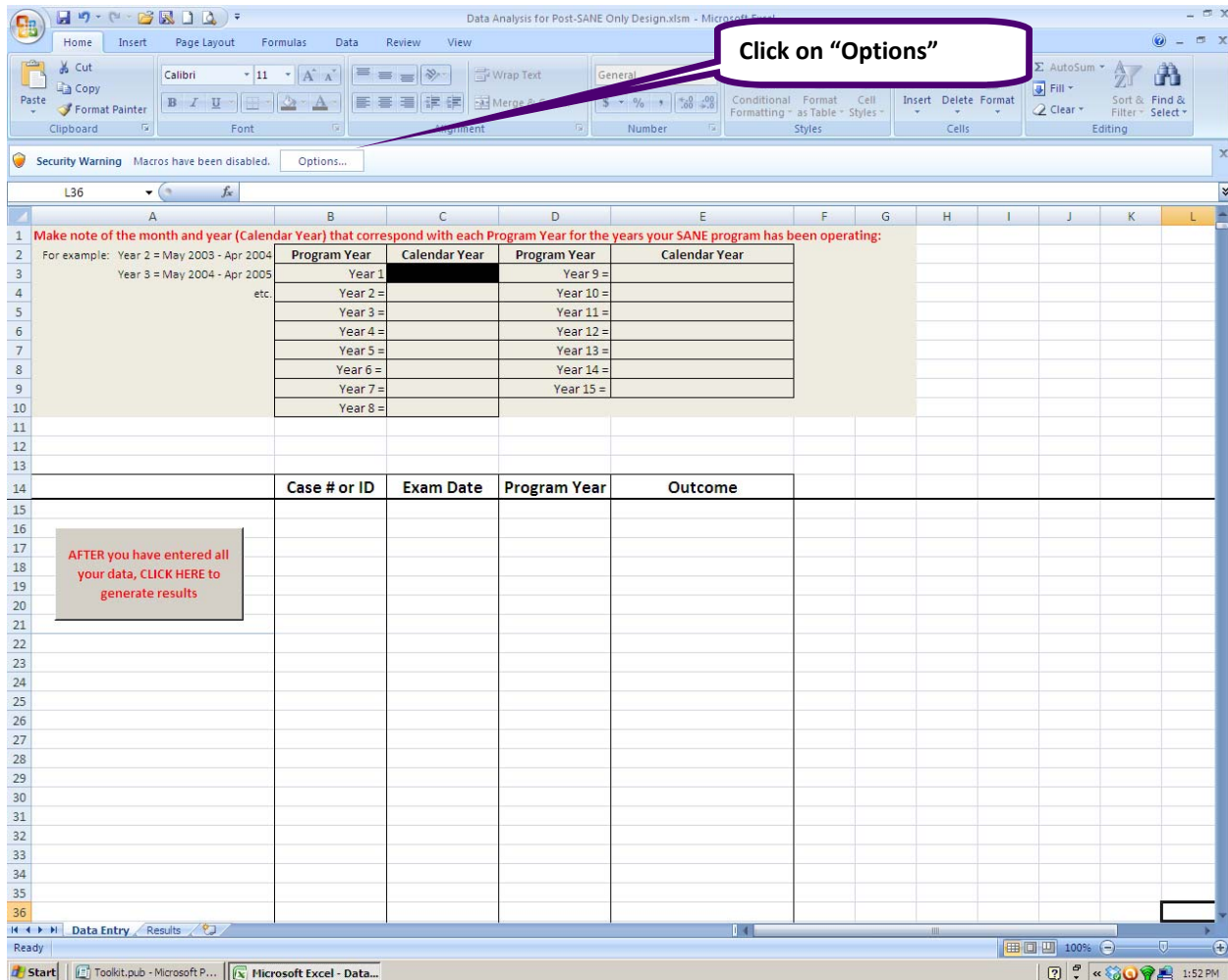
Task 2: Enter the Information You Collected

The USB drive that accompanies this Toolkit has three files on it:

1. Data Analysis for Pre-SANE/Post-SANE Design
2. Data Analysis for Post-SANE Only Design
3. **Data Analysis for Ongoing Design**

Because you used the Ongoing Design, you will use the third file. **To get started**, open the appropriate file and orient yourself to it (see following page).

When you open up the file you will see a screen that looks like this³:



The first thing you must do is to **enable the macros**. A “macro” is a special program that has been written to make the spreadsheet do certain things. In this case, the macro is what runs the analyses and generates the results and graphs to show you what the evaluation found.

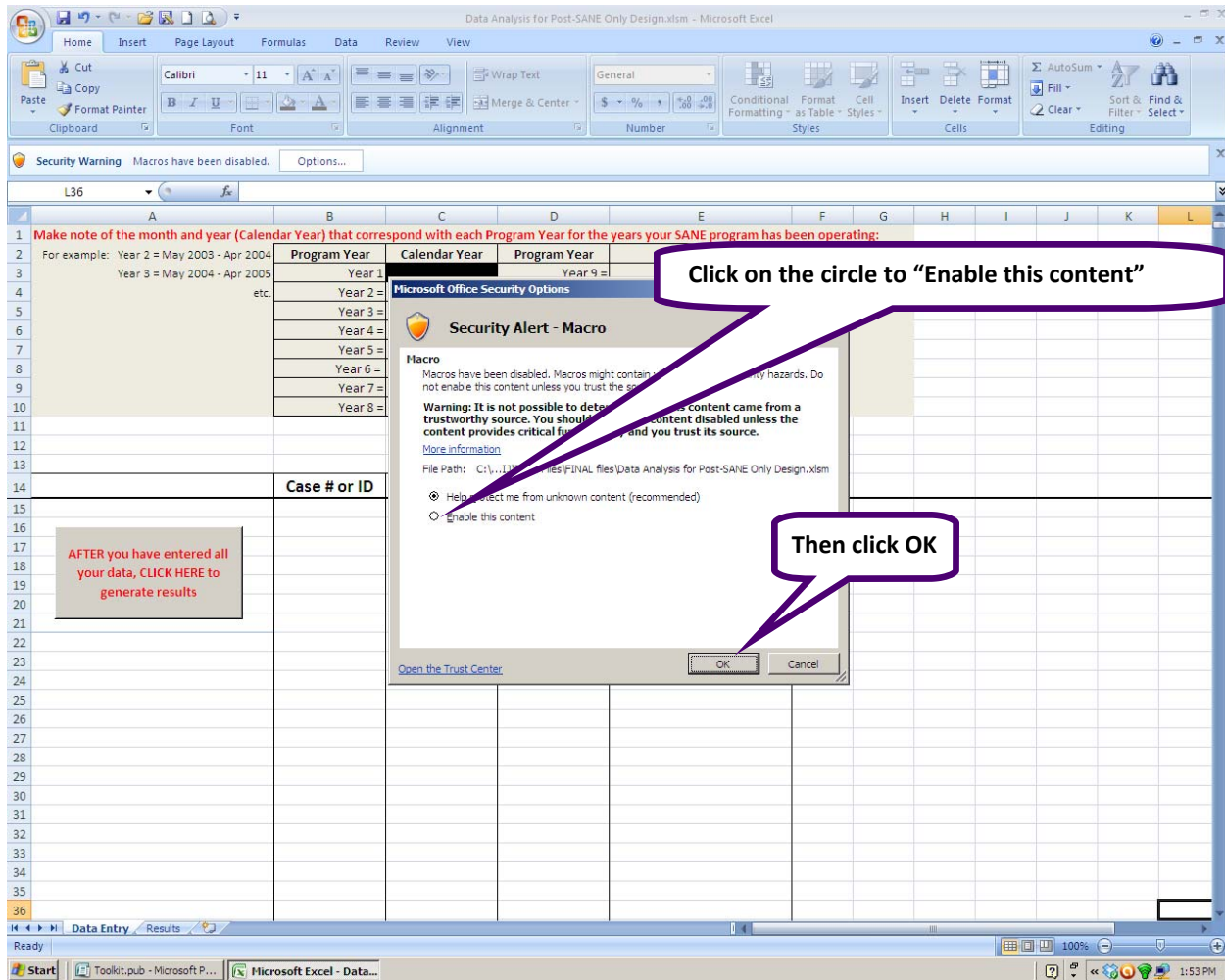
While you can enter data without enabling the macros, you cannot see any results without enabling the macros.

To enable the macros, click on "Options" at the top of the spreadsheet.

3 The pictures in this Toolkit use Office2007. If you are using a different version of Office the file should still work, but the top of the screen where the menus are will look different. The menus do not matter. Other than saving your work, you will not need the menus to use the file.

After you click “Options,” a dialogue box will open up that looks like the one shown below. **To enable the macros:**

- Click on the dot to select “Enable this Content”
- Then click OK.



**If you don't enable the macros,
you won't see any Results.
You can enable the macros at any time.**

The file has two sheets in it:

- On the **Data Entry** sheet you will enter the outcomes information you collected.
- In the **Results** sheet your results will appear.

To **switch** from one sheet to the next, simply click on the tabs at the bottom of the screen.

If at any point you cannot see the entire sheet, simply use the **scroll** bars at the bottom and side of the screen to scroll right/left and down/up.

Make note of the month and year (Calendar Year) that correspond with each Program Year for the years your SANE program has been operating:

For example: Year 2 = May 2003 - Apr 2004
Year 3 = May 2004 - Apr 2005
etc.

Program Year	Calendar Year	Program Year	Calendar Year
Year 1 =		Year 9 =	
Year 2 =		Year 10 =	
Year 3 =		Year 11 =	
Year 4 =		Year 12 =	
Year 5 =		Year 13 =	
Year 6 =		Year 14 =	
Year 7 =		Year 15 =	
Year 8 =			

Case # or ID Exam Date Program Year Outcome

AFTER you have entered all your data, CLICK HERE to generate results

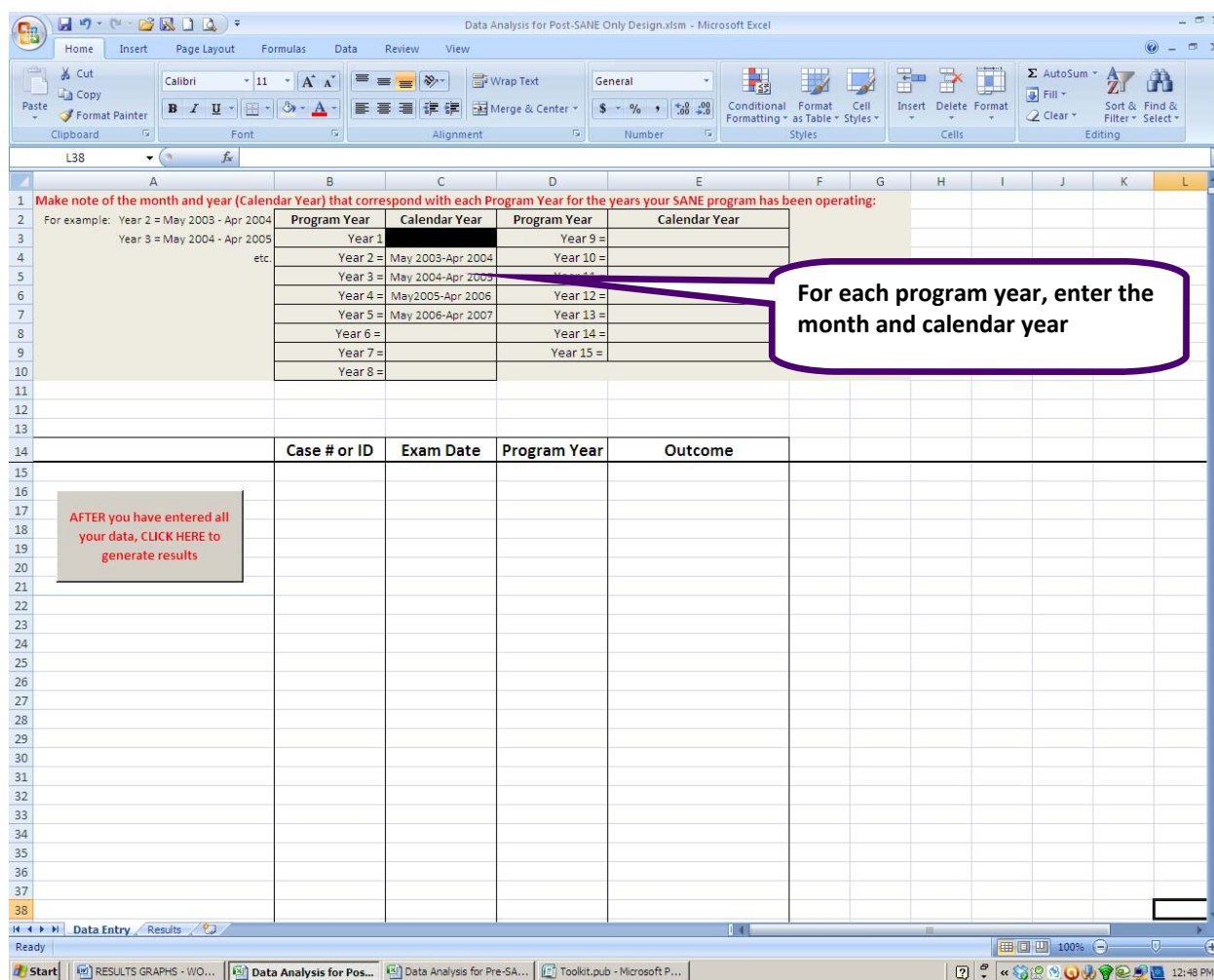
Data Entry Tab Results Tab

Drag bar to scroll up/down

Drag bar to scroll right/left

Begin by defining the years your program has been operating:

- Click on the space next to Year 2 (or the first year for which you are collecting ongoing data).
- Enter the first and last month and calendar year that corresponds with that year of operation.
- Repeat for each of the years for which you are collecting post-SANE data.
- Reminder: this design does not collect data for your first year of operation.



To enter the information you collected:

- Click on the space for the first **Case # or ID**. If you are using case numbers, enter the first one in that space. If you are using sequential ID numbers, enter "1" in that space.

Make note of the month and year (Calendar Year) that correspond with each Program Year for the years your SANE program has been operating:

For example: Year 2 = May 2003 - Apr 2004
 Year 3 = May 2004 - Apr 2005
 etc.

Program Year	Calendar Year	Program Year	Calendar Year
Year 1 =		Year 9 =	
Year 2 =	May 2003-Apr 2004	Year 10 =	
Year 3 =	May 2004-Apr 2005	Year 11 =	
Year 4 =	May 2005-Apr 2006	Year 12 =	
Year 5 =	May 2006-Apr 2007	Year 13 =	
Year 6 =		Year 14 =	
Year 7 =		Year 15 =	
Year 8 =			

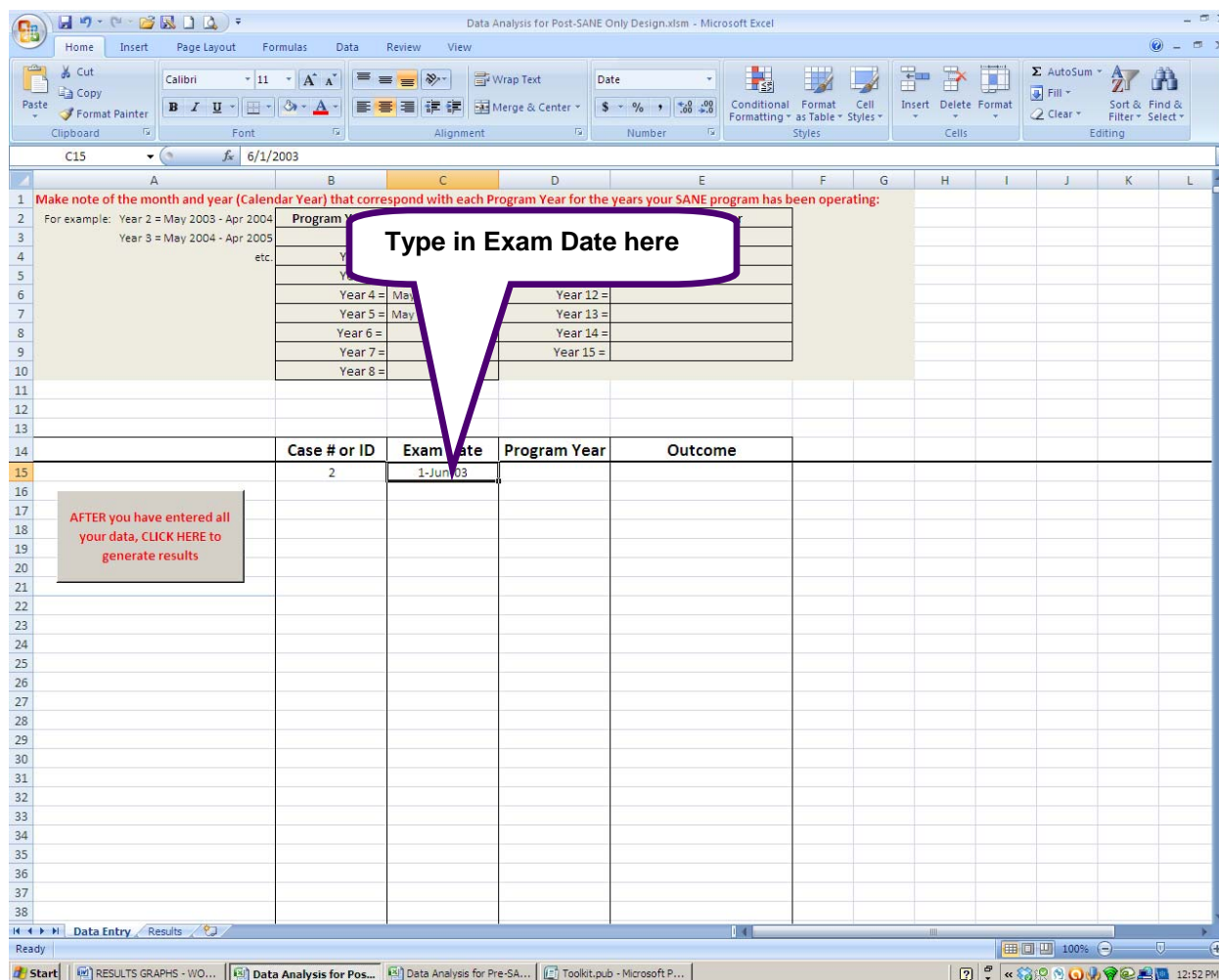
Case # or ID	Exam Date	Program Year	Outcome
1			

AFTER you have entered all your data, CLICK HERE to generate results

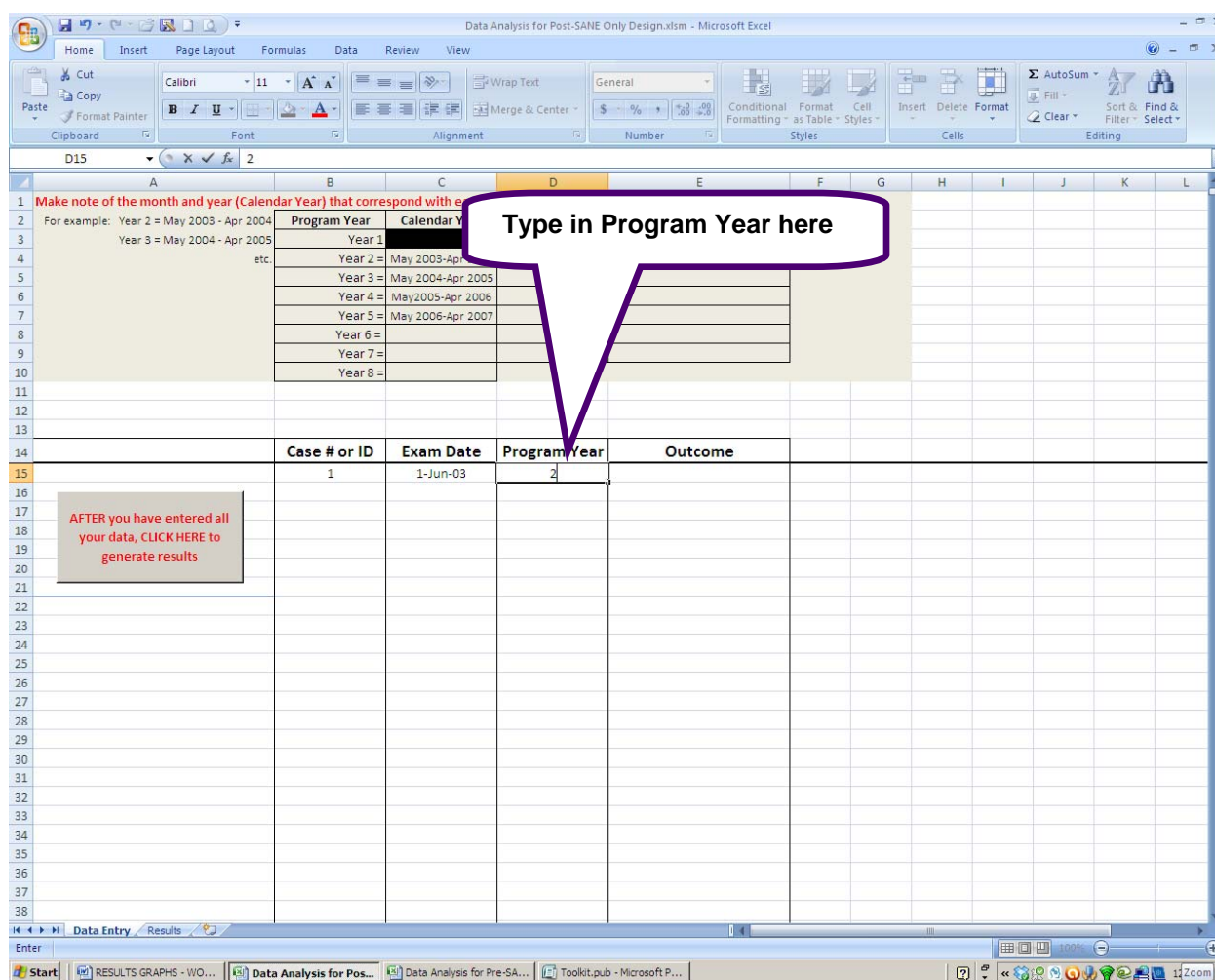
Type Case or ID # here

SAVE YOUR WORK OFTEN!!!

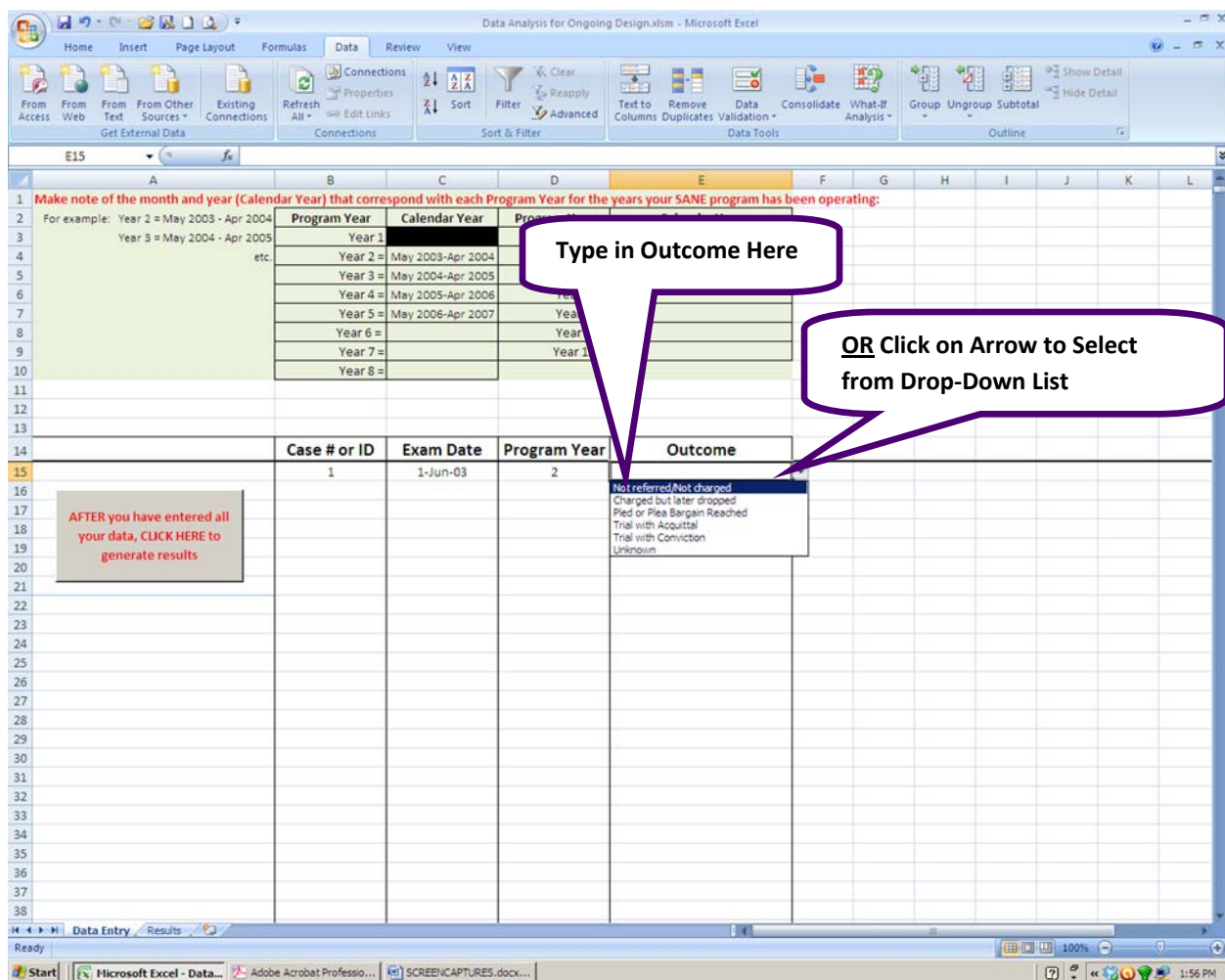
- Use the Tab key on your keyboard or use your mouse to move to the next space to enter the **Exam Date** for that case.
- You may enter using either numbers (for example, 5/15/01) or writing out the month (for example, May 15, 2001).
- The computer will automatically reformat the date to show the day, month (abbreviated), and year.



- Use the Tab key on your keyboard or use your mouse to move to the next space to enter the **Program Year** for that case.
 - The Program Year will be a **number** (1—15).
 - You can enter the program year either by **typing** in the number.
 - The file is programmed so that it only accepts these a number (1—15) . If you try to type in anything else you will get an error message.



- Use the Tab key on your keyboard or use your mouse to move to the next space to enter the **Outcome**.
- The Outcome will be:
 - “Not referred/not charged”
 - “Charged but later dropped”
 - “Pled or Plea Bargain Reached”
 - “Trial with Acquittal”
 - “Trial with Conviction”
 - “Unknown”
- You can enter the outcome either by **typing** in one of these labels OR you can use your mouse to click on the little arrow in the upper right hand corner of the box and select outcome from the **drop-down list**.
- The file is programmed so that it only accepts these outcomes. If you try to type in anything else you will get an error message.



Once you have entered all your data, your sheet will look something like this:

- Note: While you may find it easier to enter the data sequentially (for example, all of the Year 2 data, followed by all of the Year 3 data, etc.), this is not necessary. The program can handle the data in any order that it is entered.

The screenshot shows a Microsoft Excel spreadsheet titled "Data Analysis for Ongoing Design.xlsm". The spreadsheet is divided into two main sections. The top section is a data entry form for program years, and the bottom section is a table of case data.

Program Year Data Entry Form:

Program Year	Calendar Year	Program Year	Calendar Year
Year 1 =		Year 9 =	
Year 2 = May 2003-Apr 2004		Year 10 =	
Year 3 = May 2004-Apr 2005		Year 11 =	
Year 4 = May 2005-Apr 2006		Year 12 =	
Year 5 = May 2006-Apr 2007		Year 13 =	
Year 6 =		Year 14 =	
Year 7 =		Year 15 =	
Year 8 =			

Case Data Table:

Case # or ID	Exam Date	Program Year	Outcome
1	1-Jun-03	2	Not referred/Not charged
2	15-May-03	2	Not referred/Not charged
3	5-Jul-03	2	Charged but later dropped
4	1-Sep-03	2	Pled or Plea Bargain Reached
5	15-Apr-04	2	Not referred/Not charged
6	4-Jul-04	3	Charged but later dropped
7	5-Oct-04	3	Charged but later dropped
8	15-Dec-04	3	Not referred/Not charged
9	15-Mar-05	3	Pled or Plea Bargain Reached
10	1-Jun-05	4	Pled or Plea Bargain Reached
11	6-Aug-05	4	Pled or Plea Bargain Reached
12	10-Aug-05	4	Trial with Acquittal
13	5-Jan-06	4	Charged but later dropped
14	5-May-05	5	Pled or Plea Bargain Reached
15	10-Jul-05	5	Pled or Plea Bargain Reached
16	1-Oct-05	5	Trial with Conviction
17	5-Oct-05	5	Charged but later dropped
18	1-Jan-07	5	Trial with Acquittal
19	15-Jun-05	4	Pled or Plea Bargain Reached
20	10-Jul-06	5	Trial with Conviction
21	1-Oct-06	5	Trial with Conviction
22	5-Oct-06	5	Charged but later dropped
23	1-Jan-07	5	Pled or Plea Bargain Reached
24	15-Jun-05	4	Pled or Plea Bargain Reached

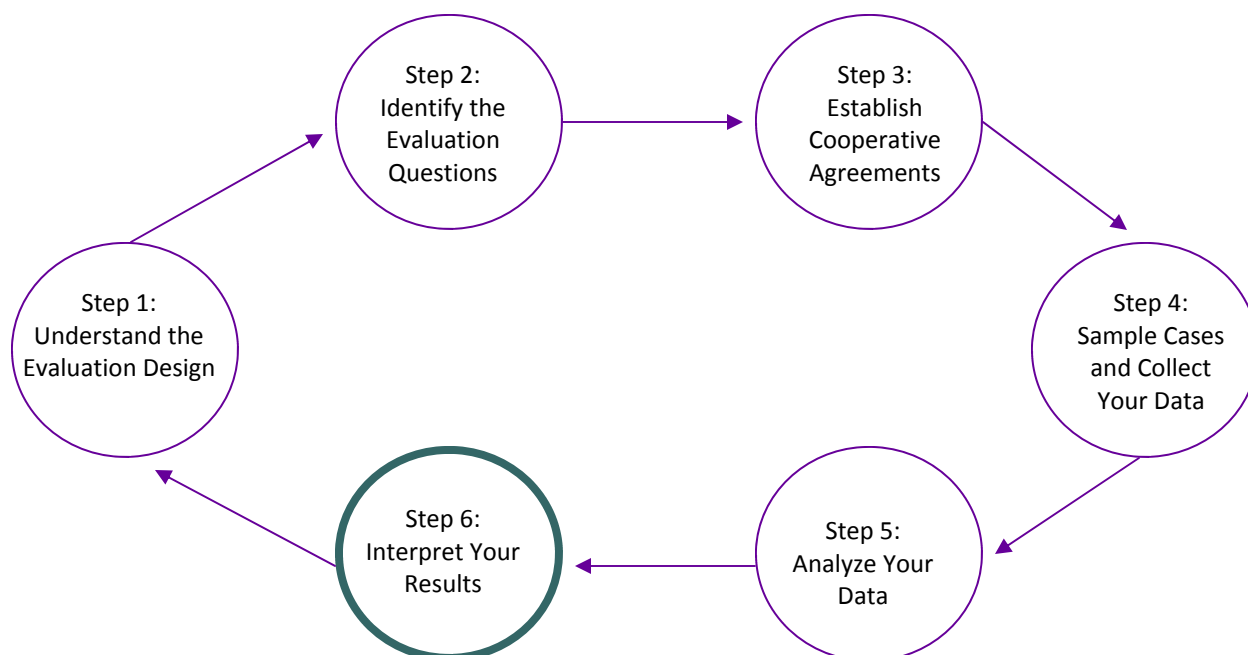
A callout box points to a gray box on the left with the text "Click Here to Get Your Results".

Task 3: Run the Program to Get Your Results

The final task is simply to **click** on the large, **gray box** on the left-hand side of the screen. When you do this, the computer will automatically calculate all of your results. You are now ready to move on to Step 6 – Interpret Your Results.



Post-Only Step 6: Interpret Your Results



analysis and you are now ready to look at the results and interpret what they mean. To make this task less daunting, think of it as telling a story. The numbers are telling a story. We need to figure out what that story is.

In this final step we will:

- **Task 1:** Look at the percentages for each outcome category
- **Task 2:** Compare your percentages to published rates

Task 1: Look at the Percentages for Each Outcome Category

Before we actually look at the results you will learn about **percentages** and why they are useful. You will also get to see how the case **outcome categories** were constructed from the individual case outcomes.

What are percentages and why should we use them?

We will be focusing on the **percentage** results because it is easier to compare your SANE cases to published rates using percentages. However, the numbers of cases (frequencies) are also presented in the results in case you want to look at them.

Percentages are proportions. In this evaluation, they are the proportion of cases that had a certain outcome. This is calculated by:
 The number of cases with that outcome divided by the total number of cases $\times 100$
 = % of all cases with this outcome.

Example: 25 out of 250 cases were dropped after charging. The percentage = 25 cases divided by 250 $\times 100$ = 10% of all cases were dropped after charging.

Percentages are often more useful than just using the number of cases because:

- Reporting that 25 cases were dropped by the prosecutor may be useful, but reporting that 100% (25 out of 25 cases) or 10% (25 out of 250 cases) were dropped after charging gives more meaningful information.
- You can compare percentages between groups even if the groups are different sizes. For example, imagine you had 100 SANE cases, while the program in a published study had 200 cases. When you look at the number of cases, you see that among both your SANE and those from the published study there were 10 successful prosecutions. If you only looked at the number of cases you might think that the prosecution outcomes were the same because $10 = 10$. However, if you calculated the percentages you would see a very different picture because 10% of your SANE program cases had successful prosecutions and only 5% of cases from the published study had successful prosecutions.
- Percentages also tell you where cases are dropping out of the system. For example, you may find that:

- 50% of cases are not charged
- 25% are charged but later dismissed
- 23% are plea bargained
- 1% are acquitted at trial
- 1% are convicted at trial.

- These percentages indicate half of all cases fall out of the system at the very first stage. This information can be used to do more training and outreach to police and prosecutors to help them better use forensic evidence in deciding what to do in the initial stages of a case.

How were the case outcome categories constructed?

In order to simplify the results the case outcomes were bundled into categories that provide more meaningful findings. The categories are:

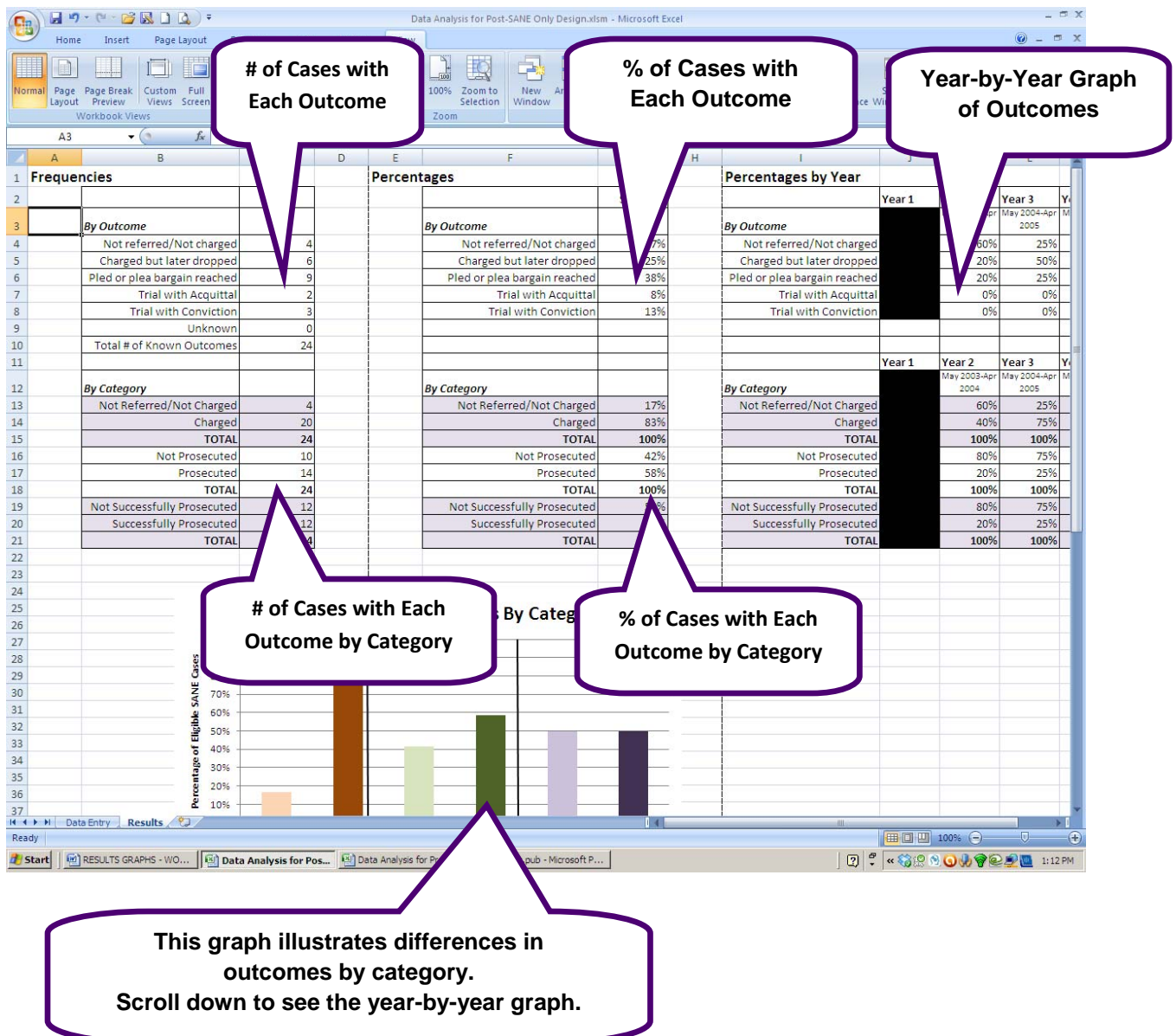
- | |
|--|
| <ul style="list-style-type: none"> • Not Charged = Not Referred/Not Charged • Charged = Charged but later dismissed + Pled/Plea bargain reached + Trial / Acquittal + Trial / Conviction |
| <ul style="list-style-type: none"> • Not Prosecuted = Not Referred/Not Charged + Charged but later dismissed • Prosecuted = Pled/Plea bargain reached + Trial / Acquittal + Trial / Conviction |
| <ul style="list-style-type: none"> • Not Successfully Prosecuted = Not Referred/Not Charged + Charged but later dismissed + Trial / Acquittal • Successfully Prosecuted = Pled / Plea bargain reached + Trial / Conviction |

YOU ARE NOW READY TO LOOK AT YOUR RESULTS!

To begin interpreting your results:

- **Click** on the **Results** tab at the bottom of the screen. This will bring up the results that the computer automatically calculated based on the information you entered.

Your results sheet will look something like this:



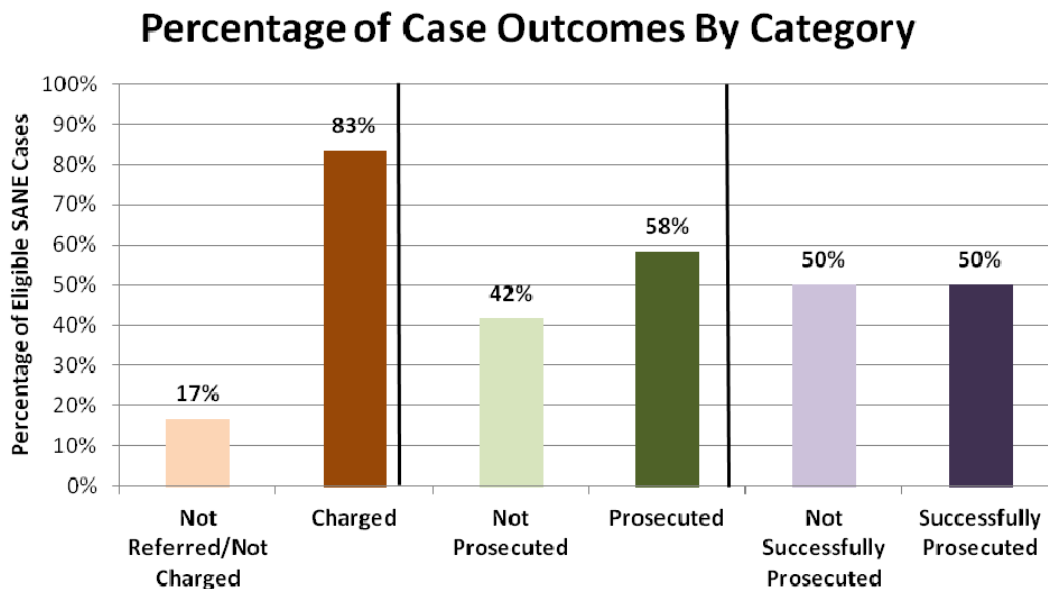
We will be focusing on the **percentage** results because it is easier to compare your findings to findings from other studies using the percentages. However, the numbers of cases (frequencies) are also presented in the results tables in case you want to look at them.

You can look at the percentages either in the **table** at the top of the screen or in the **graph** at the bottom of the screen. We will focus here on the graph because many people find the illustrations helpful.

- Are more cases not referred/not charged or charged?
- Are more cases not prosecuted or prosecuted?
- Are more cases not successfully prosecuted or successfully prosecuted?
- Ideally, we hope that SANE cases will result in more cases being charged, prosecuted and successfully prosecuted. However, if this is not the case then this is important information to know.

Example: Percentage of Cases by Outcome Categories

A SANE program found the following results:



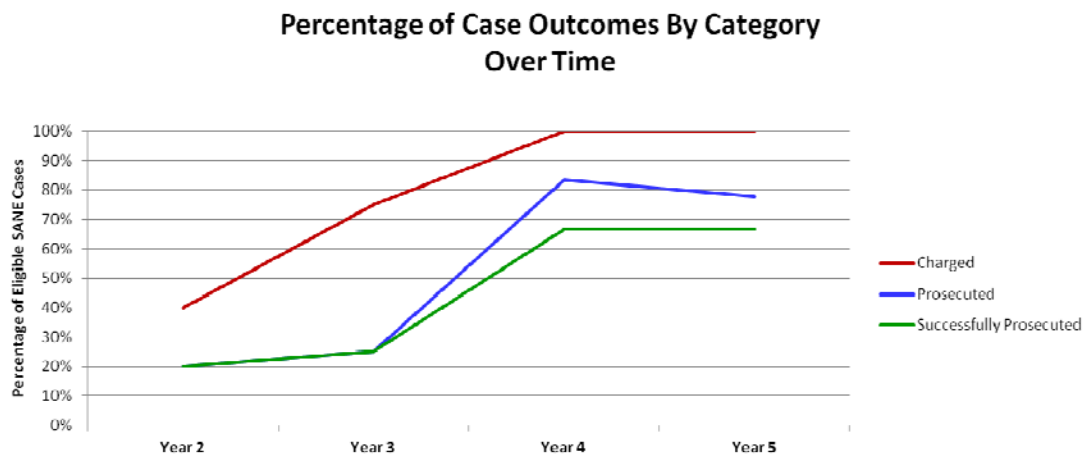
They noticed the following:

- More than 8 out of 10 of their cases were **charged**.
- More than half of their cases were **prosecuted**.
- Half of their cases were **successfully prosecuted**.

- Finally, look at the outcomes for **SANE cases over time**.
- Where does the trend go up?
- Where does the trend go down?
- Where is the trend holding steady?
- Ideally, we hope that SANE cases will show increases over time in charging, prosecution, and successful prosecution. However, we realize that we may hit plateaus and that events in our communities and other changes in systems may cause our outcomes to fall.

Example: Outcomes in SANE Cases Over Time

A SANE program found the following results:



They noticed the following:

- Charging, prosecution, and successful prosecution have all increased over time.
- The trends (shape of the lines) are similar for all three outcomes.
- All three outcomes started to plateau at Year 4.

Task 2: Compare Your Percentages to Rates in Other Communities

You now know what is happening with the cases in your SANE program. It may also be useful to know how your outcomes compare with what has been found in other communities that have used the Toolkit to evaluate criminal justice outcomes (see Table 23).

You can use these findings to determine how your outcomes compare with other communities that have a SANE program. As you will notice, the outcomes show that prosecution of sexual assault cases is very difficult. Across these six communities:

- 9% - 20% of cases were charged
- 6% - 17% of cases were prosecuted
- 6% - 14% of cases were successfully prosecuted

Additionally, you can see that:

- Most cases dropped out very early in the process, specifically by not being referred or charged
- Most successful prosecutions were achieved through plea bargains

It is notable that these SANE programs were all well-established, had been operating for many years, and most of them had substantial community support.

Table 23. Findings from Other Programs

TOOLKIT PILOT SITE POST-SANE FINDINGS						
	RURAL		MID-SIZED		URBAN	
	SITE A	SITE B	SITE C	SITE D	SITE E	SITE F
By Outcome						
Not referred/Not charged	80%	91%	89%	89%	84%	82%
Charged but later dropped	2%	0%	0%	5%	7%	4%
Pled or plea bargain reached	13%	4%	6%	4%	7%	13%
Trial with Acquittal	3%	0%	2%	0%	1%	1%
Trial with Conviction	1%	5%	3%	1%	1%	1%
By Category						
Not Referred/Not Charged	80%	84%	89%	82%	89%	91%
Charged	20%	16%	11%	18%	11%	9%
TOTAL	100%	100%	100%	100%	100%	100%
Not Prosecuted	83%	91%	89%	85%	94%	91%
Prosecuted	17%	9%	11%	15%	6%	9%
TOTAL	100%	100%	100%	100%	100%	100%
Not Successfully Prosecuted	86%	92%	91%	87%	94%	91%
Successfully Prosecuted	14%	8%	9%	13%	6%	9%
TOTAL	100%	100%	100%	100%	100%	100%

Example: Comparing Outcomes

A SANE program compared what they found with six other sites that used the Toolkit:

	Their SANE Program	Six Sites
By Category		
Not Referred/Not Charged	21%	80-91%
Charged	79%	9-20%
Not Prosecuted	58%	83-94%
Prosecuted	42%	6-17%
Not Successfully Prosecuted	74%	86-94%
Successfully Prosecuted	26%	6-14%

When they compared their outcomes to these other communities, they noticed that:

- Their percentage of cases **charged** was much higher than has been found in other SANE programs.
- Their percentage of cases **prosecuted** was much higher than has been found in other SANE programs
- Their percentage of cases **successfully prosecuted** was slightly more than has been found in other SANE programs.

On the basis of these findings, the nurses think they have evidence to support the **benefit of their program** for achieving positive criminal justice outcomes. Additionally, there is evidence that their program/community is doing better than other SANE programs in regard to charging and pursuing prosecution.

However, they realize that because they do not have data from what was happening in their community prior to the SANE program, they cannot claim that their positive outcomes are due to their program. But they can be confident in asserting that **their community is doing better than many other communities with respect to the prosecution of sexual assault cases.**

More importantly, they noticed that while the vast majority of cases in their community were charged, only about half of those cases were actually prosecuted. Furthermore, of those prosecuted, only about half were successful. This information is potentially useful for the community and will be used in ongoing discussions with law enforcement and prosecutors about how to increase prosecution.



Interpreting Our Results

(Copied from your Excel spreadsheet)

	Their SANE Program	Six Sites
<i>By Category</i>		
Not Referred/Not Charged		80-91%
Charged		9-20%
Not Prosecuted		83-94%
Prosecuted		6-17%
Not Successfully Prosecuted		86-94%
Successfully Prosecuted		6-14%

When we compare these percentages to the published findings, we see that:

- Charged Cases:
- Prosecuted Cases:
- Successfully Prosecuted Cases:

SECTION FOUR: TAKING STOCK — WHERE DO WE GO FROM HERE?

Ways to Use Your Findings



Ways to Use Your Findings

Getting to the results is not the final goal of an evaluation; Rather it is the first step in better understanding your program and its relation to prosecutor outcomes. Now that you have obtained the results of your evaluation, you will need to think about how to use these results. One way to frame the process of using your results is to ask the questions, “What?” “So What?” and “Now What?”

What?

“What?” refers to the actual results from the evaluation. The goal of the “What?” phase is to describe your evaluation findings. Depending on the evaluation design you used, you may have found that:

Pre-SANE/Post-Sane Design:

- Anticipated Results: Some or all of the criminal justice outcomes are better since the start of your SANE program compared to before your program started
- Unanticipated Results: There has been no change or there has been negative changes in some or all of the criminal justice outcomes since your SANE program started

Post-SANE Only and Ongoing Design:

- Anticipated Results: Some or all of the criminal justice outcomes are better in your SANE program than in other SANE programs that have been studied
- Unanticipated Results: Your community is seeing criminal justice outcomes that are worse in your community than they are in other communities with SANE programs.

Regardless of whether you found was what you anticipated, remember that there are many factors beyond the control of your SANE program that affect case progression through the criminal justice system. In every community there are a variety of stakeholders, processes, and other factors that play into the prosecution of sexual assault cases. **SANEs are only one part of this system.** For example, some factors besides your SANE program that could be affecting criminal justice outcomes include:

- Media portrayals of sexual violence
- Jury selection processes
- Prosecutors taking on more risky cases (although this may be desirable, it can also lead to a lower percentage of convictions)
- Community attitudes about sexual violence and prosecution of sexual assault cases
- Political climate for elected prosecutors and judges

Learning more about these and other contextual factors can help to explain why you did or did not find expected outcomes. In the next phase of the process, “So What?” your goal will be to learn more about these contextual factors and consider them as you interpret your findings.

So What?

The next step is to ask, “So What?” What do these results mean? The goal in the “So What?” phase is to interpret your findings. To do so, it is important to collaborate with others within your program and outside of your program.

Collaborating with Program Staff and Volunteers

It is important that the nurses and other key personnel who work in and support your program hear about the results of the evaluation and participate in the interpretation of the findings. Talking about and working through the evaluation findings within your program first allows you to formulate a preliminary interpretation of the findings before collaborating with external parties.

The following are some factors to consider when sharing and interpreting the evaluation results with program staff:

- **The session can be informal or formal.** You should determine the better fit depending on the size of your program and its usual way of doing things.
- **You may want to have multiple sessions.** You may want to have initial sessions with people directly involved with your program and have later sessions that include key people in your organization who do not directly work in your program such as a medical director, hospital administrator, executive director, etc. Who you include when will depend on the dynamics in your organization. Also, it may not be possible to fully interpret your findings in one session. It may be helpful to have multiple sessions attending to different topic areas, or revisit the same topic area in a series of sessions.
- **Create a safe space.** You want to create a space where people feel comfortable speaking out, feel they are being heard by the group, and feel that they are making a contribution. Focus groups are one way to create this space (see Appendix K for detailed step by step instructions on how to conduct Focus Groups) and may require additional resources. If it is not possible to conduct a focus group, you can still create a safe space by having the session leader create ground rules with the group (e.g., only one person talks at a time,). Additionally, the session leader should be able to moderate the conversation, ensure all session members have a chance to speak, and help the group to think in new ways considering alternatives.
- **Prepare questions that will help guide the interpretive process.** The session leader should have a list of questions ready to help guide the interpretation of the evaluation results. Remember to consider not only whether there were differences in criminal justice outcomes, but to also think about whether the size of the difference is one that your program is happy with. Some questions to consider include:
 - Did anything in the evaluation results surprise us? What and why?
 - Did the evaluation confirm anything that we already suspected? What?
 - Why do we think we had the result we did?
 - Are we proud of the evaluation results? If so, what will it take to maintain those results in the future?
 - Are we disappointed in any of the evaluation results? If so, what will it take to change the results in the future?

- **Focus on potential system “breakdowns.”** As you work with your program to interpret the results, you will want to consider whether the evaluation identified any places where the prosecution of sexual assault cases is breaking down. As a group, go back and look at your percentages. **Is there one step where the vast majority of cases are dropping out of the system?** For example, you may find that over 75% of cases are *not* Charged. This suggests that there might be problems affecting referrals of cases to the prosecutor and for prosecutors’ warranting of cases. **It is also possible that your evaluation findings are not so clear cut.** It could be that a number of cases drop out of the system at each step and ultimately too few cases make it to the final stages of prosecution. If this is the case, you will need to look for multiple places where the system might not be functioning properly. By working in collaboration with others in your program, and later with partners outside of your program, you can better “diagnose” what might not be working optimally.

Collaborating with Community Partners

After collaborating with people within your program and organization to interpret the evaluation results, it is now time to collaborate with community partners. The purpose of sharing and interpreting your evaluation findings in partnership with community partners is two-fold. First, they provide additional perspectives as to why you found what you did. Second, collaborating with community partners can help build and strengthen relationships. In general, increasing your interactions and communication and using each other as a resource can help you to build positive, trusting relationships with other community partners. These positive relationships are a resource to be called upon to make sure that no cases “fall through the cracks.”

All of the factors discussed in the “*Collaborating with Program Staff and Volunteers*” section are relevant when collaborating with community partners. Additionally, you should consider the following:

- **Write a concise summary of your program’s interpretation.** Try to keep your summary to one paragraph. Avoid using too many numbers in this summary. Focus on the main ideas. Make note of both what your findings were and unanswered questions.
- **Determine the audience and session goals.** You may decide that it is best to present the findings to each stakeholder group separately (e.g., police only, the prosecutor’s office only, etc.) or to present the findings to all stakeholders in the same session. Be sure that the session goals are tailored to the specific audience.
- **Provide all relevant information to community partners.** Your community partners likely will not be able to participate if they do not have all the relevant information. Your program should provide the following:
 - Background information on your program (e.g., program goals and objectives, target population, setting, etc.)
 - Description of the evaluation (e.g., how you did the study, what type of cases you looked up, etc.)
 - Key evaluation findings (e.g., what you learned about how SANE cases progress through the criminal justice system)

- **Do not hide unexpected findings or downplay the expected findings.** One purpose in collaborating with community partners is to identify system “breakdowns” and identify opportunities for improvement. Hiding unexpected findings will prevent this from happening. Additionally, it is important to celebrate success. Be sure to acknowledge what you and your community partners are doing well. Remember to consider not only whether there were differences in criminal justice outcomes, but to also think about whether the size of the difference is one that your community partners are happy with.
- **Focus on potential system “breakdowns.”** As you work with your community partners to interpret the results, you will want to consider whether the evaluation identified any places where the prosecution of sexual assault cases is breaking down. As a group, go back and look at your percentages. **Is there one step where the vast majority of cases are dropping out of the system?** For example, you may find that over 75% of cases are *not* Charged. This suggests that there might be problems affecting referrals of cases to the prosecutor and/or prosecutors’ warranting of cases.
- **Use Visuals.** Use graphs, charts, tables, or diagrams, whenever possible, to illustrate your findings.
- **Develop additional questions to guide the interpretive process with community partners.** Some questions to consider include:
 - How does each community partner think they contributed to the results?
 - What does each community partner need to do to continue achieving the results?
 - What can each community partner do to improve the results in the future?
 - How can each community partner use the results to support their work (e.g., funding)?
 - What parts of the evaluation findings should be shared more widely in the community? With whom and how?
- **Share your findings in a timely manner.** While it may take time to prepare a session with community partners, it is best to do so in a timely manner when the evaluation results are still fresh and relevant.

After interpreting your results alongside program staff and volunteers and with community partners, it is time to take action. In the next phase of this process, “Now What?” you will utilize the interpretations of your evaluation results to begin making changes in your community.

Now What?

An evaluation, however, is only valuable if you use the findings to make change in your community. The goal of the “Now What?” phase is to use the interpretations of your findings as a foundation to take action and make change in your community’s response to sexual assault.

Maintain and Strengthen Your Relationships with Community Partners

In reviewing and interpreting your evaluation results with community partners, you may have learned that there are opportunities for further development within your existing partnerships or a need to develop some new partnerships.

Below are several points to revisit and reevaluate as you aim to maintain and strengthen your existing relationships or develop new ones with community partners:

- **(Re)Define your partnership identity and purpose.** As a partnership, it is essential to define your vision, mission, goals and objectives. If you have not yet done so, set time for your partnership to have this conversation. If the vision, mission, goals, and objectives have been developed, revisit them following the evaluation to ensure that they align with what you have learned. Creating and revisiting your vision, mission, goals, and objectives together will help your group build momentum and achieve tangible results. Without a shared identity and purpose that matches the current needs of your community you run the risk of stagnation or conflict among the group.
- **(Continue to) Build group membership and leadership.** Create an environment that is comfortable and welcoming for all members. Whether leadership roles

are formal or informal, you want leaders who have good communication and group facilitation skills, are action-oriented, have a clear vision, yet are flexible.

- **(Re)Create group structures and guidelines that support the partnership.**

These may include a set meeting schedule, systems for ongoing communication, processes for making decisions, and clear roles and responsibilities. The evaluation findings and interpretations may suggest that the current schedule or communication system is not working. These too should be revisited regularly and should change along with changes in community and partnerships.

You may also find that there are new partnerships that would strengthen your community’s response to sexual violence. Some community partners that SANE programs often want to work with include:

- Police departments (including patrol officers, detectives and administrators)
- Prosecutors
- Judges
- Probation and parole officers
- Hospitals
- Community health clinics
- County health departments
- Private medical care providers
- Rape crisis programs
- Other victim services (domestic violence programs, victim’s assistance, counseling programs that specialize in trauma, etc.)
- Offender treatment programs
- Youth services

Access and/or Provide Further Training

Your evaluation results may have identified specific training needs. This may be training that is needed by your SANE staff and/or by your community partners. While we often attend and/or conduct trainings within our own areas, it can be very enlightening to do cross-trainings where different stakeholder groups train each other about their work as it pertains to sexual assault. Multidisciplinary and cross-disciplinary trainings can also give great insight into the ways that other community systems work.

Create Policies and Memoranda of Understanding

A key way that many communities make sure that systems function as desired is to **institutionalize the response** to sexual assault in their community. In other words, they create written protocols that documents what the appropriate response to sexual assault is for each agency/organization. That way, organizations ensure the appropriate response even when there is staff turnover.

There are multiple strategies for institutionalizing your response:

- For some communities, developing an **overarching policy or protocol** that lays out the various responsibilities and actions to be taken by each stakeholder group is helpful.
- Other communities **develop “memorandums of understanding”** (MOU) that state how each agency/organization agrees to respond.

It is important to create a written record so when a new staff person takes another’s place, they too are bound by these agreements and understand what the expectations are for responding to sexual assault in this community. Or, when an agency starts to “slip” and not respond as they once did. This documentation can be used to remind them of the appropriate response that has been agreed upon by the entire community. In reviewing your evaluation results and their interpretations, you may have found system “breakdowns.” These should be identified as points of focus as you create policy and memoranda of understanding to institutionalize your community’s response to sexual assault. The flow chart (figure 5) on the next page presents the questions you should ask about each system “breakdown,” and the actions you need to take accordingly.

Resources

Some places where you can find information about conferences and workshops related to sexual violence include:

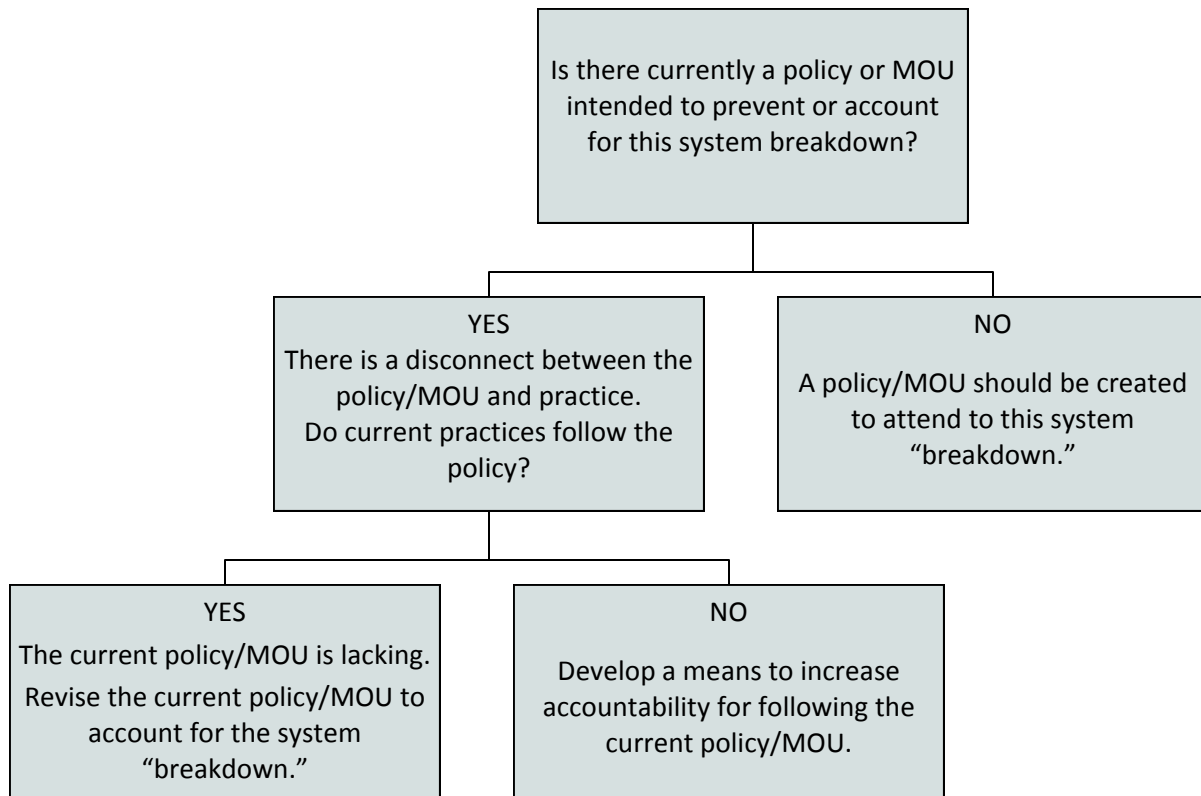
Forensic Nursing:

- International Association of Forensic Nursing at www.iafn.org
- SANE-SART at www.sane-sart.com
- Forensic Healthcare Online at www.forensichealth.com

Law Enforcement and Prosecution:

- National Crime Victim Law Institute at www.nclvi.org
- National Institute on the Prosecution of Sexual Violence at www.aequitasresource.org
- International Family Justice Center Conference at www.familyjusticecenter.org

Figure 5. Examining System “Breakdowns”



Resources

The following link will take you to a list of SART (sexual assault response team) protocol publications compiled by the Massachusetts Emergency Nurse Association. These documents can aid in the development and institutionalization of the response to sexual assault in your community.

http://www.mass-ena.org/TEAM_200610_SART_SANE_Protocols.pdf

The following link through SAFETA provides a sample memorandum of understanding for SARTs.

<http://www.safeta.org/associations/8563/files/MOU%20blank.doc>

The following link through NSVRC provides a SART handbook.

<http://www.nsvrc.org/publications/guides/sexual-assault-response-team-sart-handbook-version-iii>

Seek Support and Funding

The fact that you have engaged in a systematic evaluation of outcomes will be a great asset when you seek additional support from your host organization, community and/or potential funders. Increasingly funders are looking for “evidence based practices” (programs or strategies that have some evidence showing they are having an impact) and are interested to see that programs are engaging in evaluation activities for program improvements. .

- If you found that the prosecution outcomes were better in your community since the start of your SANE program (if you used the Pre-Post evaluation design) or the outcomes in your community were better than other SANE communities (if you used the Post Only or Ongoing evaluation design), you can use those findings to justify why and how your program is working and merits funding to expand or further improve its services.
- If you found that the prosecution outcomes were the same or not better since the start of your SANE program in your community (if you used the Pre-Post evaluation design) or the outcomes in your community were worse than other SANE communities (if you used the Post Only or Ongoing evaluation design), you can use your findings to justify why you need support to improve performance in a particular area. For example, if you identified a specific place where the system breaks down you might use that information to justify why you need support to get/provide training on issues and skills that can help to fix that break down.

Writing grant applications is often more time-consuming than it is difficult. Below are a few tips that can increase the chances of your requests being funded:

- **Relate what you are doing (or want to do) to the literature on SANE programs.** Do not assume that funders know about the SANE model. You can use the literature summaries in Section Two and Appendix A of this Toolkit to explain what is known about the effectiveness of SANE programs.
- **Clearly explain all of the activities you have engaged in to evaluate your program.** Present the findings from your evaluation on prosecution outcomes. If you have done other evaluations in your program, make sure to present those too. Follow the suggestions given earlier for presenting all your evaluation findings.
- **Avoid technical jargon.** Whenever possible, use language that non-medical people can understand. If you must use medical terms, make sure you define them.
- **Be consistent.** If you use a phrase (like “Pre-Sane/Post-Sane Design”, “criminal justice outcomes”, “Charged cases”, etc.) continue to use that same phrase throughout your application. Inconsistency can be confusing to readers.

- **Include a plan for future evaluation.** Funders want to know if the support they give to you is used in ways that are effective. Even though the evaluation you completed using this Toolkit, or other evaluations you have conducted thus far are the foundation for your request, you also need to have a plan for how you will evaluate what you do in the future.
- **Proofread!** Proofread your own writing and then have someone proofread it and then proofread it again! Any errors, even simple typos, can reflect poorly on your program. Build enough time into your writing process that you can set aside your “finished” application for a few days and then take a final look at it before sending it off. You may be amazed at what you see after you step away from it for a while.

Resources

www.npguides.org Provides tips for writing grant applications and key components of funding proposals. Includes sample cover letters, budgets, and proposals.

www.medi-smart.com Provides links to various resources for nursing research including funding databases and tips for grant writing.

Chronicle of Philanthropy at philanthropy.com/section/Guide-to-Grants/270/ Maintains one of the largest database of donors. Has numerous articles about how to write successful grant applications.

Develop Ongoing Evaluation Processes

Think of further evaluation as “check ups” to make sure the system is running smoothly. If you conduct regular evaluation, you can identify and address problems more quickly, before they become major crises. You can see if cases continue to make it to the final stages of the prosecution process or if they tend to drop out more quickly and if they drop out, you can identify why. Revisit the section on types of evaluation and evaluation resources in this Toolkit. These resources can help you identify what types of evaluation will best benefit your program in the future.

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

There are other outcomes that were not captured by this evaluation that you may like to know about. These might include:

- Psychological outcomes for survivors
- Medical or health care outcomes
- Forensic outcomes
- Community change

There might also be other aspects of your program you want to evaluate such as:

- Burnout or secondary trauma among your SANE nurses
- Cost effectiveness of the SANE model of care versus traditional emergency medicine

Keep in mind that there are many different ways you can evaluate program outcomes and community context. The methods you use will depend on what you want to learn and the resources you have available. Regardless of whether you choose to conduct future evaluations or the method of evaluation selected, it is important to continue to have an ongoing, open dialogue with community partners. Open communication and regular collaboration will help to maintain an active community response to sexual assault that attends to the current needs of your community.

Increase Community Outreach

In reviewing your evaluation findings and interpretations, you may have identified certain areas of your current community that are not receiving your services, or that are not progressing as far in the criminal justice system. Many times, this is learned during collaborative conversations from community partners. This information can be used to target certain geographical areas, populations, organizations, or community partners in an effort to raise awareness about your services and the criminal justice process.

SANE programs strive to provide comprehensive services to their patients and their communities. Evaluation provides a means for SANE programs to understand, document, and improve their work. Through evaluation, SANE programs can continue to identify opportunities for growth and ensure that they are providing the best possible care.

APPENDICES

References

- A: Review of Literature on SANE Outcomes
- B: Sample Handout for the Hospital
- C: Hospital MOU Template
- D: Sample Handout for the Prosecutor's Office
- E: Prosecutor's Office MOU Template
- F: Working with Law Enforcement to Obtain Suspect Names
- G: Sample Handout for the Law Enforcement Agency
- H: Law Enforcement MOU Template
- I: Selecting Cases
- J: Information Collection Table
- K: Tips for Working with an Outside Evaluator/Researcher



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Appendix A: Review of Literature on SANE Outcomes

Psychological Effectiveness

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

Although emotional care is a primary goal of SANE programs, **there have been few studies that have systematically evaluated the psychological impact of SANE programs.** In a study of the Memphis SANE program, Solola, Scott, Severs, and Howell (1983) found that 50% of victims in their study were able to return to their usual vocation within one month, and in 3 to 6 months 85% felt secure alone in public areas. After 12 months, more than 90% of the survivors were entirely free of their initial assault-related anxieties and emotional discomposure. Unfortunately, this publication did not provide sufficient details regarding the methodology of this study to assess whether the recovery gains were attributable to the SANE program or to “normal” recovery processes. **Other research suggests that, at the very least, rape survivors perceive SANEs as helpful and supportive.** In an evaluation of the Minneapolis SANE program, Malloy (1991) surveyed 70 patients in crisis, and found that 85% of the survivors identified the nurses’ listening to them as one thing that helped them the most during their crisis period. Similarly, Campbell, Patterson, Adams, Diegel, and Coats’ (2008) evaluation with 52 sexual assault patients in a Midwestern SANE program found that survivors felt very supported, respected, believed, and well-cared for by their SANE nurses. In a qualitative study with eight survivors treated in a Canadian “specialized sexual assault service,” Ericksen et al. (2002) also substantiated that specialized care helps patients feel respected, safe, reassured, in control, informed, and well cared for in their post-assault crisis period. These findings were again replicated in a qualitative study with 20 survivors treated by a Midwestern SANE program who reported that the SANE care received was helpful in that they were provided clear explanations of the exam process, that they were given choice throughout the exam, and that they were met with care and compassion (Fehler-Cabral, Campbell, & Patterson, 2011).

Medical/Health Care Effectiveness

Many rape survivors treated in hospital emergency departments do not receive needed medical services, which was another problem that SANE programs sought to address. As with the literature on

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

In the most comprehensive and methodologically rigorous study to date on medical service delivery in SANE programs, Crandall and Helitzer (2003) compared the services received for sexual assault cases seen at the University of New Mexico's Health Sciences Center for the two years prior to the inception of a SANE program (1994-1996) (N=242) and four years afterwards (1996-1999) (N=715). Statistically significant changes in medical services delivery rates were found from pre- to post-SANE. For example, the rate of pre-SANE pregnancy testing in this hospital was 79%, and increased to 88% post-SANE. Providing emergency contraception was also more common after the SANE program was created (66% to 87%). STI prophylaxis was also more routinely provided in the SANE program as compared to the traditional hospital ED care (89% to 97%). Given the quasi-experimental design of this study, these increases are likely attributable to the implementation of the SANE program, but it is worth noting that the pre-SANE rates of service provision found at this hospital were already substantially higher than what has been found in prior studies of medical service delivery. For instance, service delivery rates for emergency contraception in hospital EDs are typically 20%-38% and at the University of New Mexico's Health Sciences Center they were 66% before the SANE program even started. Even though this hospital may have already been providing reasonably comprehensive care to rape survivors, their rates of service delivery still significantly increased post-SANE. However, it is not clear whether a SANE program could make such headway in hospitals that had lower rates of service delivery prior to SANE implementation.

Forensic Effectiveness

SANE programs emerged not only because traditional ED care did not pay adequate attention to survivors' emotional and medical health needs, but also because the forensic evidence collection itself needed to be improved. Emergency department physicians receive either no training or only minimal training in forensics, which has raised concern among victim advocates that the evidence of sexual assault is not being adequately documented (Ledray, 1999; Littel, 2001). SANEs sought to address this issue through extensive training and practice in forensic techniques. However, since taking on this new

role, SANEs throughout the country have been challenged by the both the medical and legal communities as to whether they were qualified and skilled enough to perform this task (DiNitto et al., 1986; Littel, 2001). **The clinical case study literature suggests that SANEs are not only competent in forensic evidence collection, but they are actually better at it because of their extensive training and experience** (Cornell, 1998). Yet, clinical case reports, though remarkably consistent in their conclusions, do not provide definitive evidence of the effectiveness of SANEs in forensic evidence collection. Empirical studies that directly compare the evidence collected by SANEs and non-SANE personnel on objective criteria would better inform the debate over whether nurses are competent forensic examiners.

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

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

Legal Effectiveness

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

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

Community Change Effectiveness

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

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

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

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

The findings from this large-scale study are summarized on the following pages. The full report from this study is available at: <http://www.ncjrs.gov/pdffiles1/nij/grants/226498.pdf>

EXECUTIVE SUMMARY

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

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

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

accounting for changes in operation at the focal county prosecutors' office and seasonal variation in rape reporting.

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

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

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

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

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

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

(n=9). These survivors had positive experiences with law enforcement, noting that the care and empathy they received from police helped them participate more fully in the investigation and prosecution process.

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

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



Appendix B: Sample Handout for the Hospital

Evaluating the Work of Sexual Assault Nurse Examiner (SANE) Programs in the Criminal Justice System

What is the project?

An evaluation of the SANE program's impact on prosecution outcomes.

How will it be done?

Sexual assault cases treated by this SANE program will be identified. The final prosecution outcomes for each of these cases (e.g., charged, charged and later dropped, conviction) will be looked up at the prosecutor's office and recorded. The prosecution outcomes will then be analyzed to better understand how the SANE program affects criminal justice case outcomes.

What role does the hospital play?

The hospital will either grant access to existing medical records in order to identify all sexual assault cases to be included in the evaluation, or permit the SANE program to begin recording information on incoming patients.

How will patient confidentiality be protected?

Patient information will only be temporarily recorded in order to look up prosecution outcomes at the prosecutor's office. Once the prosecution outcome has been recorded, all identifying patient information that was collected for the purpose of the evaluation will be destroyed.

Why should the hospital participate?

The evaluation findings can be used to inform and improve SANE practice and patient care in the community.



Appendix C: Hospital MOU Template

MEMORANDUM OF UNDERSTANDING BETWEEN [NAME OF YOUR AGENCY] AND [NAME OF HOSPITAL]

1. **Parties.** This Memorandum of Understanding (hereinafter referred to as “MOU”) is made and entered into by and between the [your agency name], whose address is [your agency address], and the [hospital name], whose address is [hospital address].

2. **Purpose.** The purpose of this MOU is to establish the terms and conditions under which the [hospital name] will grant [your agency name] access to patient medical records for the evaluation of [your agency name].

3. **Term of MOU.** This MOU is effective upon the day and date last signed and executed by the duly authorized representatives of the parties to this MOU and the governing bodies of the parties’ respective counties or municipalities and shall remain in full force and effect for not longer than [time frame]. This MOU may be terminated, without cause, by either party upon [time frame] written notice, which notice shall be delivered by hand or by certified mail to the address listed above.

4. **Responsibilities of [your agency name].** Designated personnel from [your agency name] will directly access the medical records of patients presenting following a sexual assault at [name of hospital] in order to record specific information to aid in later retrieval of final case disposition with the prosecutor’s office. The designated personnel will only record the name, date of birth, exam date, assault date, and police complaint number (if known) for individual adult sexual assault patients. No other data from the medical records will be documented or collected during this process. The designated personnel agree to keep all information viewed during this data collection process confidential. During this data collection process, the designated personnel agrees not to make any copies of any medical records.

5. **Responsibilities of [name of hospital]**. [Name of hospital] agrees to provide direct access to designated personnel from [your agency name] to their medical records.

6. **General Provisions.**

A. **Amendments.** Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between the parties to this MOU shall be incorporated by written instrument, and effective when executed and signed by all parties to this MOU.

B. **Applicable Law.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of [insert State name]. The courts of the State of [insert State name] shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the [insert the Judicial District and County], [insert State name].

D. **Entirety of Agreement.** This MOU, consisting of [insert number] pages, represents the entire and integrated agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral.

E. **Severability.** Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and either party may renegotiate the terms affected by the severance.

F. **Sovereign Immunity.** The [your agency name] and the [name of hospital] and their respective governing bodies do not waive their sovereign immunity by entering into this MOU, and each fully retains all immunities and defenses provided by law with respect to any action based on or occurring as a result of this MOU.

G. **Third Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of a third party beneficiary, and this

MOU shall not be construed so as to create such status. The rights, duties and obligations contained in this MOU shall operate only between the parties to this MOU, and shall inure solely to the benefit of the parties to this MOU. The provisions of this MOU are intended only to assist the parties in determining and performing their obligations under this MOU. The parties to this MOU intend and expressly agree that only parties signatory to this MOU shall have any legal or equitable right to seek to enforce this MOU, to seek any remedy arising out of a party's performance or failure to perform any term or condition of this MOU, or to bring an action for the breach of this MOU.

7. Signatures. In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

The effective date of this MOU is the date of the signature last affixed to this page.

[AGENCY]

[Name and Title] _____ Date _____

[Name and Title] _____ Date _____

[AGENCY]

[Name and Title] _____ Date _____

[Name and Title] _____ Date _____



Appendix D: Sample Handout for the Prosecutor's Office

Evaluating the Work of Sexual Assault Nurse Examiner (SANE) Programs in the Criminal Justice System

What is the project?

An evaluation of the SANE program's impact on prosecution outcomes.

How will it be done?

Sexual assault cases treated by this SANE program will be identified. The final prosecution outcomes for each of these cases (e.g., charged, charged and later dropped, conviction) will be looked up at the prosecutor's office and recorded. The prosecution outcomes will then be analyzed to better understand how the SANE program affects criminal justice case outcomes.

What role does the prosecutor's office play?

The prosecutor's office will partner with the SANE program to help them look up and record prosecution outcomes for a specified list of sexual assault cases.

How will client confidentiality be protected?

SANE program staff will only record the final case outcome for their specified list of sexual assault cases. No additional information from case files will be recorded.

Why should the prosecutor's office participate?

The evaluation findings can be used to inform and improve SANE practice and sexual assault case progression in the community.



Appendix E: Prosecutor's Office MOU Template

MEMORANDUM OF UNDERSTANDING BETWEEN [NAME OF YOUR AGENCY] AND [NAME OF PROSECUTOR'S OFFICE]

- 1. Parties.** This Memorandum of Understanding (hereinafter referred to as "MOU") is made and entered into by and between the [your agency name], whose address is [your agency's address], and the [name of the prosecutor's office], whose address is [prosecutor's address].
- 2. Purpose.** The purpose of this MOU is to establish the terms and conditions under which [name of prosecutor's office] will provide access to criminal justice system data for the evaluation of [your agency name].
- 3. Term of MOU.** This MOU is effective upon the day and date last signed and executed by the duly authorized representatives of the parties to this MOU and the governing bodies of the parties' respective counties or municipalities and shall remain in full force and effect for not longer than [time frame]. This MOU may be terminated, without cause, by either party upon [time frame] written notice, which notice shall be delivered by hand or by certified mail to the address listed above.
- 4. Responsibilities of [your agency name].** Designated personnel from [Your agency name] will directly access the criminal justice records of adult sexual assault cases at [name of prosecutor's office] in order to record the final case dispositions. The designated personnel will only record the final case disposition of the individual adult sexual assault cases. No other data from the case records will be documented or collected during this process. The designated personnel agree to keep all information viewed during this data collection process confidential. During this data collection process, the designated personnel agrees not make any copies of any case records.
- 5. Responsibilities of [name of prosecutor's office].** [Name of prosecutor's office] agrees to provide direct access to designated personnel from [your agency name] to their criminal justice records. [Name of prosecutor's office] also agrees to provide assistance to said designated personnel from [name of your agency] in

6. **General Provisions.**

A. Amendments. Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between the parties to this MOU shall be incorporated by written instrument, and effective when executed and signed by all parties to this MOU.

B. Applicable Law. The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of [insert State name]. The courts of the State of [insert State name] shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the [insert the Judicial District and County], [insert State name].

D. Entirety of Agreement. This MOU, consisting of [insert number] pages, represents the entire and integrated agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral.

E. Severability. Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and either party may renegotiate the terms affected by the severance.

F. Sovereign Immunity. The [name of your agency] and the [name of prosecutor's office] and their respective governing bodies do not waive their sovereign immunity by entering into this MOU, and each fully retains all immunities and defenses provided by law with respect to any action based on or occurring as a result of this MOU.

G. Third Party Beneficiary Rights. The parties do not intend to create in any other individual or entity the status of a third party beneficiary, and this MOU shall not be construed so as to create such status. The rights, duties and obligations contained in this MOU shall operate only between the parties to this MOU, and shall inure solely to the benefit of the parties to this MOU. The provisions of this MOU are intended only to assist the parties in determining and performing their obligations under this MOU. The parties to this MOU intend and expressly agree that only parties signatory to this MOU shall have any legal or equitable right to seek to enforce this MOU, to seek any remedy arising out of a party's performance or failure to perform any term or condition of this MOU, or to bring an action for the breach of this MOU.

7. Signatures. In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

The effective date of this MOU is the date of the signature last affixed to this page.

[AGENCY]

[Name and Title] _____ Date _____

[Name and Title] Date

[AGENCY]

[Name and Title]	Date
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[Name and Title]	Date
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Appendix F: Working with Law Enforcement to Obtain Suspect Names

Why Work with Law Enforcement?

The prosecutor database may not be searchable by victim name. This is sometimes discovered in the process of completing the MOU with the prosecutor while other times it is not learned until you begin searching for prosecution outcomes in the prosecutor's office. Many times, if the prosecutor's case records cannot be searched by victim name, they can be searched by suspect name and/or the police complaint number. While SANE programs do not systematically record the name of the suspect and the police complaint number for all sexual assault cases, law enforcement does have this information. If you have discovered that you cannot search your prosecutor's database by the information available in your case files (i.e., victim name, DOB, and exam date), you can still complete the evaluation by working law enforcement to get the suspect names and police complaint numbers for each case, then searching the prosecutor's database with this information.

How Do You Work with Law Enforcement to Get This Information?

You will want to establish a cooperative agreement with law enforcement. Fortunately, you already have experience doing this with the prosecutor and perhaps with a hospital. This process will be very similar to the process you have already completed. The following descriptions provides some tips and guidelines for approaching law enforcement personnel to get permission to access case records.

Selecting the Law Enforcement Agency(ies)

Selecting the law enforcement agency that you will attain the suspect name and police complaint numbers from may be an easy process. The sexual assault cases in your county may be reported to a single law enforcement agency. If so, you will only need to partner with this agency. However, if sexual assault cases in your county are reported to multiple law enforcement agencies, you will need to form cooperative agreements with all of them in order to obtain the suspect names and complaint numbers for the sexual assault cases included in the study.

Explaining the Project

When approaching a law enforcement agency about an evaluation project, we recommend:

- **If you don't have an established relationship, introduce yourself and your program**
- **Introduce and explain the evaluation**
 - Communicate that your goal is to evaluate the SANE program, not the law enforcement agency's performance.
 - Help the law enforcement agency understand that evaluation efforts can help SANEs to improve their programs and possibly access more funding.
 - See Appendix G for a handout that you can provide to the law enforcement agency that outlines the project.

- **Give examples of other evaluation projects your program has been involved in**
 - Discuss how these projects have been helpful to your program and the population you serve.
 - If you have not been involved in other evaluation projects, discuss how this is a great project to start because there is an accompanying step-by-step Toolkit.
- **Explain to the law enforcement agency's role and why their involvement is so crucial**
 - Discuss what this process has looked like so far—that you had planned to work directly with the prosecutor to retrieve prosecution outcomes by searching with the victim's name. You later learned that it is not possible to search the prosecutor database in this way and that a suspect name and/or police complaint number was needed to search the database.
 - Explain to the law enforcement agency that in the same way that they act as the link between the medical system and the prosecutor in pursuing a case, they can act as the link here in providing the suspect name and/or police complaint number. Explain to the law enforcement agency that you are very much looking forward to working with them on this as without their assistance, it will not be possible to complete the evaluation.
- **Determine if you can get the information that you need**
 - Are their case files or database searchable by victim name, victim DOB, assault date, and/or exam date?
 - Do the case records contain the information you need—the suspect name and/or police complaint number?
 - Will the law enforcement agency grant you access to the case files or database? If not, are they willing to give you the information that you need from their files/database?
 - Be prepared to explain how you will decide which cases you will need to look up based on your sampling criteria.
- **Be prepared to discuss confidentiality and privacy of the information you wish to obtain**
 - The law enforcement agency's database may contain information regarding the case that is confidential. If you or someone from your program is looking up case information, you will need to assure the police that you are only interested in obtaining the suspect name and/or police complaint number and will not document any of the other information. You may need to offer to sign a confidentiality agreement.
 - If law enforcement agency personnel look up the case information, you may want to ask them to agree to keep the names of your patients confidential by only allowing the person who is searching the database access to their names. You could ask them to sign a confidentiality agreement.

Finalizing your Agreement

It is essential that you finalize your agreement with the law enforcement agency in writing. To do this, you will want to complete a MOU with the law enforcement agency that details what information you will be collecting, who will be collecting the information, how you will be collecting the information, and how long the information will be stored. See Appendix H for a law enforcement MOU template.

Your Next Steps

After finalizing your MOU with the law enforcement agency(ies), you should work with law enforcement to identify the suspect name and/or police complaint number for your list of cases to be included in the study (this may include all of your eligible cases, or your sampled list of eligible cases). You will then go (back) to the prosecutor's office and search for prosecution outcomes with this new information. After this step, return to where you left off in the Toolkit process and finish carrying out the evaluation.

If negotiations with the law enforcement agency fail and you are not able to obtain access to suspect names.



STOP.
Your program is not able to carry out any of the evaluation designs at this time.

Example: Searching for Suspect Names

A SANE Program learned that they needed suspect names to be able to search for case outcomes in the prosecutor's database. They collaborated with their law enforcement agency to establish a MOU. While searching for suspect names, they encountered several cases in which the suspect name was not available. Without a suspect name, they knew that they would not be able to search the prosecutor's database and wanted to exclude these cases from the study.

What makes the Toolkit evaluation unique is that it includes ALL cases that are reported to law enforcement. If cases without an identified suspect were removed from the study, the evaluation would only include cases that were reported to law enforcement AND that had an identified suspect. This would not tell the entire story of a case, from the time a patient presents for a medical forensic exam and reports the assault to its final case outcome. For this reason, these cases need to stay in the study.

Accordingly, the SANE Program kept these cases in the study. They recorded the police complaint number in the event that the prosecutor's office could search with that information. This case will likely later be recorded as "not referred/not charged" as it will likely not appear at the prosecutor's office.



Appendix G: Sample Handout for the Law Enforcement Agency

Evaluating the Work of Sexual Assault Nurse Examiner (SANE) Programs in the Criminal Justice System

What is the project?

An evaluation of the SANE program's impact on prosecution outcomes.

How will it be done?

Sexual assault cases treated by this SANE program will be identified. The name of the suspect and/or complaint number in each of these cases will be looked up and later used to search for the final case outcome at the prosecutor's office (e.g., charged, charged and later dropped, conviction). The final prosecution outcomes will be recorded and then analyzed to better understand how the SANE program affects criminal justice case outcomes.

What role does the law enforcement agency play?

The law enforcement agency will provide suspect names and/or complaint numbers for a specified list of sexual assault cases.

How will victim and suspect confidentiality be protected?

SANE program staff will only record the suspect name and/or complaint number (what is needed to find the case at the prosecutor's office) for their specified list of sexual assault cases. No additional information from case files will be recorded. This information will be destroyed after all case outcomes have been recorded.

Why should the law enforcement agency participate?

The evaluation findings can be used to inform and improve SANE practice and sexual assault case investigative procedures.



Appendix H: Law Enforcement MOU Template

MEMORANDUM OF UNDERSTANDING BETWEEN [NAME OF YOUR AGENCY] AND [NAME OF LAW ENFORCEMENT AGENCY]

1. **Parties.** This Memorandum of Understanding (hereinafter referred to as “MOU”) is made and entered into by and between the [your agency name], whose address is [your agency’s address], and the [name of the law enforcement agency], whose address is [law enforcement’s address]
2. **Purpose.** The purpose of this MOU is to establish the terms and conditions under which [name of law enforcement agency] will provide access to criminal justice system data for the evaluation of [your agency name].
3. **Term of MOU.** This MOU is effective upon the day and date last signed and executed by the duly authorized representatives of the parties to this MOU and the governing bodies of the parties’ respective counties or municipalities and shall remain in full force and effect for not longer than [time frame]. This MOU may be terminated, without cause, by either party upon [time frame] written notice, which notice shall be delivered by hand or by certified mail to the address listed above.
4. **Responsibilities of [your agency name].** Designated personnel from [Your agency name] will receive the following information from [name of law enforcement agency] on all adult sexual assault cases occurring between [start date] and [end date]: case number, date of assault, victim name, and assailant name. The designated personnel will only accept this information from [name of law enforcement agency]. No other data from case records will be accepted, documented, or collected during the process. The designated personnel agree to keep all information received during this data collection process confidential. During this data collection process, the designated personnel agree to not make any copies of or redistribute this information.
5. **Responsibilities of [name of law enforcement agency].** [Name of law enforcement agency] agrees to provide the following information to designated personnel from [your agency name] on all adult sexual assault cases occurring between [start date] and [end date]: case number, date of assault, victim name, and assailant name. [Name of law enforcement agency] also agrees to provide assistance

to said designated personnel from [name of your agency] in obtaining this information for cases with missing information.

6. General Provisions

A. Amendments. Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between the parties to this MOU shall be incorporated by written instrument, and effective when executed and signed by all parties to this MOU.

B. Applicable Law. The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of [insert State name]. The courts of the State of [insert State name] shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the [insert the Judicial District and County], [insert State name].

D. Entirety of Agreement. This MOU, consisting of [insert number], pages, represents the entire and integrated agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral.

E. Severability. Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and either party may renegotiate the terms affected by the severance.

F. Sovereign Immunity. The [name of your agency] and the [name law enforcement agency] and their respective governing bodies do not waive their sovereign immunity by entering into this MOU, and each fully retains all immunities and defenses provided by law with respect to any action based on or occurring as a result of this MOU.

G. Third Party Beneficiary Rights. The parties do not intend to create in any other individual or entity the status of a third party beneficiary, and this MOU shall not be construed so as to create such status. The rights, duties and obligations contained in this MOU shall operate only between the parties to this MOU, and

shall inure solely to the benefit of the parties to this MOU. The provisions of this MOU are intended only to assist the parties in determining and performing their obligations under this MOU. The parties to this MOU intend and expressly agree that only parties signatory to this MOU shall have any legal or equitable right to seek to enforce this MOU, to seek any remedy arising out of a party's performance or failure to perform any term or condition of this MOU, or to bring an action for the breach of this MOU.

7. Signatures. In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

The effective date of this MOU is the date of the signature last affixed to this page.

[Law Enforcement Agency]

[Name and Signature of Highest Ranking Officer] Date

[Name and Signature of Additional person Date
from Law Enforcement Agency - Optional]

[AGENCY]

[Name and Title] Date

[Name and Title] Date

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Appendix J: Information Collection Table

SANE or Pre-SANE Cases? _____

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

*if date of exam was different from date of assault



Appendix K: Tips for Working With An Outside Evaluator/Researcher

A good evaluator should:

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