



Outcome Measures for Sexual Assault Services in Texas

Final Report

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The following organizations offered valuable sources of insight and knowledge on the topic of outcome evaluation for sexual assault services. They served as resources and guides for developing a Texas-specific, client-based and sexual assault-oriented model for outcome evaluation.

Illinois Coalition Against Sexual Assault

Illinois Department of Human Services

Michigan Coalition Against Domestic and Sexual Violence

Pennsylvania Coalition Against Rape

South Carolina Coalition on Domestic and Sexual Violence

Tennessee Coalition Against Domestic and Sexual Violence

Virginia Coalition Against Rape

Washington Office of Crime Victims Advocacy

Additionally, we appreciate the valuable and patient assistance of Kathleen Claps and Jason McCrory in preparing this report for dissemination.



Executive Summary

Over the last several years, sexual assault service providers throughout Texas have witnessed an increase in demand from funders for increased accountability and evidence-based policy and program decisions. In 2002, the Texas Association of Sexual Assault (TAASA) and the Texas Office of the Attorney General (OAG) initiated the development of outcome measures for sexual assault service providers in Texas in an effort to meet this demand. The School of Social Work at The University of Texas at Austin was awarded the contract to spearhead this effort.

In 2003, a committee of sexual assault experts was created to develop Texas-specific outcome measures that reflect service providers' needs, practices and resources. The committee produced logic models, standardized outcomes and measurement tools for each sexual assault service. It is anticipated that these tools will be modified and incorporated into already existing agency tools so they reflect agency-specific goals and needs. Therefore this is considered a working document, designed to be periodically reviewed and revised by agencies and service providers. Short-term recommendations to be considered as next steps include:

- **Dissemination of the report** – disseminate outcome measures to sexual assault programs and funders across Texas
- **Training and professional development** – conduct a statewide training program on outcome evaluation for sexual assault service providers
- **Information technology** – convene an information technology committee with the charge to address compatibility issues of the statewide information management system (ITS) with outcome measures; develop and implement a standardized training curriculum on ITS and data management
- **Review of core services and outcome measures** – conduct a biennial review and revision of outcome measures; ongoing discussion and identification of core sexual assault services to be provided by agencies

Recommendations for long-term needs include:

- ***Improved collaboration and systems advocacy*** – strengthen partnerships between sexual assault programs and local agencies also serving victims/survivors of sexual assault; increase outreach to groups that traditionally may not focus on victims/survivors of sexual assault; increase outreach to traditionally underserved populations
- ***Training and professional development*** – expand opportunities for training and skill-building at future conferences and other professional gatherings
- ***Research*** – conduct a statewide needs assessment that identifies gaps in services for underserved populations; conduct research related to perpetrators of sexual assault; review existing sexual assault research and provide sexual assault providers with a summary of effective interventions



Introduction

This report describes the development process and resulting outcome measures for sexual assault programs in Texas. It presents a brief overview of outcome evaluation and background information about the initiation and development of this project. The main portion of the report is divided into seven sections that relate to specific sexual assault services. These services include:

- Accompaniment Services
- Crisis Intervention Services
- Education Services
- Follow-Up Services
- Hotline Services
- Peer and Therapeutic Counseling
- Volunteer Programs

Each section is comprised of a logic model, basic instructions regarding the use of measurement tools, and the tools themselves. In addition, a small section is provided to address client satisfaction.

Rather than track overall impact at a statewide level, this project is intended to assist individual sexual assault service providers in evaluating the effect of their services. The outcome measurement tools are templates to be used and modified by individual service providers according to their needs. It should be noted that these tools are not standardized measures, and therefore have not been evaluated for reliability or validity.

The report will be available for download on the website of the Texas Association Against Sexual Assault (TAASA), at www.taasa.org. For additional information on this process and the standardized sexual assault outcomes in Texas, please contact one of the following:

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Background Information

In the past, evaluation efforts by sexual assault agencies depended on quantifying the agencies' efforts by tallying activities and clients. These methods, referred to as output or process evaluation, may involve counting the number of people served or the number of crisis calls handled each month. As the sexual assault service field matured and as public awareness of sexual assault as a social problem increased, the demand for accountability also increased (Riger et al., 2002). Although information on the types of programs offered and the number of people served is important, it is equally important to understand the impact of those services on consumers.

The effectiveness of services has always been a priority for providers of sexual assault services. Nonetheless, the evaluation of those services has traditionally been based on practice wisdom, providers' personal experience and philosophical beliefs about sexual assault (Riger et al., 2002). While qualitative data is legitimate and useful in filling in the gaps of quantitative data, these less rigorous methods of evaluating programs are no longer sufficient in meeting demands for accountability.

Therefore, outcome evaluation was identified as an additional, empirically based method of assessing program results, effectiveness and the impact on consumers. To that end, outcome evaluation provides funders, oversight agencies and the community with evidence about the quality of programming offered by a sexual assault agency. Moreover, by shifting the focus from output to results, outcome evaluation allows agencies to anticipate potential problems and needs, gives agencies a mechanism to assess strengths and weaknesses, and defines areas of improvement.

As the move toward outcome evaluation grows, sexual assault service providers are increasingly concerned about how to adapt outcome evaluation for sexual assault services. Prior to this project, Texas sexual assault programs had varying degrees of expertise in this area. Some agencies developed outcome analyses while other agencies were in the process of understanding outcome evaluation and its costs and benefits to their agencies. TAASA and the OAG recognized the needs of sexual assault providers across Texas and responded with a collaborative process to develop standardized outcomes and sample tools with which to measure them.



Outcome Measure Development Process

In 2002, the Texas Association Against Sexual Assault (TAASA) and the Office of the Attorney General (OAG) initiated a process to develop outcome measures for sexual assault service providers in Texas, in an effort to meet the demand for evidence-based policy programming and accountability. The goal of the process was to generate a collaboratively developed, provider-driven product that truly reflected Texas service providers' needs and practices.

Development of the Expert Committee

TAASA and the OAG contracted with researchers from the School of Social Work at The University of Texas at Austin Center for Social Work Research to develop outcome measures utilizing an expert committee of sexual assault service providers from various geographical areas of Texas. All Texas sexual assault service providers were invited to participate in the process. The resulting Sexual Assault Outcome Evaluation Committee was comprised of experts representing advocacy, education, administration, oversight, and direct service staff from urban and rural agencies. Between committee meetings, members utilized the expertise of their colleagues and field staff in discussing, revising, and testing the final outcome measures.

Data Collection Procedures

The expert committee met in Austin, Texas for four work sessions over a period of eight months. Researchers used grounded theory data analysis procedures, an iterative process to capture experts' knowledge and ideas and develop standardized outcomes. Audio recordings and written notes were taken during each committee meeting in order to facilitate researchers' recall and sorting of data between meetings.

January 29 and 30, 2003 – During the first meeting, committee members reviewed concepts of outcome evaluation and participated in a brainstorming exercise about questions and barriers in evaluating sexual assault services. Many concerns surfaced around how evaluation may help, and challenge, agencies and clients. Three main concerns were:

- Results and procedures should be flexible and adaptable. Texas is a large state with diverse ethnic, economic and geographic characteristics of service provider catchment areas. These differences, combined with available community resources, impact the degree to which agencies deliver sexual assault services. The committee expressed concern that a one-size-fits-all approach to outcome evaluation might disregard these important differences and be more useful to larger, urban agencies and less meaningful to smaller, rural agencies. Therefore, a major goal of this project was to provide an outcome evaluation framework recognized as useful for all agencies.
- Outcome data and data collection should not harm clients or service providers. Committee members expressed concern that collecting data from clients may interfere with service delivery, particularly with regard to confidentiality, re-traumatization, and intrusion on the therapeutic process and relationship. Concerns also involved the possibility of external forces, such as funders and oversight agencies, misinterpreting the results. To address these concerns, committee members suggested that funders and other external agencies be educated about the complexity of victimization and that resolving issues of trauma require a process unique to each individual. For example, the process of recovery from sexual assault-related trauma is not linear. Survivors may cycle through various periods of grief, anxiety, hopelessness and anger in no predictable order. Funders may be very interested in an agency's ability to demonstrate reductions in depression; however, this expectation may be unrealistic given the therapeutic process of recovery.
- Are clients' needs being met? Despite the diversity in population, service providers are aware that certain populations (particularly men; gay, lesbian, bisexual and transgender individuals; persons of color; persons with disabilities; persons with limited English proficiency; and the elderly) under-utilize sexual assault services. Committee members acknowledged that the core services may not adequately address survivors' needs. Moreover, the manner in which these services are delivered might exclude or present barriers to diverse populations.

A complete list of the concerns raised during this meeting can be found in Appendix A.

During the January meeting, committee members also participated in a brainstorming exercise for the four core sexual assault services identified by the OAG (accompaniment services, crisis intervention/counseling, education services, and hotline services) plus follow-up services and volunteer training. Researchers began data collection with a set of probing questions to elicit shared definitions of the provision of these services. For example, with regard to accompaniment services, the following questions were posed to the committee:

- What is accompaniment?
- Why do we provide accompaniment services?
- How do we know accompaniment services were provided? What impact are we hoping to achieve by providing this service?

March 5 and 6, 2003 – In preparation for the March meeting, researchers compiled, analyzed and organized data from the January meeting into preliminary logic models. The committee was divided into small groups for targeted discussions of each sexual assault service and to begin revision of these logic models. Small groups identified the purpose, inputs, activities, outputs, and outcomes of each service. During this meeting, the committee decided to consider crisis intervention and counseling as two separate services in developing outcome measures.

The committee also engaged in a brainstorming exercise to focus on needs of victims/survivors that may not be addressed by the above-mentioned services. The following probing questions were posed to the committee:

- What might be missing in our service delivery?
- What services should we be providing?

The committee's responses to these questions varied widely. A complete list can be found in Appendix B.

May 6 and 7, 2003 – In preparation for the May meeting, researchers revised the logic models based on the March small group discussions. Committee members reviewed the logic models, made further revisions, and reached consensus on final logic models. The committee also began developing measures for each standardized outcome. During this meeting, the committee decided to develop outcomes for volunteer programs, as opposed to volunteer training.

June 30, 2003 – In preparation for the final meeting, researchers compiled feedback data from the May meeting and formulated preliminary measurement tools. During the June meeting committee members reviewed, revised and reached consensus on the measurement tools and recommendations for next steps.



Outcome Measures

During hours of intensive discussions and revisions, the committee developed logic models, outcomes and measurement tools for each service area. These products are intended to be a user's guide for agencies throughout Texas in the development of outcome measures. As services change, it is anticipated that the outcome measures will be modified to adjust to these changes. Therefore this is considered a working document, designed to be periodically reviewed and revised by agencies and service providers.

Three components are provided for each service area: 1) a logic model that illustrates the relationship between purpose and outcomes, 2) measurement tool instructions, and 3) measurement tools.

Logic Models

Logic models provide a framework for linking action, rationale for the action and the expected outcomes from those actions. Each logic model is comprised of the following five elements:

- Purpose – addresses why the service is delivered and what needs are being met by the service
- Inputs – identifies the resources necessary to achieve the purpose
- Activities – describes the actions that are undertaken to achieve the purpose
- Outputs – describes the quantifiable products, such as tallies or counts
- Outcomes - describes the desired impact and effectiveness of the service on the client

Throughout the logic models, the acronym VSFSO has been used to acknowledge that the service may be delivered to victims/survivors, family and/or significant others.

Measurement Tools

Measurement tools were designed to assist sexual assault service providers in evaluating their services. The measurement tools were derived from the standardized outputs and outcomes in the logic models and

enhanced by the work of similar projects in other states. The measurement tool format includes data collection forms, post-tests, satisfaction surveys, and other evaluation tools.

Some sexual assault agencies already utilize effective and appropriate measurement tools to evaluate their programs. The following measurement tools are not intended to duplicate or replace those currently in use. Rather, these measurement tools are intended to enhance existing tools and/or to assist in the development of new tools. In fact, it may be suggested that agencies modify these measurement tools to capture agency-specific outputs and outcomes.

Directions on Use of Measurement Tools

The measurement tools have not been evaluated for reliability or validity and should not be considered standardized measures. It may be important to consult with program staff, volunteers and advocates in the modification of these tools. Often direct service providers offer valuable insight into the design and content of measurement tools. We also suggest that the measures be tested before they are used with victims/survivors. In testing the measurement tools, it may be helpful to ask some basic questions, such as:

- Is the tool easy to read and understand?
- Does the tool make sense?
- Does the tool flow logically?

We recognize that the primary responsibility of staff and volunteer advocates is to serve victims/survivors of sexual assault. The goal of the measurement tools is not to increase the amount of staff paperwork, nor is it to compromise the confidentiality, increase the vulnerability, or unnecessarily use the time of sexual assault victims/survivors. The goal is to provide a simple and adaptable method of collecting information on how clients are impacted by the services provided.

Service-Specific Issues

During committee discussions, several issues were discussed that pertain to specific service areas. Agencies may want to consider the following in reviewing the logic models and measurement tools.

Accompaniment – Standardized outcomes developed for accompaniment services are designed to broadly cover the services common to all types of accompaniment, including accompaniment to medical facilities, law enforcement and the judicial system. In adapting the logic models and measurement tools, agencies should consider their own unique accompaniment practices and explore any additional desired impacts.

Crisis Intervention Services – The committee spent considerable time and energy discussing the issue of crisis intervention as a separate service. In the end, the group acknowledged that crisis intervention can be considered a stand-alone service, as well as an activity of several other services. Therefore a separate logic model and measurement tools were developed for crisis intervention services.

Education Services – As with accompaniment services, the committee recognized the variety of venues, audiences and goals of educational programs provided by sexual assault agencies. These outcomes and measurement tools are designed to broadly cover potential educational programs that are greater than 30 minutes in length, and should be used in conjunction with agency-adapted tools.

Follow-Up Services – Follow-up practices may differ from agency to agency. For the purposes of the outcome measures, follow-up involves client contact that takes place after the initial receipt of services and is used to assess client needs and ensure continued awareness of available services and options.

Hotline Services – Unlike the other service areas, the logic model for hotline services includes only one outcome. Due to the potential brevity of client contact and issues of confidentiality and anonymity, traditional outcome measures may not be feasible.

Peer and Therapeutic Counseling – The committee engaged in considerable discussion about the differences and similarities of therapeutic and peer counseling models and services. Recognizing that agencies may utilize one or both models, the outcomes and measurement tools were developed to broadly cover both models.

Volunteer Program – In recognition of the importance of volunteer retention, Volunteer Training was expanded to Volunteer Programs. The committee recognized that volunteers come with a wide range of expertise and experience and therefore volunteer training should be designed to achieve minimum levels of knowledge and core competencies.

While client satisfaction is not a core service, the committee recognized the need to gather client feedback regarding the work of staff, volunteer advocates and services provided. In the absence of a logic model and outcomes on client satisfaction, a tool has been developed to gather this feedback. The committee expressed concern that such data be collected in a manner that protects client anonymity.



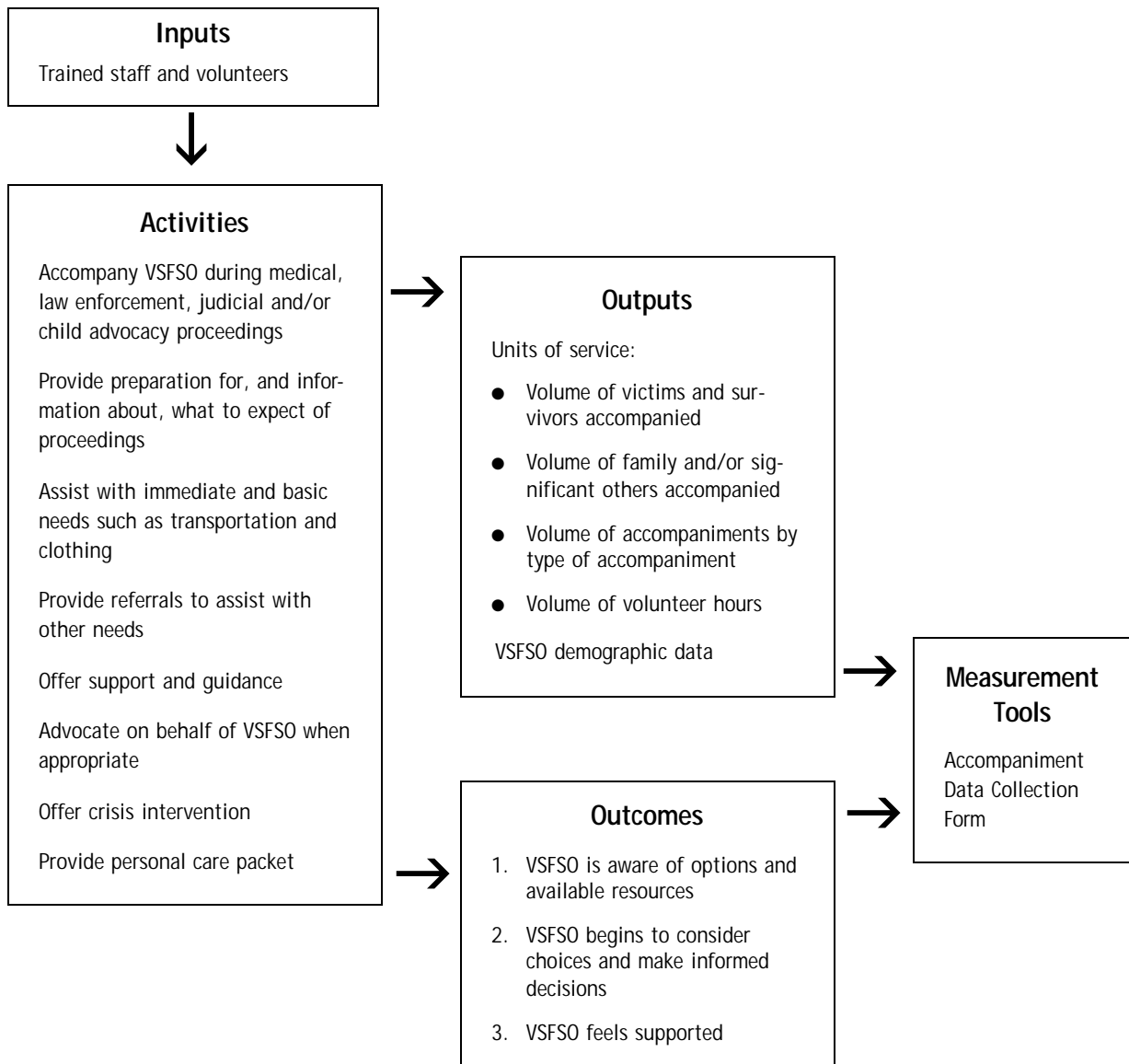
Accompaniment Services



ACCOMPANIMENT LOGIC MODEL

Purpose

The purpose of sexual assault accompaniment is to provide in-person support and advocacy to VSFSO during proceedings with external agencies in order to reduce the crisis, provide information and referrals, and facilitate empowerment.



VSFSO: victims/survivors, family and/or significant others

Accompaniment Services

Measurement Tool Instructions

The following sample measurement tool is meant to serve as a template that can be modified to meet sexual assault service providers' specific needs. It is recommended that service providers first familiarize themselves with the logic model for this service and then review their agencies' current data collection methods to determine if the standardized outcomes are being adequately measured. If an agency's current methods do not adequately measure the standardized outcomes, each item of this sample measurement tool should be reviewed to determine its suitability with regard to the agency's resources and capabilities.

The standardized outcomes developed for accompaniment services were designed to broadly cover the services common to all types of accompaniment (e.g., medical, judicial, law enforcement). In adapting the measurement tool, agencies should consider their own unique accompaniment practices and, if necessary, explore any additional desired outcomes.

The Accompaniment Data Collection Form is designed to assist service providers in evaluating accompaniment services. The content of this measurement tool is based on the standardized outputs and outcomes for accompaniment services developed by the Sexual Assault Outcome Evaluation Committee.

This data collection form is intended for use with each accompaniment conducted, regardless of whether the client has been accompanied in the past. The advocate (staff or volunteer) who is providing the service should fill out this form.

The acronym VSFSO is used to acknowledge that services may be delivered to victims/survivors, family and/or significant others.

OUTPUTS

Output data for Accompaniment Services can be tracked using the Service, Client, and Perpetrator Information sections of the Accompaniment Data Collection Form. Outputs to be tracked by this form include:

- **Number of victims/survivors accompanied** - Collected by periodic (monthly, quarterly, etc.) tallying of the number of unique Client IDs for a given period
- **Number of family and/or significant others accompanied** - Collected by periodic tallying of the number of Client Types (survivor, family member, other) for a given period
- **Number of accompaniments by type of accompaniment** - Collected by periodic tallying of the Types of Accompaniment (medical, law enforcement, judicial, etc.) for a given period

- **Number of volunteer hours** - Collected by calculating the total time for each accompaniment (by subtracting Start Time from End Time) and by using Advocate Name to determine if a volunteer delivered the service
- **VSFSO demographic data** - Collected through the Gender, Age, Race/Ethnicity and Zip Code fields of the Client Information section; As you adapt this tool, it may be appropriate to include questions regarding additional demographic information, such as sexual orientation and income level, that will assist you and your funders in better understanding the populations you serve.

OUTCOMES

Outcome data for Accompaniment Services can be tracked using the Outcome Measures section of the data collection form.

- **VSFSO is aware of options and available resources:** Question one, regarding referrals made, allows the advocate to track what resources were discussed, to whom referrals were made, and whether the advocate initiated contact with the referral agency. Question two allows the advocate to address options as they relate to victim rights.
- **VSFSO begins to consider choices and make informed decisions:** Question three, regarding how the client presents, allows the advocate to assess the client's readiness to make decisions.
- **VSFSO feels supported:** Question four, regarding acknowledging support, allows the advocate to list observed behaviors that would indicate feelings of being supported.

ACCOMPANIMENT DATA COLLECTION FORM

**To be completed by staff or volunteer advocate*

(Page One)

Service Information

Date of service: _____

Advocate Name: _____

Type of accompaniment: _____

Location: _____

Start time: _____ End time: _____

City/County: _____

Client Information

ID: _____ Gender: _____ DOB/age: _____ Zip code: _____

Type: Survivor Family member: _____ Other: _____
(relationship to victim) *(relationship to victim)*

Perpetrator Information

Gender: _____ Age: _____ Race/Ethnicity: _____ Zip code: _____

Relationship to victim: _____

Outcome Measures

1. Referrals made *(If a referral is made, specify program/agency name in one or both of the referral columns. Place a check in the contact column if you contacted the referral agency.)*

	<i>Referral to program within our agency</i>	<i>Referral to external agency</i>	<i>Worker contacted referral agency</i>
Other accompaniment services			
Hotline			
Counseling			
Medical <i>(including STD & pregnancy testing)</i>			
Substance abuse services			
Children's services			
Immigration services			
Legal services			
Law enforcement			
Financial assistance			
Employment services			
Housing assistance			
Other			
Other			

2. By the time the visit ended, was the client able to acknowledge an understanding of his/her rights as a victim of crime?
 yes no

ACCOMPANIMENT DATA COLLECTION FORM

(Page Two)

3. The client was able to consider choices and make decisions:

	<i>Strongly Disagree</i>				<i>Strongly Agree</i>
When s/he first arrived:	1	2	3	4	5
By the time the visit ended:	1	2	3	4	5

4. Did the client acknowledge the support s/he received? yes no

If yes, how was the acknowledgement expressed? (*Please check all behaviors that apply*):

Verbal statement of gratitude such as "Thank you"	
Spontaneous physical show of gratitude by the victim/survivor, such as hugging or holding the hand of this advocate	
Asking specifically for this advocate for future services	
Asking for additional information or services	
Asking this advocate to remain with her/him until the procedure was complete	
Other (<i>please specify</i>)	

In addition to questions developed by the committee, this measure includes modified questions from Riger et al. (2002).



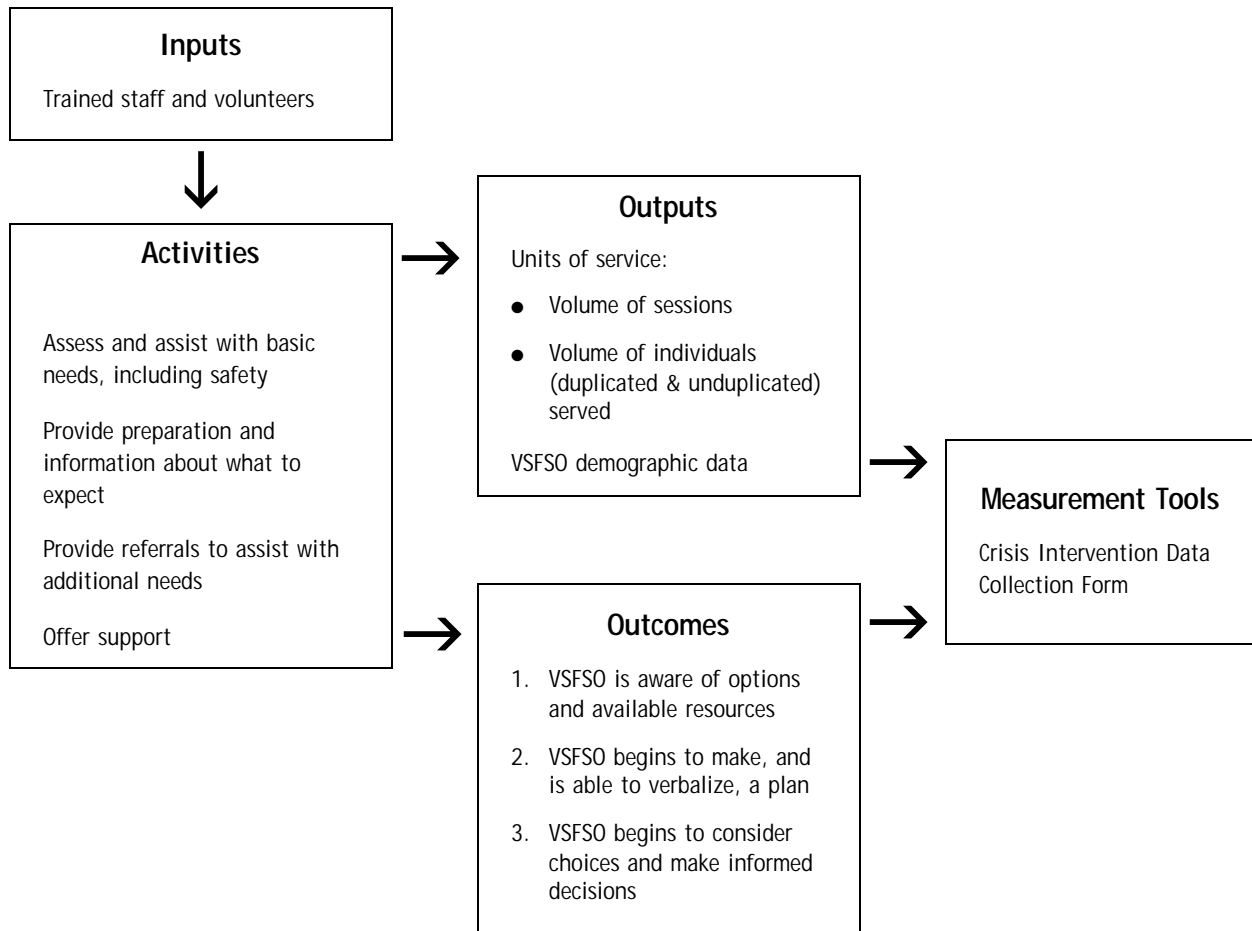
Crisis Intervention Services



Crisis Intervention Logic Model

Purpose

The purpose of crisis intervention is to provide immediate services for VSFSO in order to reduce the crisis, increase functionality and facilitate immediate empowerment.



VSFSO: victims/survivors, family and/or significant others

Crisis Intervention Services

Measurement Tool Instructions

The following sample measurement tool is meant to serve as a template that can be modified to meet sexual assault service providers' specific needs. It is recommended that providers first familiarize themselves with the logic model for this service and then review their agencies' current data collection methods to determine if the standardized outcomes are being adequately measured. If an agency's current methods do not adequately measure the standardized outcomes, each item of this sample measurement tool should be reviewed to determine its suitability with regard to the agency's resources and capabilities.

In defining service areas, the Sexual Assault Outcome Evaluation Committee acknowledged that crisis intervention can be a potential activity of several other services or can be a stand-alone service. Therefore a separate logic model and measurement tool were developed for crisis intervention services.

The Crisis Intervention Data Collection Form is designed to assist service providers in evaluating crisis intervention services. The content of this measurement tool is based on the standardized outputs and outcomes for crisis intervention services developed by the committee.

This data collection form is intended for use each time crisis intervention is conducted, regardless of whether the client has received crisis intervention services in the past. The advocate (staff or volunteer) who is providing the service should fill out this form.

The acronym VSFSO is used to acknowledge that services may be delivered to victims/survivors, family and/or significant others.

OUTPUTS

Output data for Crisis Intervention Services can be tracked using the Service Information, Client Information, and Perpetrator Information sections of the data collection form. Outputs to be tracked by the Crisis Intervention Data Collection Form include:

- **Number of sessions** - Collected by periodic (monthly, quarterly, etc.) tallying of data collection forms for a given period
- **Number of individuals (duplicated and unduplicated) served** - Unduplicated individuals is determined by periodic (monthly, quarterly, etc.) tallying of the number of unique Client IDs for a given period; duplicated individuals is determined by periodic (monthly, quarterly, etc.) tallying of data collection forms for a given period

- ***VSFSO demographic data*** - Collected through the Gender, Age, Race/Ethnicity and Zip Code fields of the Client Information section; As you adapt this tool, it may be appropriate to include questions regarding additional demographic information, such as sexual orientation and income level, that will assist you and your funders in better understanding the populations you serve.

OUTCOMES

Outcome data for Crisis Intervention Services can be tracked using the Outcome Measures section of the data collection form.

- ***VSFSO is aware of options and available resources:*** Question one, regarding referrals made, allows the advocate to track what resources were discussed, to whom referrals were made, and whether the advocate initiated contact with the referral agency.
- ***VSFSO begins to make, and is able to verbalize, a plan:*** Question two, regarding verbalizing a plan, allows the advocate to describe what type of plan, if any, the client is making and the circumstances under which the planning did or did not occur.
- ***VSFSO begins to consider choices and make informed decisions:*** Question three, regarding how the client presents, allows the advocate to assess a client's readiness to make decisions.
- ***VSFSO feels supported:*** Question four, regarding acknowledging support, allows the advocate to list observed behaviors that would indicate feelings of being supported.

CRISIS INTERVENTION DATA COLLECTION FORM

**To be completed by staff or volunteer advocate*

(Page One)

Service Information

Service Date: _____ Start time: _____ End time: _____ Advocate Name: _____

Intervention occurred in conjunction with: Accompaniment Hotline Counseling
 Follow-Up Other (please specify) _____

Client Information

ID: _____ Gender: _____ DOB/age: _____ Race/Ethnicity: _____ Zip code: _____

Type: Survivor Family member: _____ Other: _____
(relationship to victim) *(relationship to victim)*

Perpetrator Information

Gender: _____ Age: _____ Race/Ethnicity: _____ Zip code: _____

Relationship to victim: _____

Outcome Measures

1. Referrals made (*If a referral is made, specify program/agency name in one or both of the referral columns. Place a check in the contact column if you contacted the referral agency.*)

	<i>Referral to program within our agency</i>	<i>Referral to external agency</i>	<i>Worker contacted referral agency</i>
Hotline			
Accompaniment (<i>specify type</i>)			
Counseling			
Medical (<i>including STD & pregnancy testing</i>)			
Substance abuse services			
Children's services			
Immigration services			
Legal services			
Law enforcement			
Financial assistance			
Employment services			
Housing assistance			
Other			
Other			
Other			

CRISIS INTERVENTION DATA COLLECTION FORM

(Page Two)

2. Did the client verbalize a plan: No Yes *(If yes, please describe the plan. If no, please describe the circumstance.)*

Plan was verbalized: Spontaneously After prompting *(e.g., "Have you thought about what you might do next?")*

3. The client was able to consider choices and make decisions:

	<i>Strongly Disagree</i>		<i>Strongly Agree</i>		
At the beginning of this contact:	1	2	3	4	5
By the end of this contact:	1	2	3	4	5

4. Did the client acknowledge the support s/he received? yes no
 If yes, how was the acknowledgement expressed? (Please check all behaviors that apply):

Verbal statement of gratitude such as "Thank you"	
Spontaneous physical show of gratitude by the victim/survivor, such as hugging or holding the hand of this advocate	
Asking specifically for this advocate for future services	
Asking for additional information or services	
Asking this advocate to remain with her/him until the procedure was complete	
Other <i>(please specify)</i>	

In addition to questions developed by the committee, this measure includes modified questions from Riger et al. (2002).



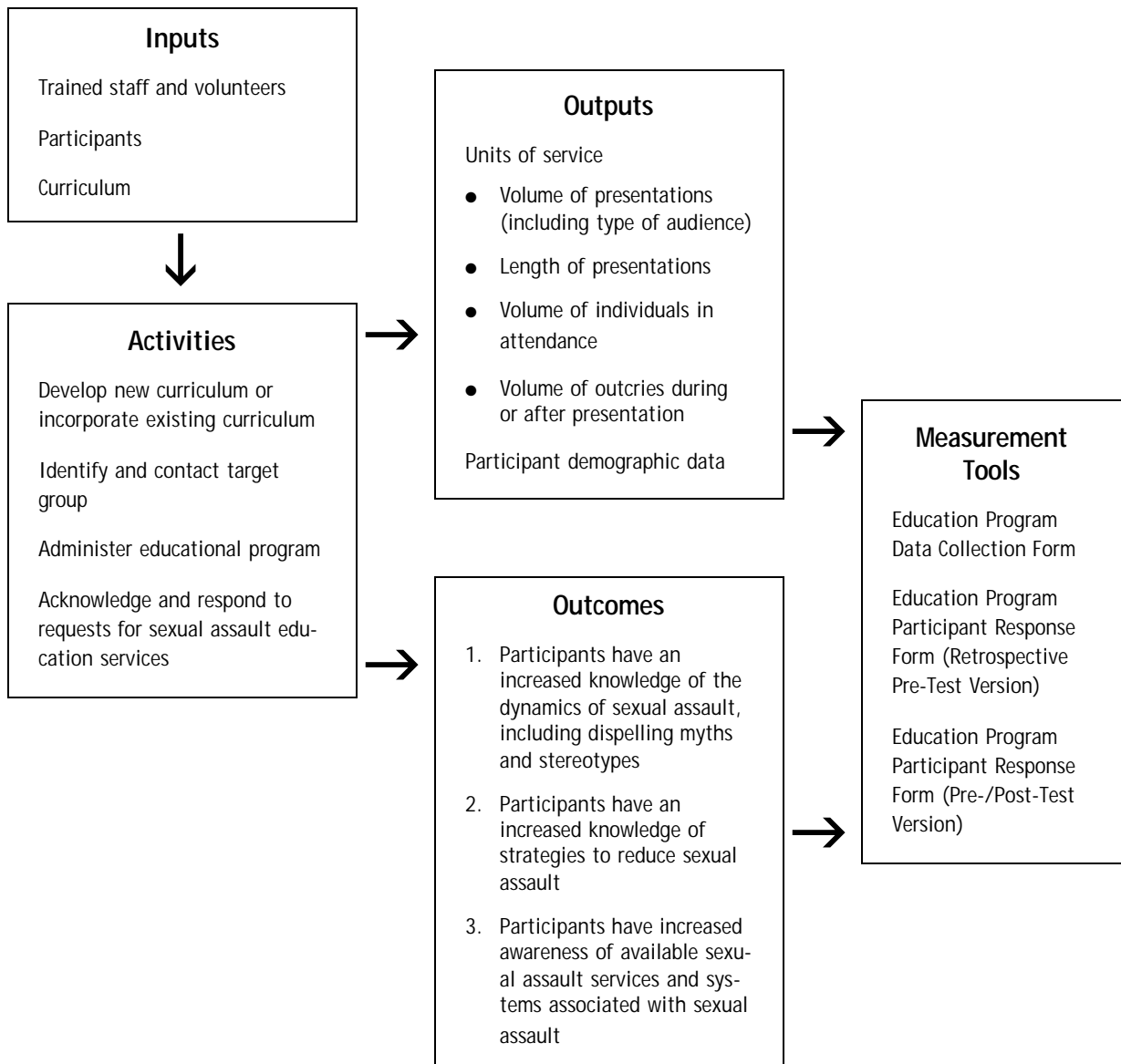
Education Services



Education Logic Model

Purpose

The purpose of the education program is to provide community, professional and structured educational presentations, of greater than 30 minutes, for community groups, law enforcement and other first responders, prosecutors, students, faculty, and others in order to improve the system's response to victims, raise awareness of sexual assault and local sexual assault services, and to recruit staff and volunteers (including board members).



Education Services

Measurement Tool Instructions

The following sample measurement tools are meant to serve as templates that can be modified to meet sexual assault service providers' specific needs. It is recommended that providers first familiarize themselves with the logic model for this service and then review their agencies' current data collection methods to determine if the standardized outcomes are being adequately measured. If an agency's current methods do not adequately measure the standardized outcomes, each item of these sample measurement tools should be reviewed to determine its suitability with regard to the agency's resources and capabilities.

The following measurement tools are designed to assist service providers in evaluating education services:

- Education Program Data Collection Form
- Education Program Participant Response Form: Retrospective Pre-Test Version
- Education Program Participant Response Form: Pre-/Post-Test Version

The content of these measurement tools is based on the standardized outputs and outcomes for education services developed by the Sexual Assault Outcome Evaluation Committee.

These outcomes and measurement tools are designed to broadly cover potential educational programs and should be used in conjunction with agency-adapted tools. The Education Program Data Collection Form should be completed by the trainer/presenter. Each presentation participant should fill out an Education Program Participant Response Form. The Pre-/Post-test version of the Response Form is designed for programs in which evaluation time has been allotted both before and after the education presentation. The Retrospective Pre-test version of the Response Form is designed for programs in which evaluation time has been allotted only after the education presentation.

Service providers may wish to shorten, lengthen or completely replace the knowledge list on the Response Form so that it more accurately reflects the topics covered by the agency's educational program. For instance, during a thirty-minute presentation, an agency may only be able to cover three or four topics. The 14-item knowledge list on the Response Form would therefore be shortened to reflect only those topics covered. A two-hour presentation, on the other hand, would cover more topics, and the list would be lengthened accordingly.

OUTPUTS

Output data for Education Services can be tracked using the Education Program Data Collection Form and the Education Program Participant Response Form. Outputs to be tracked by the Education Program Data

Collection Form include:

- **Number of presentations (including type of audience)** - Collected by periodic tallying of the number of presentations and audience type as listed in the Audience Information section for a given period
- **Length of presentations** - Collected by computing the length of presentations, using the presentation Start and End Time in the Presentation Information section
- **Number of individuals in attendance** - Collected by tallying the number of participants in the Audience Information section
- **Number of outcries during or after presentation** - Collected by tallying the number of disclosures made during or after presentations, in the Presentation Information section. The last four lines of the Number of Disclosures grid can be used if your agency routinely asks new clients how and when they found out about your services. Tracking such information will require the periodic compiling of data from other sources (e.g., client intake forms). Agencies that do not routinely ask this question may wish to shorten the grid to record simply the number of disclosures during or immediately after the presentation.

Outputs to be tracked by the Education Program Participant Response Form include:

- **Participant demographic data** - Collected through the Gender, Age, Race/Ethnicity, Language and Disability fields in the Optional Information section; As you adapt this tool, it may be appropriate to include questions regarding additional demographic information, such as sexual orientation and income level, that will assist you and your funders in better understanding the populations you serve.

OUTCOMES

Outcome data for Education Services can be tracked using the Education Program Participant Response Form.

- **Participants have an increased knowledge of the dynamics of sexual assault, including dispelling myths and stereotypes:** Retrospective pre-test question one, and Pre-/post-test questions one and two, allow the advocate to assess the participants' knowledge regarding topics such as myths and facts about sexual assault.
- **Participants have an increased knowledge of strategies to reduce sexual assault:** Retrospective pre-test question one, and Pre-/post-test questions one and two, allow the advocate to assess the participants' knowledge regarding topics such as consent

versus coercion and protective behaviors.

- ***Participants have increased awareness of available sexual assault services and systems associated with sexual assault:*** Retrospective pre-test questions one and two, and Pre-/post-test questions two and three, allow the advocate to assess the participants' awareness of local sexual assault resources and how to help a friend who has been assaulted.

EDUCATION PROGRAM DATA COLLECTION FORM

**To be completed by staff or volunteer presenter*

Date of service: _____ Presenter name(s): _____

Information on agency/organization requesting service

Agency/organization name: _____

Presentation location: _____

Agency/organization learned of our service through: _____

Special topics/emphasis requested: _____

Audience Information

Education type: [] Community [] Professional [] Structured Education

Audience type:

	Division/Section <i>(e.g., pediatrics, juvenile court)</i>	Subgroup <i>(e.g. nurses, judges, student grade level)</i>
Community group		
Medical		
Faculty		
Law enforcement		
Judicial		
Students		
Other		

Number of attendees anticipated: _____ Number attended: _____

Presentation information

Presentation start time: _____ end time: _____

Room considerations/special equipment: _____

Number of disclosures:

During or immediately after presentation	
One day after presentation	
2 to 7 days after presentation	
8-30 days after presentation	
Greater than one month after presentation	

Other Comments:

EDUCATION PROGRAM PARTICIPANT RESPONSE FORM

Retrospective Pre-Test Version

**To be completed by program participant*

(Side One)

Today's date: _____ Location of presentation: _____

Agency/organization hosting presentation _____

Retrospective Pre-test

1. Using a scale of **1 - No knowledge** to **5 - A lot of knowledge**
Rate your knowledge about the following sexual assault related issues.

	Before the presentation	After the presentation
Myths and facts about sexual assault	1 2 3 4 5	1 2 3 4 5
Statistics about the incidence and prevalence of sexual assault	1 2 3 4 5	1 2 3 4 5
Consent vs. coercion	1 2 3 4 5	1 2 3 4 5
Dating violence	1 2 3 4 5	1 2 3 4 5
Substance-related sexual assault	1 2 3 4 5	1 2 3 4 5
Sexual harassment	1 2 3 4 5	1 2 3 4 5
Stalking	1 2 3 4 5	1 2 3 4 5
How to help a friend who has been assaulted	1 2 3 4 5	1 2 3 4 5
What to do if I am sexually assaulted	1 2 3 4 5	1 2 3 4 5
How to report a sexual assault	1 2 3 4 5	1 2 3 4 5
What to expect when reporting a sexual assault	1 2 3 4 5	1 2 3 4 5
Protective behaviors	1 2 3 4 5	1 2 3 4 5
My school or company's sexual harassment policy	1 2 3 4 5	1 2 3 4 5
Local sexual assault resources	1 2 3 4 5	1 2 3 4 5

2. Name three resources available to survivors of sexual assault or to their family members and significant others:

1. _____

2. _____

3. _____

EDUCATION PROGRAM PARTICIPANT RESPONSE FORM

Retrospective Pre-Test Version
(Side Two)

Program Evaluation

1. Rate the following statements:

	<i>Strongly Agree</i>			<i>Strongly Disagree</i>	
	1	2	3	4	5
The training facility was easily accessible					
The training facility was comfortable					
The trainers/presenters were well prepared					
The content was presented in an organized manner					
The training met my expectations					

2. Additional comments:

The following information is optional. If you choose to complete this section, the information will be used to assist us in our outreach efforts. It will not be used to identify you.

Gender: _____ Age: _____ Race/ethnicity: _____ Primary language: _____

Disability: No Yes If yes, please specify: _____

THANK YOU

In addition to questions developed by the committee, this measure includes modified questions from Schewe (1999).

EDUCATION PROGRAM PARTICIPANT RESPONSE FORM

Pre-/Post-Test Version

**To be completed by program participant*

(Side One)

Today's date: _____ Location of presentation: _____

Agency/organization hosting presentation: _____

Pre-Test

1. Please rate your knowledge about the following topics related to sexual assault:

	<i>No knowledge</i>			<i>A lot of knowledge</i>	
	1	2	3	4	5
Myths and facts about sexual assault	1	2	3	4	5
Statistics about the incidence and prevalence of sexual assault	1	2	3	4	5
Consent vs. coercion	1	2	3	4	5
Dating violence	1	2	3	4	5
Substance-related sexual assault	1	2	3	4	5
Sexual harassment	1	2	3	4	5
Stalking	1	2	3	4	5
How to help a friend who has been assaulted	1	2	3	4	5
What to do if I am sexually assaulted	1	2	3	4	5
How to report a sexual assault	1	2	3	4	5
What to expect when reporting a sexual assault	1	2	3	4	5
Protective behaviors	1	2	3	4	5
My school or company's sexual harassment policy	1	2	3	4	5
Local sexual assault resources	1	2	3	4	5

**Please complete Side Two of this questionnaire
immediately after this presentation.**

EDUCATION PROGRAM PARTICIPANT RESPONSE FORM

Pre-/Post-Test Version

(Side Two)

Post-test

2. Rate your knowledge about the following topics related to sexual assault:

	<i>No knowledge</i>			<i>A lot of knowledge</i>	
Myths and facts about sexual assault	1	2	3	4	5
Statistics about the incidence and prevalence of sexual assault	1	2	3	4	5
Consent vs. coercion	1	2	3	4	5
Dating violence	1	2	3	4	5
Substance-related sexual assault	1	2	3	4	5
Sexual harassment	1	2	3	4	5
Stalking	1	2	3	4	5
How to help a friend who has been assaulted	1	2	3	4	5
What to do if I am sexually assaulted	1	2	3	4	5
How to report a sexual assault	1	2	3	4	5
What to expect when reporting a sexual assault	1	2	3	4	5
Protective behaviors	1	2	3	4	5
My school or company's sexual harassment policy	1	2	3	4	5
Local sexual assault resources	1	2	3	4	5

3. Name three resources available to survivors of sexual assault or to their family members and significant others:

1. _____
2. _____
3. _____

Program Evaluation

1. Rate the following statements:

	<i>Strongly Agree</i>			<i>Strongly Disagree</i>	
The training facility was easily accessible	1	2	3	4	5
The training facility was comfortable	1	2	3	4	5
The trainers/presenters were well prepared	1	2	3	4	5
The content was presented in an organized manner	1	2	3	4	5
The training met my expectations	1	2	3	4	5

2. Additional comments:

The following information is optional. If you choose to complete this section, the information will be used to assist us in our out-reach efforts. It will not be used to identify you.

Gender: _____ Age: _____ Race/ethnicity: _____ Primary language: _____

Disability: [] No [] Yes If yes, please specify: _____

In addition to questions developed by the committee, this measure includes modified questions from Schewe (1999).



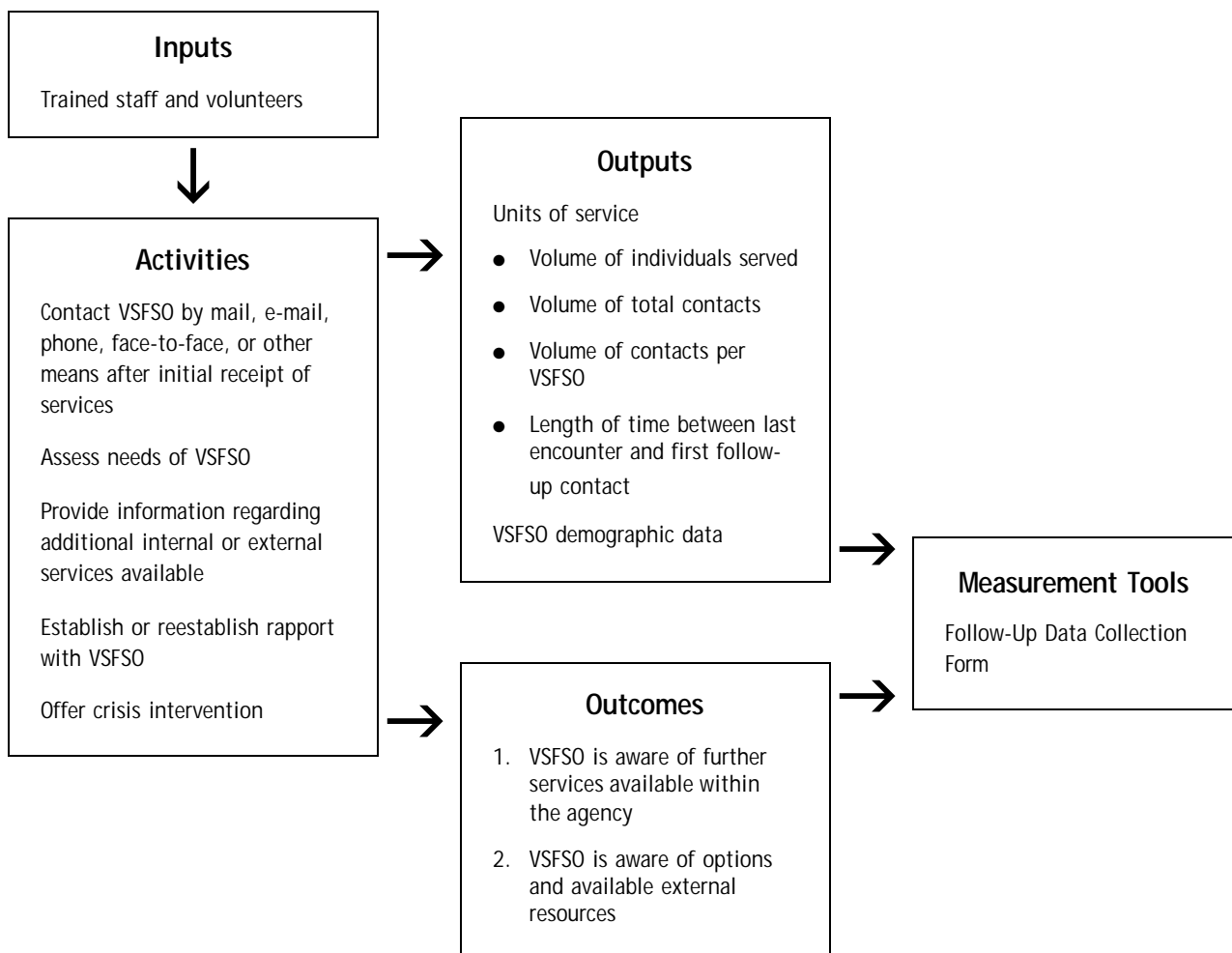
Follow-up Services



Follow-up Logic Model

Purpose

The purpose of sexual assault follow-up is to contact VSFSO, after initial receipt of services, in order to assess needs, provide information and support, and to offer an opportunity to reconnect.



VSFSO: victims/survivors, family and/or significant others

Follow-up Services

Measurement Tool Instructions

The following sample measurement tool is meant to serve as a template that can be modified to meet sexual assault service providers' specific needs. It is recommended that providers first familiarize themselves with the logic model for this service and then review their agencies' current data collection methods to determine if the standardized outcomes are being adequately measured. If an agency's current methods do not adequately measure the standardized outcomes, each item of this sample measurement tool should be reviewed to determine its suitability with regard to the agency's resources and capabilities.

For the purposes of the outcome measures, Follow-Up Services involve mail, telephone, e-mail, face-to-face, or other client contacts that take place after the initial receipt of services. Contact is made to assess clients' needs and ensure their continued awareness of available services and options.

The Follow-Up Data Collection Form is designed to assist service providers in evaluating Follow-Up Services. The content of this measurement tool is based on the standardized outputs and outcomes for Follow-Up Services developed by the Sexual Assault Outcome Evaluation Committee. The advocate (staff or volunteer) who makes the follow-up contact should complete this form.

The acronym VSFSO is used to acknowledge that services may be delivered to victims/survivors, family and/or significant others.

OUTPUTS

Output data for Follow-Up Services can be tracked using the Service Information section of the Follow-Up Data Collection Form.

- **Number of individuals served** - Collected by periodic tallying of the number of clients contacted with Follow-Up Services
- **Number of total contacts** - Collected by periodic tallying of the number of follow-up contacts made
- **Number of contacts per VSFSO** - Collected by periodical tallying of the number of follow-up contacts made for each individual client
- **Length of time between last encounter and first follow-up contact** - Collected by calculating the length of time between the last client encounter in the Client Information section and the date of follow-up contact in the Service Information section

- ***VSFSSO demographic data*** - Collected through the ID, Gender, Age, Race/Ethnicity, and Zip Code fields in the Client Information section; As you adapt this tool, it may be appropriate to include questions regarding additional demographic information, such as sexual orientation and income level, that will assist you and your funders in better understanding the populations you serve.

OUTCOMES

Outcome data for Follow-Up Services can be tracked using the Outcome Measures section of the Follow-Up Data Collection Form.

- ***VSFSSO is aware of further services available within the agency:*** The Outcome Measures section allows the advocate to indicate which agency services were discussed and whether or not the advocate initiated contact with these services.
- ***VSFSSO is aware of options and available external resources:*** The Outcome Measures section allows the advocate to indicate which external agency services were discussed and whether or not the advocate initiated contact with the external agencies.

FOLLOW-UP DATA COLLECTION FORM

*To be completed by staff or volunteer advocate

Service Information

Date of contact: _____ Advocate Name: _____

Start time: _____ End time: _____

Client Information

ID: _____ Gender: _____ DOB/age: _____ Race/Ethnicity: _____ Zip code: _____

Type: [] Survivor Family member: _____ Other: _____
(relationship to victim) *(relationship to victim)*

Date of most recent contact with client: _____

Perpetrator Information

Gender: _____ Age: _____ Race/Ethnicity: _____ Zip code: _____

Relationship to victim: _____

Outcome Measures

1. Referrals made *(if a referral is made, please specify program/agency name in one or both of the referral columns. Place a check in the contact column if you contacted the referral agency.)*

	<i>Referral to program within our agency</i>	<i>Referral to external agency</i>	<i>Worker contacted referral agency</i>
Hotline			
Accompaniment <i>(specify type)</i>			
Counseling			
Medical <i>(including STD & pregnancy testing)</i>			
Substance abuse services			
Children's services			
Immigration services			
Legal services			
Law enforcement			
Financial assistance			
Employment services			
Housing assistance			
Other			
Other			

In addition to questions developed by the committee, this measure includes modified questions from Riger et al. (2002).



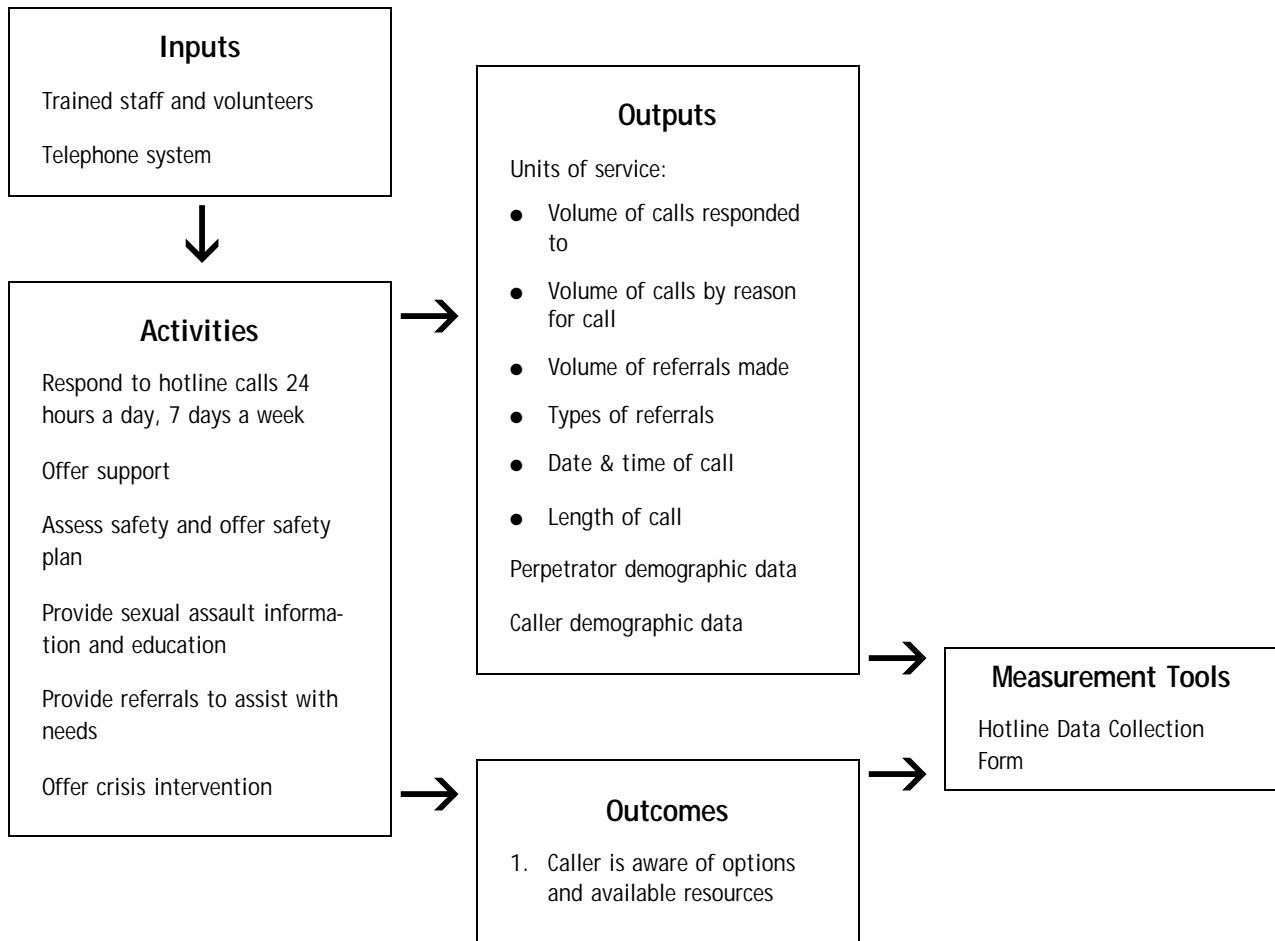
Hotline Services



Hotline Logic Model

Purpose

The purpose of a sexual assault hotline is to offer confidential, non-judgmental 24-hour telephone support, crisis intervention, information and referral services for VSFSO and others.



VSFSO: victims/survivors, family and/or significant others

Hotline Services

Measurement Tool Instructions

The following sample measurement tool is meant to serve as a template that can be modified to meet sexual assault service providers' specific needs. It is recommended that providers first familiarize themselves with the logic model for this service and then review their agencies' current data collection methods to determine if the standardized outcomes are being adequately measured. If an agency's current methods do not adequately measure the standardized outcomes, each item of this sample measurement tool should be reviewed to determine its suitability with regard to the agency's resources and capabilities.

The Hotline Data Collection Form is designed to assist service providers in evaluating hotline services. The content of this measurement tool is based on the standardized outputs and outcomes for hotline services developed by the Sexual Assault Outcome Evaluation Committee.

This data collection form is intended for use each time that a hotline call is received, regardless of whether the caller has utilized the hotline before. The advocate (staff or volunteer) who responds to the call should fill out this form.

The acronym VSFSO is used to acknowledge that services may be delivered to victims/survivors, family and/or significant others.

OUTPUTS

Output data for Hotline Services can be tracked using the Service Information, Caller Information, Perpetrator Information, and Outcome Measure sections of the data collection form. Outputs to be tracked by the Hotline Data Collection Form are:

- **Number of calls responded to** - Collected by periodic (monthly, quarterly, etc.) tallying of the number of data collection forms for a given period
- **Number of calls by reason for call** - Collected by periodic (monthly, quarterly, etc.) tallying of Call Types for a given period
- **Number of referrals made** - Collected by periodic (monthly, quarterly, etc.) tallying of the total number of referrals from the Outcome Measures section for a given period
- **Types of referrals** - Collected by periodic (monthly, quarterly, etc.) tallying of the number of referrals made in each row of the first column of Outcome Measures question one (Referrals made) for a given period
- **Date and time of call** - Collected from the Date of Call and the Call Start Time fields

- ***Length of call*** - Calculated by subtracting Call Start Time from Call End Time
- ***Caller demographic data*** - Collected through the Gender, Age, Race/Ethnicity, and Zip Code fields of the Caller Information section; As you adapt this tool, it may be appropriate to include questions regarding additional demographic information, such as sexual orientation and income level, that will assist you and your funders in better understanding the populations you serve.
- ***Perpetrator demographic data*** - Collected through the Gender, Age, Race/Ethnicity, and Zip Code fields of the Perpetrator Information section

OUTCOMES

Outcome data for Hotline Services can be tracked using the Outcome Measures section of the data collection form.

- ***Caller is aware of options and available resources:*** Question one, regarding referrals made, allows the advocate to track which resources were discussed, to whom referrals were made, and whether or not contact with the referral agency was initiated by the advocate.



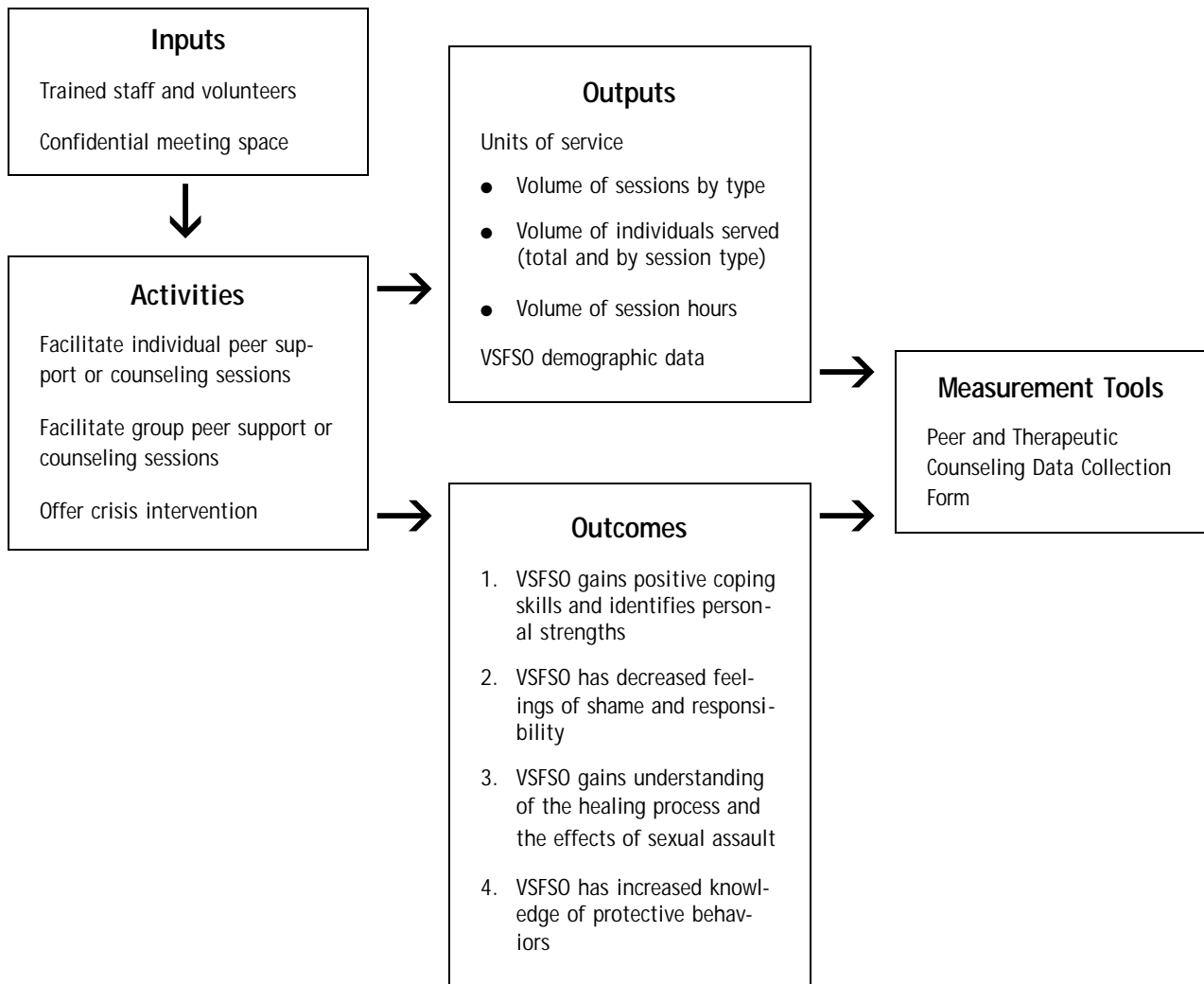
Peer and Therapeutic Counseling Services



Peer and Therapeutic Counseling Logic Model

Purpose

The purpose of peer and therapeutic counseling is to provide services for groups and individuals in order to lessen the impact of trauma related to sexual assault.



VSFSO: victims/survivors, family and/or significant others

Peer and Therapeutic Counseling Services

Measurement Tool Instructions

The following sample measurement tools are meant to serve as templates that can be modified to meet sexual assault service providers' specific needs. It is recommended that providers first familiarize themselves with the logic model for this service and then review their agencies' current data collection methods to determine if the standardized outcome is being adequately measured. If an agency's current methods do not adequately measure the standardized outcome, each item of these sample measurement tools should be reviewed to determine its suitability with regard to the agency's resources and capabilities.

The Sexual Assault Outcome Evaluation Committee engaged in considerable discussion about the differences and similarities of therapeutic and peer counseling models and services. Recognizing that agencies may utilize one or both models, outcomes and measurement tools were developed to broadly cover both models.

The following measurement tools are designed to assist service providers in evaluating their peer and therapeutic counseling services. The content of these tools is based on the standardized outputs and outcomes for peer and therapeutic counseling developed by the committee. The advocate (staff or volunteer) who delivers the counseling service should complete the Peer and Therapeutic Counseling Data Collection Form. The client should complete the Peer and Therapeutic Counseling Evaluation Form.

The Evaluation Form should not be administered after every counseling session. Rather, agencies should develop an administration schedule that is based on the average frequency of client attendance. For example, if the average number of sessions completed by clients before dropping out is six, the agency may wish to administer the evaluation after the first, third and sixth sessions.

The Evaluation Form was designed to evaluate the counseling program, rather than for use as a therapeutic tool. Used as a program evaluation tool, the Alias field of this form will assist agencies in tracking changes for a particular client without revealing the specific client's identity. Used in this manner, the Evaluation Form should be collected in a way that allows anonymity (e.g., a collection or suggestion box) and should not be kept in the client's file. If the form will also be used as a therapeutic tool, agencies should replace the Alias field with a Client Name field and keep the form with the client's file.

The acronym VSFSO is used to acknowledge that services may be delivered to victims/survivors, family and/or significant others.

OUTPUTS

Output data for Peer and Therapeutic Counseling Services can be tracked using the Peer and Therapeutic Counseling Data Collection Form.

- **Number of sessions by type** - Collected by periodic tallying of the types of counseling sessions provided, using the Service Information section
- **Number of individuals served (total and by session type)** - Collected by periodic tallying of the total number of individuals served, as well as those served by individual counseling and those served by group counseling
- **Number of session hours** - Collected by calculating the total session hours delivered, using the Start Time and End Time in the Service Information section
- **VSFSO demographic data** - Collected through the ID, Gender, Age, and Race/Ethnicity fields in the Client Information section; As you adapt these tools, it may be appropriate to include questions regarding additional demographic information, such as sexual orientation and income level, that will assist you and your funders in better understanding the populations you serve.

OUTCOMES

Outcome data for Peer and Therapeutic Counseling Services can be tracked using the Peer and Therapeutic Counseling Evaluation Form.

- **VSFSO gains positive coping skills and identifies personal strengths:** Section one covers topics such as ability to solve problems and control.
- **VSFSO has decreased feelings of shame and responsibility:** Section one covers topics such as blame and feelings of guilt or shame.
- **VSFSO gains understanding of the healing process and the effects of sexual assault:** Section one covers topics such as the effects of sexual assault.
- **VSFSO has increased knowledge of protective behaviors:** Section one covers topics such as new ways of looking at sexual assault.

PEER & THERAPEUTIC COUNSELING DATA COLLECTION FORM

**To be completed by staff or volunteer advocate*

Service Information

Date of service: _____ Advocate Name: _____

Start time: _____ End time: _____

Session type:

	<i>Individual</i>	<i>Group</i>
Peer Support		
Therapeutic Counseling		

Client Information

ID: _____ Gender: _____ DOB/age: _____ Race/Ethnicity: _____

Type: [] Survivor Family member: _____ Other: _____
(relationship to victim) *(relationship to victim)*

Perpetrator Information

Gender: _____ Age: _____ Race/Ethnicity: _____ Zip code: _____

Relationship to victim: _____

PEER & THERAPEUTIC COUNSELING EVALUATION FORM

**To be completed by counseling participant*

Date: _____

Alias: _____ *(please choose a pseudonym that you will remember)*

Counselor's name: _____

Today's session was: (check one)

Individual counseling Group counseling Family counseling

Other *(please specify)*: _____

How many sessions, including today, have you attended? _____

Outcome Measures

1. Based on how you feel today, please rank the following statements:

	<i>Strongly Disagree</i>		<i>Strongly Agree</i>		
In the last week, I have had feelings of guilt or shame	1	2	3	4	5
The responsibility for what happened to me belongs to another person	1	2	3	4	5
I have a better understanding of the choices and resources available to me	1	2	3	4	5
I feel in control of my life and my emotions	1	2	3	4	5
I trust my ability to solve problems	1	2	3	4	5
I feel better about myself	1	2	3	4	5
I have learned new ways to nurture myself	1	2	3	4	5
I am not able to talk about my thoughts and feelings about the sexual assault	1	2	3	4	5
I have learned new ways of looking at sexual assault	1	2	3	4	5
I understand how the assault has affected my life	1	2	3	4	5
I am not making progress towards any of my goals	1	2	3	4	5

In addition to questions developed by the committee, this measure includes modified questions from: Duncan et al. (1997); Leon-Guerrero & Morrow (1999); Riger et al. (2002); Sanchez (2003); and Sullivan & Coats (2000).



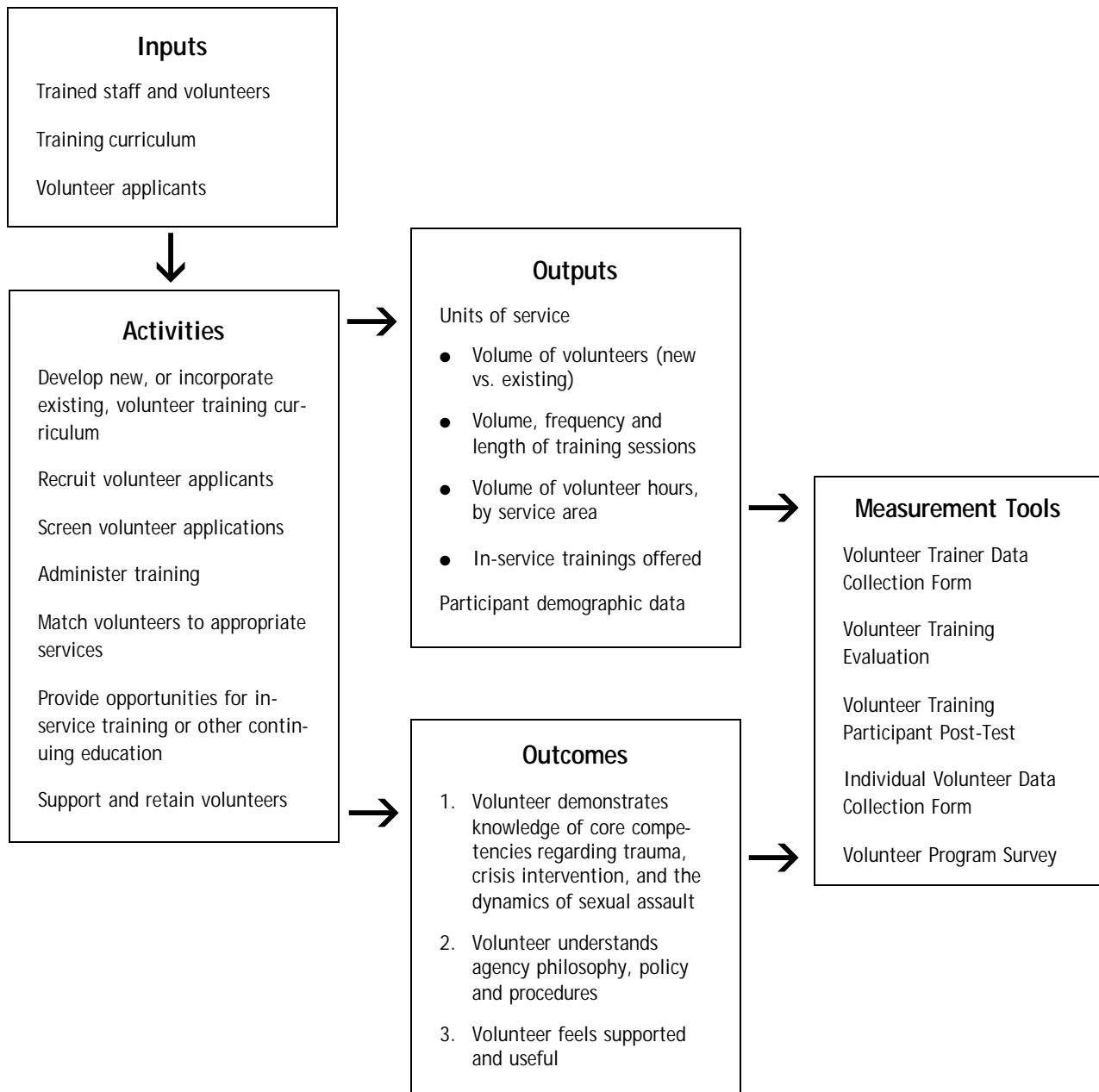
Volunteer Program



Volunteer Program Logic Model

Purpose

The purpose of volunteer programming is to train and engage community volunteers on crisis intervention and other sexual assault services in order to promote professionalism and to ensure quality service.



Volunteer Program

Measurement Tool Instructions

The following sample measurement tools are meant to serve as templates that can be modified to meet sexual assault service providers' specific needs. It is recommended that providers first familiarize themselves with the logic model for this service and then review their agencies' current data collection methods to determine if the standardized outcomes are being adequately measured. If an agency's current methods do not adequately measure the standardized outcomes, each item of these sample measurement tools should be reviewed to determine its suitability with regard to the agency's resources and capabilities.

The Sexual Assault Outcome Evaluation Committee recognized that volunteers come with a wide range of expertise and experience, and therefore volunteer training should be designed to achieve minimum levels of knowledge and core competencies.

The following measurement tools are designed to assist service providers in evaluating their volunteer program:

- Volunteer Trainer Data Collection Form
- Volunteer Training Evaluation
- Volunteer Training Participant Post-Test
- Individual Volunteer Data Collection Form
- Volunteer Program Survey

The content of these measurement tools is based on the standardized outputs and outcomes for volunteer programs developed by the committee.

The Volunteer Training Evaluation Form is intended to be completed after each training session. For example, if a 40-hour volunteer training program is conducted in a series of ten four-hour sessions, the evaluation would be given ten times.

The Volunteer Training Participant Post-Test and the Individual Volunteer Data Collection Form both draw heavily from instruments designed by the Office of the Attorney General (OAG). The Volunteer Training Participant Post-test is not meant to replace other important forms of volunteer assessment such as intensive observation and/or role-play. Additionally, the test provided by the OAG is intended for use as a list of example questions to be modified by the agency in order to accurately reflect the topics covered in their volunteer training curriculum.

The Volunteer Program Survey is designed to provide an opportunity to gather information about the experiences and perceptions of volunteers. This survey should be collected in a manner that protects volunteer anonymity, such as a drop-off collection box.

OUTPUTS

The output data for Volunteer Programs can be tracked using the Individual Volunteer Data Collection Form, the Volunteer Trainer Data Collection Form, and tools from other service areas.

- **Number of volunteers (new vs. existing)** - Collected through the volunteer attendance field on the Volunteer Trainer Data Collection Form
- **Number, frequency and length of training sessions** - Collected through the Date, Start Time and End Time fields on the Volunteer Trainer Data Collection Form
- **Number of volunteer hours, by service area** - Collected by calculating the total time for each service (by subtracting Start Time from End Time) and by using the advocate name to determine if a volunteer delivered the service; use the Accompaniment Data Collection Form, Crisis Intervention Data Collection Form, Education Presentation Data Collection Form, Follow-Up Data Collection Form, Hotline Data Collection Form, Peer and Therapeutic Counseling Data Collection Form
- **In-service trainings offered** - Collected through the Training Type section of the Volunteer Trainer Data Collection Form
- **Participant demographic data** - Collected through the optional fields (Gender, Age, Race/Ethnicity and Disability) of the Individual Volunteer Data Collection Form; As you adapt these tools, it may be appropriate to include questions regarding additional demographic information, such as sexual orientation and income level, that will assist you and your funders in better understanding the populations you serve.

OUTCOMES

Outcome data for Volunteer Programs can be tracked using the Volunteer Training Participant Post-Test and the Volunteer Program Survey.

- **Volunteer demonstrates knowledge of core competencies regarding trauma, crisis intervention, and the dynamics of sexual assault:** Use the Volunteer Training Post-Test for this purpose.
- **Volunteer understands agency philosophy, policy and procedures:** Each service provider should develop agency/community-specific questions on the Volunteer Training Post-Test for this purpose.
- **Volunteer feels supported and useful:** Use question two of the Volunteer Program Survey regarding topics such as feeling needed.

VOLUNTEER TRAINER DATA COLLECTION FORM

**To be completed by volunteer trainer*

Date of training: _____

Trainer Name: _____

Start time: _____ End time: _____

Training type:

(*check one*) [] Volunteer [] In-service

Number of new volunteers attending: _____

Number of existing volunteers in attendance: _____

This training addressed the following topic(s): (*check all that apply*)

Agency orientation	
Definitions/Facts	
Orientation to sexual assault issues	
Advocacy	
Crisis intervention	
Types of sexual assault	
Special populations	
Medical	
Criminal justice	
Reporting & documentation	
Volunteer procedures	
Agency specific issues	
Other (<i>specify topic</i>):	

VOLUNTEER TRAINING EVALUATION

**To be completed by volunteer*

Please assist us in evaluating the effectiveness of our volunteer trainings.
Your opinion is important to us and your responses will be anonymous.

Date: _____

Trainer: _____

Topic: _____

1. Rate each of the following statements:

	<i>Strongly Agree</i>			<i>Strongly Disagree</i>	
a. The training facility was easily accessible	1	2	3	4	5
b. The training facility was comfortable	1	2	3	4	5
c. The trainers/presenters were well prepared	1	2	3	4	5
d. The content was presented in an organized manner	1	2	3	4	5
e. The training met my expectations	1	2	3	4	5

2. What did you expect to get from this training?

3. Name three or more of the most useful aspects of this training session.

1. _____

2. _____

3. _____

4. _____

4. Name three or more aspects that were the least helpful.

1. _____

2. _____

3. _____

5. What other training topics would you like to see in the future?

6. Additional comments:

THANK YOU

VOLUNTEER TRAINING PARTICIPANT POST-TEST

**To be completed by volunteer*

Name: _____ Date: _____

NOTE: The Volunteer Training Participant Post-Test should be a knowledge-based test that is based on your specific training curriculum. Sample questions can be found in the OAG's training exam, which is re-printed in Appendix C with permission from the OAG.

It is also advisable to include agency/community specific questions that address the following areas:

- Local resources
- Agency philosophy/mission
- Agency policy and procedures
- Hotline, accompaniment, education, crisis intervention and counseling program purpose

INDIVIDUAL VOLUNTEER DATA COLLECTION FORM

** To be completed by volunteer*

Today's Date: ___/___/___

Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Employer: _____ May we contact you at work? Yes [] No []

What is the best way to contact you during business hours?

Work [] Home [] E-mail [] Cell Phone [] Other []

Emergency Contact: _____ Phone: _____

Are you volunteering to fulfill an organizational, class, or degree requirement? Yes [] No []

When can you volunteer? Weekdays [] Evenings [] Weekends [] *(Check all that apply)*

Are you bilingual? Yes [] No []

If yes, language(s): _____ Read [] Speak [] Write []

_____ Read [] Speak [] Write []

_____ Read [] Speak [] Write []

Which volunteer opportunities are you interested in? *(Check all that apply.)*

Accompaniment [] Hotline [] Education [] Counseling []

Child Care [] Administrative [] Special Projects/Events []

Have you ever been convicted of a law violation (other than a routine traffic violation) or are you currently on deferred adjudication or probation? Yes [] No []

If yes, please list offense and when it occurred:

The following information is optional. If you choose to complete this section, the information will be used to assist us in our outreach efforts. It will not be used to identify you.

Gender: _____ Age: _____ Race/ethnicity: _____

Disability: [] No [] Yes If yes, please specify: _____

INDIVIDUAL VOLUNTEER DATA COLLECTION FORM

(page two)

What work/educational/volunteer experience do you have working with survivors of sexual assault?

Thank you for your interest in volunteering with our agency. We appreciate your desire to become an advocate for sexual assault survivors, their family members, and friends. Please note that we will screen each applicant for acceptance into the volunteer program.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

Signature

Date

For Staff Use

Application Received _____

Called to Schedule Interview _____

Interview Date _____

INDIVIDUAL VOLUNTEER DATA COLLECTION FORM

(page three)

Volunteer Skill Inventory

Please check the skills that you have, and would be willing to use, as a volunteer with our agency:

- | | | | |
|--------------------------|--------------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Accounting | <input type="checkbox"/> | Library Science |
| <input type="checkbox"/> | Artistic | <input type="checkbox"/> | Licensed Counselor |
| <input type="checkbox"/> | Bilingual | <input type="checkbox"/> | Listening |
| <input type="checkbox"/> | Career Building | <input type="checkbox"/> | Marketing |
| <input type="checkbox"/> | Carpentry | <input type="checkbox"/> | Mentoring |
| <input type="checkbox"/> | Case Management | <input type="checkbox"/> | Microsoft Access |
| <input type="checkbox"/> | Child Care | <input type="checkbox"/> | Microsoft Excel |
| <input type="checkbox"/> | Cleaning | <input type="checkbox"/> | Microsoft Publisher |
| <input type="checkbox"/> | Computer Repair | <input type="checkbox"/> | Microsoft Word |
| <input type="checkbox"/> | Computer Programming | <input type="checkbox"/> | Microsoft Powerpoint |
| <input type="checkbox"/> | Copy Machine Operation | <input type="checkbox"/> | Networking |
| <input type="checkbox"/> | Crisis Intervention | <input type="checkbox"/> | Organizing |
| <input type="checkbox"/> | Data Entry | <input type="checkbox"/> | Parenting |
| <input type="checkbox"/> | Decorating | <input type="checkbox"/> | Phone Skills |
| <input type="checkbox"/> | Dynamics of DV/SA | <input type="checkbox"/> | Photography |
| <input type="checkbox"/> | Electrical | <input type="checkbox"/> | Peer Counseling |
| <input type="checkbox"/> | Evaluation/Analysis | <input type="checkbox"/> | Public Service Announcements |
| <input type="checkbox"/> | Event Planning | <input type="checkbox"/> | Public Speaking |
| <input type="checkbox"/> | Facilitating Support Groups | <input type="checkbox"/> | Research |
| <input type="checkbox"/> | Filing | <input type="checkbox"/> | Sewing/Alterations |
| <input type="checkbox"/> | Fundraising | <input type="checkbox"/> | Sorting Donations |
| <input type="checkbox"/> | Gardening | <input type="checkbox"/> | Special Event Planning |
| <input type="checkbox"/> | Heavy Lifting | <input type="checkbox"/> | Teaching |
| <input type="checkbox"/> | Grant Writing | <input type="checkbox"/> | Technical Writing |
| <input type="checkbox"/> | Graphic Design | <input type="checkbox"/> | Transport Furniture |
| <input type="checkbox"/> | Hair Stylist | <input type="checkbox"/> | Transportation |
| <input type="checkbox"/> | Home Repair | <input type="checkbox"/> | Training |
| <input type="checkbox"/> | House Painting | <input type="checkbox"/> | Tutoring |
| <input type="checkbox"/> | Influential Community Contacts | <input type="checkbox"/> | Typing |
| <input type="checkbox"/> | Journalism | <input type="checkbox"/> | Volunteer Management |
| <input type="checkbox"/> | Landscaping | <input type="checkbox"/> | Web Develop |
| <input type="checkbox"/> | Legal Advice | | |

List other skills that you would like to use as a volunteer:

VOLUNTEER PROGRAM SURVEY

**To be completed by volunteer*

**Please assist us in evaluating the effectiveness of our volunteer program.
Your opinion is important to us, and your responses will be anonymous.**

Date: _____

1. I have volunteered in the following areas for this agency:

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Accompaniment | <input type="checkbox"/> Sexual Assault Hotline | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Law Enforcement Accompaniment | <input type="checkbox"/> Educational Presentation | <input type="checkbox"/> Group Counseling |
| <input type="checkbox"/> Legal/court Accompaniment | <input type="checkbox"/> Other (<i>please specify</i>): _____ | |

2. Please rate each of the following statements:

	<i>Strongly Disagree</i>					<i>Strongly Agree</i>
a. The volunteer training program adequately prepared me for my assigned duties.	1	2	3	4	5	N/A
b. Agency staff welcomed me and made me feel needed.	1	2	3	4	5	N/A
c. I was given the opportunity to volunteer in the service area for which I expressed an interest.	1	2	3	4	5	N/A
d. Staff (in-service) training seminars were conducted at times that were convenient for me	1	2	3	4	5	N/A
e. I feel the staff respected me as an individual.	1	2	3	4	5	N/A
f. The volunteer training adequately prepared me for work with sexual assault survivors.	1	2	3	4	5	N/A
g. I feel that I am making a contribution through my volunteer work at this agency.	1	2	3	4	5	N/A

3. What is the best part of being a volunteer at this agency?

4. What can the agency do to better support volunteers?

5. Other comments:

The following information is optional. If you choose to complete this section, the information will be used to assist us in our outreach efforts. It will not be used to identify you.

Length of time as an agency volunteer:

- Less than 3 mo. 4-6 mo. 7-11 mo. 1-2yrs 3-5yrs Greater than 5yrs

Race/Ethnicity: _____ Gender: _____ Age: _____



Client Satisfaction



Client Satisfaction

Measurement Tool Instructions

The Client Satisfaction Survey is designed to provide an opportunity to gather client feedback on the work of staff and volunteer advocates. Individual service providers should determine the appropriate method of distribution and frequency of use. For example, advocates may hand the survey directly to a client at the end of service or the surveys may be available in a reception area. This survey should be collected in a manner that protects client anonymity. For example, clients may be more willing to complete the survey if a drop-off site or suggestion box is provided.

As you adapt this tool, it may be appropriate to include questions regarding additional demographic information, such as sexual orientation and income level, that will assist you and your funders in better understanding the populations you serve. Additionally, you may want to consider making this form available in non-English languages spoken by your client base.

CLIENT SATISFACTION SURVEY

**To be completed by client*

Please assist us in evaluating the effectiveness of our services.
Your opinion is important to us, and your responses will be anonymous.

Today's date: _____

1. What services have you received from this agency? (*check all that apply*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Accompaniment | <input type="checkbox"/> Sexual Assault Hotline | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Law Enforcement Accompaniment | <input type="checkbox"/> Educational Presentation | <input type="checkbox"/> Group Counseling |
| <input type="checkbox"/> Legal/court Accompaniment | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Other (<i>please specify</i>) _____ |

2. Rate each statement as it relates to the services you received. If you did not receive a particular service, please circle N/A.

	<i>Strongly Disagree</i>					<i>Strongly Agree</i>
a. The advocate listened to me with respect.						
Accompaniment:	1	2	3	4	5	N/A
Hotline:	1	2	3	4	5	N/A
Counseling:	1	2	3	4	5	N/A
b. The service I received met my expectations.						
Accompaniment:	1	2	3	4	5	N/A
Hotline:	1	2	3	4	5	N/A
Counseling:	1	2	3	4	5	N/A

3. What has been the *most helpful* part of your experience with this agency?

4. What would have been helpful that you did not receive?

CLIENT SATISFACTION SURVEY

(Page Two)

5. Was there an advocate with whom you had a particularly good or a particularly bad experience? *If yes, please indicate advocate's name and describe the experience.*

6. Other comments:

The following information is optional. If you choose to complete this section, the information will be used to assist us in our outreach efforts. It will not be used to identify you.

Relationship to survivor of sexual assault:

Self [] Family member [] Other (please specify relationship): _____

Gender: _____ Age: _____ Race/ethnicity: _____ Primary language: _____

Disability: No [] Yes [] If yes, please specify: _____

THANK YOU



Conclusion and Recommendations

After developing the actual tools and guides for outcome measurement, the committee also discussed important steps for the dissemination, implementation and continuation of outcome evaluation efforts in Texas. Based on these discussions, researchers developed a list of short-term next steps and suggested timelines that were subsequently approved by the committee. These next steps are organized into four categories: 1) dissemination of the report, 2) review of core services and standardized outcomes, 3) training and professional development, and 4) information technology. Specific recommendations to achieve these goals include:

1. Dissemination of the report

- Disseminate this report to all sexual assault programs in Texas. Fall 2003
- Disseminate this report to other sources of funding for sexual assault services, with a joint letter from TAASA, the OAG and the School of Social Work at The University of Texas at Austin. Fall 2003

2. Review of core services and standardized outcomes

- An expert committee consisting of program administrators, practitioners, survivors and advocates should review and modify standardized outcomes on a biennial basis. Ongoing

3. Training and professional development

- Develop a standardized training curriculum based on the content of this report and train key personnel of sexual assault programs in Texas, such as field staff, program directors and executive directors. Training should cover the role of outcome evaluation in program development and planning and should include technical assistance on how to modify and utilize measurement tools. Winter 2003

4. Information technology

- Convene an information technology committee with the charge to address compatibility issues of the statewide data management system (ITS) with outcome measures. Winter 2003
- Develop and implement a standardized training curriculum on ITS and data management. Topics should include the incorporation of outcome measures and revised definitions of core services into ITS. Include program directors and administrative personnel in the training. Spring 2004

In addition to short-term next steps, the committee also identified long-term needs that have broader impact in the sexual assault services field. These are organized into three categories: 1) collaboration, 2) training, and 3) research. Specific recommendations to address these needs include:

1. Improved collaborative efforts and systems advocacy

- Strengthen partnerships and improve collaboration between sexual assault service providers and local agencies also serving victims/survivors of sexual assault. Examples include Child Protective Services, law enforcement, medical care providers, judicial system, school system, and institutions of higher education.
- Increase outreach to groups that traditionally may not focus on victims/survivors of sexual assault. Examples include law schools, sports coaches, Department of Homeland Security's Bureau of Citizenship and Immigration Services (formerly known as INS), locksmiths, teachers, military institutions, nursing facilities, faith organizations, and human rights organizations.
- Increase outreach to traditionally underserved populations, including people of color, those with limited-English proficiency, people with disabilities, men, the elderly, and gay, lesbian, bisexual and transgender individuals.

2. Training and professional development

- Expand opportunities for training and skill-building at future conferences and other professional gatherings. Suggested topics identified by the committee include:

Spirituality: role of the spiritual beliefs of the service provider and/or the victim/survivor and how they may impact the recovery process

Outcome evaluation: ongoing training opportunities on the development and use of outcome measures

Collaboration: development and maintenance of key partnerships with external agencies

Maximizing volunteer potential: recruitment, training, development and retention of volunteers

HIPAA: issues of privacy and information disclosure in sexual assault services

Group counseling: assessment and facilitation of group counseling services

Diversity: culturally competent outreach and service delivery for diverse populations

Staffing: secondary trauma and retention in low salary/high stress positions

3. Research

- Conduct a statewide needs assessment that identifies gaps in service for underserved populations.
- Conduct research related to perpetrators of sexual assault, including prevention strategies, bullying, reform of perpetrators, and services for those who are identified as victim-perpetrators.
- Review existing sexual assault research and provide sexual assault providers with a summary of effective interventions.

While the committee engaged in lengthy discussions regarding what is missing from the current core services, the focus of the outcome development process was on the services currently provided and how to best measure the impact of these services. As noted in the recommendations for future research, there remain considerable opportunities to investigate new methods of serving sexual assault survivors. Most notable is the question of how to best serve populations that traditionally underutilize sexual assault services.

While external demands often prevail as the motivation to engage in outcome evaluation, we must remain cognizant that the primary reason for assessing the impact of sexual assault services is a desire to improve client-centered services, identify and implement evidence-based practices, and gain a better understanding of recovery from sexual assault trauma. This project represents a beginning of the process. The needs and characteristics of Texas service providers and victims/survivors will change. Our understanding of these needs and how to best meet them will continue to evolve. With the continued support and training by oversight agencies, and the commitment and expertise of service providers, this project will be a useful tool in improving services for those who experience sexual assault.



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Appendices



Appendix A

JANUARY BRAINSTORMING RESULTS

Questions and Barriers in Evaluating Sexual Assault Services

Outcome Data and Measurements

- Measurement tool should be an adaptable template
- Both volume and percentages should be considered in measuring outputs (especially with rural areas)
- Avoid data that does not have meaning with regard to the impact of services on clients
- Data shouldn't hurt us
- Magnitude depends on when and who you are measuring
- Identify linkage between services and outcomes
- Danger of standardized instrument results being subpoenaed
- To protect clients, measures shouldn't require extensive and detailed records
- Different standards are needed for different populations (for example, teens versus adults)
- What meaningful data points should we be using?
- Danger in valuing numbers served over outcome; focusing on cost per unit served, as opposed to quality
- What are unique evaluation challenges for specific agencies?
- Will standardized outcomes mean agencies will be compared against each other?

Meeting Clients' Needs

- Is what we're doing what we should be doing?
- Where are we falling short?
- Why are people not coming back?
- Are we providing services that clients say they need and want?
- Do we assume that more than one client contact is better?
- Do we have flexible options to meet the unique needs of clients (e.g., literacy) or are we using a one-size-fits-all approach?
- Program may not do what you think but has made difference in client's life
- What about those who never report or get negative response to report?

- Fear of finding out that what we're doing doesn't work
- Are prevention models effective?
- Clients don't come to be evaluated; they come to receive services
- Some clients prioritize sexual assault services as lower than other needs

Outreach and Accessibility

- What about those who aren't using service?
- Why are we not reaching certain populations?
- Treatment of sexual assault in the media can have a devaluing effect
- How do we improve services and market ourselves so we are accessible?
- Services should counteract negative internal forces felt by survivors
- Explore nontraditional methods beyond what is being done
- Are we under-serving boys, men, people of color, elderly, people with limited English proficiency, gay/lesbian/bisexual/transgender, and people with disabilities?
- Address high attrition among Hispanic participants in sexual assault services
- Programs are not equipped to serve refugees and first generation immigrants;

Service Provider Workforce

- The face of sexual assault services is different than it was twenty years ago: it has become a career field in addition to a grassroots movement
- Advocate and staff demographics need to change
- Domestic violence model may not meet sexual assault needs
- Agencies are not equipped to deal with some rules and regulations; need a specialist to understand requirements

External Forces

- What happens at other agencies (medical and law enforcement) impacts clients' willingness to use our services
- Need to fit other entities into the model
- Balance between what external demands for evaluation are and the internal needs for management and planning
- How can we bring people on board who can help influence decisions?
- Values and attitudes of external forces may differ from those of sexual assault service providers
- Sexual assault is complex, but society and funders may want to make it simple

- Some faith-based providers encourage people to keep the sexual assault quiet, as opposed to seeking services from additional agencies
- Research is typically based on populations who use free public services, a cycle that contributes to myths

Funders and Other Resources

- Decisions made by funders are not necessarily based on lack of knowledge; power can play a role
- Funders may think that service providers are the barrier to evaluation; that providers don't want to know what's going on; or that providers have a proprietary interest
- Can we change the perspective of what funders say is important?
- Limitations of measures used by government and other funding streams
- Raise level of knowledge on part of funders regarding sexual assault; address the fact that not all change is linear
- Funders' expectations for programs to do research
- There is an expectation to do more and better, with less
- Resource limits and expectations create the dilemma of either doing more with less quality or doing less with more quality
- Balance between what external demands for evaluation are and internal needs for management and planning
- Resources differ among agencies and across the state
- Need for training and resources for evaluation/research, given the added demands on program staff
- Funders are asking for evaluation but not defining evaluation
- Outcomes are valued differently than outputs in requests for proposals
- Funders are less interested in funding administrative costs
- What program manager needs to manage organization may differ from what funders need
- This process should not be in a vacuum without funding sources
- Some funders state that staff observation is self-evaluating and is thus not an allowable tool

Hotline Services

- Some funders are only interested in hotline outputs now, with a potential towards tracking more impacts/outcomes
- Sometimes agencies don't know the impact of hotline services

- A lot of what is being done is not being evaluated

Education Services

- Difficulties in providing education services in nursing and extended-care facilities
- Some encounter barriers in accessing schools to provide sexual assault education services
- Some need parental permission for Kindergarten through eighth grade
- Some areas have difficulty, as schools don't want to be held responsible
- Some only do post-test evaluations due to time constraints, or none at all
- Some don't evaluate education, because they don't have to report it

Accompaniment Services

- Limitations for urban areas in getting information from court/law enforcement
- Due to distance, some rural areas have opportunities for education and support while transporting clients to medical or law enforcement facilities
- May be a training issue for police departments
- Not all exams are performed by sexual assault nurse examiners, sometimes doctors/interns
- Difficulties in family abuse/neglect-related cases; if alleged perpetrator is related, agency is not allowed to accompany but only provide advocacy/support to parents
- Belief that sexual assault nurse examiners or social workers can fulfill all roles, including that of advocate/support

Crisis Intervention Services

- Difficult to move from what our intuition says is right to more formal evaluation
- About 20% of clients are on medication or have problems that require medication
- Some agencies struggle internally with therapeutic versus crisis intervention models
- Some alternate resources (private insurance) force agencies into more therapeutic model
- Medicalization of clients' behavior can support societal myths
- Changing face of practitioners to include more licensed professionals; impacts of diagnosis, labeling and medicalization of clients' response to sexual assault
- Level of comfort in providing group counseling services
- Attendance in non-residential groups can be sporadic because of cultural barriers
- Women who are raped as they cross the border are viewed as illegal immigrants rather than victims

- Political and economic issues regarding who gets diagnosed and who doesn't
- There are difficulties in assessing pre-assault functioning
- Significant portion of people coming through rape crisis centers already have limited resources that impact pre-assault functioning
- Long-term therapy may bring clients to a higher level of functioning than crisis intervention
- Use of service as an outcome – how to assess "success" in clients returning or not returning to services

Follow-Up Services

- Would like to be able to do longer, more in-depth assessments during follow-up
- Would like time to do more follow up at designated points in time
- Confidentiality issues (receiving calls, mail)

Volunteer Training Services

- Retention difficult in the volunteer program and training
- Some volunteers have test anxiety throughout the training program
- Difficulty of matching culture of volunteers with that of clients
- Expensive to train properly
- Volunteer coordinators sometimes first to go in tight budget times

Appendix B

MARCH BRAINSTORMING RESULTS

Remaining Needs of Victims/Survivors of Sexual Assault

Populations/underserved

- Outreach to disenfranchised populations (people with disabilities, non-English speaking, etc)
- How do we identify groups we are not reaching?
- People with more options and supports are less likely to utilize services
- Do the demographics of the staff reflect survivors or the local community?
- Sexual assault service providers must come to terms with their own biases (regarding religion and forgiveness, for example)
- Agency's identification as feminist can be a barrier; loaded image, confrontational, divisive terminology used in mission statements
- Bias, in general (ethnic, rural/urban, religion)
- Services on university campuses are scarce in Texas
- How are university and school districts measuring and addressing sexual assault?
- Importance of working with kids, because it is a time when change may be more feasible
- Not dealing with men as victims
- Not enough work with military institutions
- When kids are victim-perpetrators, the focus ends up on the perpetrator role

Spirituality

- Tension around clergy as perpetrators
- Acknowledging spirituality in needs and coping

Safety

- Enhancing safety: locks, cell phones, self-defense
- Affordable, safe housing

Access

- Employment
- Childcare and transportation can be barriers to accessing services

- Medical attention for uninsured regarding sexually transmitted diseases, pregnancy, somatic illnesses
- Taking care of pets, in finding safe place (hotel) or accessing services
- Liability can keep us from providing what victims say they need (transportation)
- Mental health services, lack of services, medications, attention to sexual assault and other issues
- Physical location itself can be a barrier
- Does the collective level of comfort affect access?
- Trying to make domestic violence rules fit sexual assault

Judicial/legislative advocacy

- Investigation and grand jury process
- Positive change in how cases are prosecuted
- Legal assistance needed in civil and criminal cases; very few have attorneys or legal advocates
- “Infiltrating” judicial system – building allies in the judicial system and with prosecutors
- Pre-service training in law schools
- Influencing law school curriculum
- Specialized sexual assault prosecutors and courts
- Evidence and witnesses can be a barrier for prosecution
- Law school scholarships and foundations
- Mobilizing victims/services for legislative change, advocacy

Perpetrator

- Preventing or eliminating perpetration
- Reform perpetrators
- Address societal influence

Education/awareness

- National think tank on sexual assault and systemic change
- Certification, license or degree for sexual assault service providers or particular services
- Change societal norms, especially in media, marketing, athletics
- Training is complicated, costly and difficult
- Awareness of sexual assault in dual programs; the focus is on domestic violence in media and elsewhere

- Need for more work regarding bullying in relation to sexual assault and courageous bystanders

Partnerships

- Partnering with foundations and others in achieving systemic change
- Where are the partnerships with others? (locksmiths, for example)
- Collaborations and trainings for men (coaches, teachers, and others)
- Partnering with men with a focus on their expectations of each other and of themselves
- How do men hold each other accountable?
- Partnering with other VAW entities (Amnesty International, for example) to broaden discussion and address the human rights perspective
- Increase our circle of allies
- Formalization of inter-agency work is more difficult in a large state
- Can do better in collaborating amongst sexual assault service providers

Staff/roles

- Good intentions are not enough; need more effective systems advocates
- Providers are often “invited guests” but should have comparable status among other entities (law, judicial)
- Contacting the survivor versus the survivor contacting agency; cultural issues may not match agency protocol
- Retention of staff in low salary/high stress positions

Intervention

- Address shame in order to improve accessibility
- Understanding prioritization of sexual assault, given all other survival issues
- Need to address confusion over responsibility
- Identify, name and acknowledge sexual assault
- Crisis is immediate, what about adults assaulted as children?
- Victims’ voices - what do they say they need?
- What was helpful to you outside of services provided?

Appendix C

Sexual Assault Advocate Training Final Exam Example Questions and Answers

TRUE/FALSE

- 1) **F** A person is more likely to be sexually assaulted by a stranger than an acquaintance.
- 2) **F** Women frequently make false accusations of sexual assault.
- 3) **T** Most rapes are pre-planned.
- 4) **T** The majority of child sexual abuse incidents occur between parents and their children, other relatives, and close friends of the family.
- 5) **T** The majority of convicted sex offenders began having sexually deviant behavior in adolescence.
- 6) **T** The following are all physical indicators of rape trauma syndrome:
 - a) Eating pattern disturbances
 - b) Emotional reaction
 - c) Sleep pattern disturbances
- 7) **T** A feeling of isolation is an initial reaction after a sexual assault
- 8) **F** The primary responsibility of a sexual assault advocate is to investigate and determine whether the incident occurred.
- 9) **T** One goal of crisis intervention is to help the victim move beyond the crisis by accessing healthy coping skills.
- 10) **F** On a crisis call, it is best to give direct advice and solve the caller's problem.
- 11) **F** People with suicidal ideation are always intent on dying.
- 12) **T** Survivors of sexual assault may be eligible for a protective order.
- 13) **T** If a survivor reports a sexual assault, the law enforcement agency investigating the case is responsible for the cost of the forensic exam.

- 14) **T** A physical exam should be performed in all cases of sexual assault, regardless of when the assault occurred.
- 15) **F** An adult survivor of sexual assault is always required to give a crime report.
- 16) **T** Crime Victim's Compensation is available to victims of violent crime in Texas.
- 17) **T** The elderly can be especially vulnerable to sexual assault because of their limited physical capability.
- 18) **F** Child sexual assault is a rare occurrence and most cases are reported.
- 19) **F** Molesters of male children are always homosexual.
- 20) **T** Children who are sexually abused are never at fault.
- 21) **T** Adolescent sexual assault victims often blame themselves.
- 22) **F** Date rape is usually provoked by the victim.
- 23) **F** It is all right for a male to force a female to engage in intercourse if he is so turned on he cannot stop.
- 24) **F** Marital rape isn't as serious as rape by a stranger because consent to sexual intercourse is part of the marriage contract.
- 25) **T** One of the most supportive things you can do for a survivor of sexual assault is to believe her or him.
- 26) **T** Sexual harassment is one type of sexual aggression.
- 27) **F** A pseudonym allows a survivor to make report the sexual assault anonymously.
- 28) **F** A prostitute cannot be sexually assaulted.
- 29) **T** The survivor's spiritual beliefs can be helpful during crisis.
- 30) **F** There is one all-purpose solution to a rape confrontation that people need to learn to prevent victimization.
- 31) **F** Police departments can require sexual assault survivors to take a polygraph exam.
- 32) **T** Advocates who work with clients in crisis may experience "secondary victimization".
- 33) **T** Whatever a person does to survive a sexual assault is the right thing.

- 34) **F** It is not possible for a person to contract AIDS from a sexual assault.
- 35) **T** The survivor can receive preventive treatment for STD exposure.
- 36) **T** Every client has the right to self-determination and to have ultimate control over their healing.
- 37) **F** Physical injury inflicted is the primary concern of the forensic examiner when performing a sexual assault exam.
- 38) **T** Recanting refers to a child's retraction of an abuse allegation.
- 39) **T** Females commit sexual assault offenses as well as males.
- 40) **F** Misdemeanor crimes involve a harsher penalty than felony crimes.
- 41) **T** Survivors of sexual assault can request parole notification concerning pending release of an inmate from prison.
- 42) **T** HIV infection cannot be transmitted through casual contact with an infected individual.
- 43) **T** Survivors of sexual assault may question their religious beliefs.
- 44) **T** The "chain of custody" for evidence refers to those responsible for evidence collection and security in that it must remain protected for the evidence to be used in court.
- 45) **T** A District Court Judge can require an indicted assailant accused of sexual assault to submit to an AIDS test and have the results disclosed to the victim
- 46) **F** Felony charges cannot be filed against a man for sexual assault of a woman if the couple is married.
- 47) **T** Sometimes people submit false reports of sexual assault.
- 48) **F** Sexual assault can sometimes be provoked by the victim.
- 49) **F** Violent crime is rapidly decreasing throughout the nation, and locally as well.
- 50) **T** The survivor may have trouble returning to a normal routine for an indefinite amount of time after the assault.

MULTIPLE CHOICE

- 51) A survivor may need all of the following from an advocate **except**:
- a. Trust
 - b. Clarification of the current situation
 - c. Realistic guidance and support
 - d. Motherly advice**
- 52) What is the order of events on the continuum of sexual aggression?
- a. Suggestive looks, obscene phone calls, sexist jokes
 - b. Verbal harassment, exposure, sexual assault, murder**
 - c. Harassment, frottage, jokes, suggestive looks
 - d. Obscene phone calls, suggestive looks, frottage, jokes
- 53) The function of a grand jury is to:
- a. Decide a verdict of guilt or innocence concerning an individual accused of a crime.
 - b. Assess the competency of the witness(es) to testify at a civil or criminal hearing.
 - c. To give the defense an opportunity to examine all of the prosecution's evidence.
 - d. To determine if there is enough evidence in a particular case to be bound over for trial.**
- 54) When interviewing a child sexual assault victim, which of the following is most important?
- a. Establishing rapport with the child.
 - b. Assessing the age and developmental levels of the child.
 - c. Establishing a common vocabulary with the child.
 - d. All of the above.**
- 55) A felony case that has been true-billed by a Grand Jury means that the offender is indicted and:
- a. Found guilty of the offense as charged and punished for a felony crime.
 - b. Judged as a case without enough evidence and dismissed, or subsequently no-billed by the Grand Jury.
 - c. Received deferred adjudication.
 - d. Bound over for arraignment and trial.**
- 56) Disclosure is a term that generally refers to:
- a. A child victim's first telling of an abusive incident or relationship with an adult.**
 - b. A written statement given by a child victim for police reporting and court.
 - c. A CPS worker's interview with a child.

- 57) Debriefing is important for which of the following reasons?
- Advocates may experience feelings of sorrow, anger, inadequacy, and need some solid encouragement or an opportunity to ventilate emotional issues.
 - Debriefing can help document statistical data, influence case management plans, and document work performed on each case.
 - Advocates have a right to their own feelings and may sometimes feel disgust, dislike, anger, anxiety or fear regarding a victim or the situation.
 - All of the above may apply at any given time.**
- 58) The purpose of the sexual assault forensic examination is:
- To prove that a complainant has definitely been sexually assaulted.
 - To substantiate that a defendant had consensual relations with a complainant.
 - To provide medical evidence in a sexual assault investigation.**
 - To discredit all of the witnesses in a sexual assault allegation or investigation.
- 59) Which of the following dynamics or issues is the most important in understanding the impact of sexual assault upon a child victim?
- The emotional involvement between the child and the offender.
 - The abuse of power by the offender.
 - The level of trust given to the offender by the child.
 - a, b, and c.**
- 60) CPS (Child Protective Services) deals with all cases involving:
- Emotional, physical, sexual, and neglectful abuse of children when the abuse has been perpetrated by a care-taker of the child or if the care-taker does not believe and protect the child.**
 - All emotional, physical, and neglectful abuse of children.
 - Any situation where a child is at risk of further abuse.
 - a and c are both correct.**
- 61) A chronic Hotline caller has called you fourteen times on one shift. The caller has a 'yes, but,' answer to every option reviewed. You would:
- Tell the caller that you cannot assist him/her and hang up.
 - Set time limits, such as 5 minutes, and let the caller know the options, then enforce the time limit.**
 - Tell the caller that you haven't time for these concerns because 'real' victims might be calling, leave the phone off the hook for 20 minutes

- 62) An appropriate response to a 15 year old female calling on the Hotline requesting information for where to obtain birth control pills:
- Telling the caller that she should think about what she's doing and that becoming sexually active at such a young age will result in pregnancy or HIV infection.
 - Ask the caller for her name, address, and her partner's name and age so that a report may be made to CPS and/or police authorities concerning under-age sexual activity.
 - Respond without judging the caller and make a referral to the appropriate resource.**
 - Advise the caller that even though this is a hotline where callers can remain anonymous, you cannot give out that information because she is not old enough to consent to sexual activity.
- 63) A sexual assault victim sometimes provokes rape, or "asks for it" by:
- Wearing provocative clothing or "coming on to others".
 - Not saying "no" with conviction.
 - No victim ever asks to be raped.**
- 64) More than half of all perpetrators are:
- Strangers to the victim.
 - Known to the victim.**
- 65) Most sexual assault victims:
- Will report the rape to police.
 - Will not report the rape to police.**
- 66) If someone is being sexually assaulted, they should:
- React according to their instincts.**
 - Fight or scream as much as they can.
 - Try to talk their way out of it.
 - Get their gun and shoot.
- 67) If a person is sexually assaulted, they should:
- Immediately douche to prevent infection.
 - Collect any evidence the rapist may have left behind.
 - Call the police right away and get to a hospital.**
 - Not tell anyone, since it was their fault.
- 68) If a person tells you they have been sexually assaulted, it is best to:
- Point out his/her mistakes so they don't make the same ones again.
 - Listen and reassure the person that it was not their fault.**
 - Encourage them to try and forget about it and get on with life.
 - Tell them it happened because they didn't fight hard enough.

- 69) If an acquaintance is making you uncomfortable and you feel somewhat threatened:
- Ask yourself if this person does that to everybody and really doesn't mean anything by it.
 - Ask yourself if you're being paranoid.
 - Tell that person assertively to stop what he/she is doing.***
- 70) Which of the following are **not** eligible for reimbursement under Crime Victim's Compensation?
- Medical costs
 - Relocation costs
 - Loss of wages
 - Property damaged during the commission of the crime.***
- 71) In Texas, approximately what percentage of females will be a victim of sexual assault sometime during their life, according to the 2003 TAASA study?
- 20%***
 - 33%
 - 12%
 - 5%
- 72) Which of the following methods would be most effective in dealing with a survivor of sexual assault?
- Show the survivor respect by using "ma'am" and "sir" and avoid eye contact because that could be perceived as controlling and domineering.
 - Survivors of sexual assault need positive physical contact such as hugging and holding her is his hand.
 - It is often difficult for survivors of sexual assault to make decisions following the attack, if you can assume the responsibility for them, it is extremely beneficial for the survivor.
 - Let the survivor know that it wasn't their fault and that you believe them.***
- 73) An example of ethical behavior is:
- An advocate sharing information about her own abuse
 - Getting together with the survivor as friends outside of the Crisis Center.
 - Giving the survivor advice on the best course of action.
 - Providing the survivor with all relevant information to assist her in making an informed choice.***
- 75) Sexual assault is a crime of:
- Sex.
 - Violence.
 - Power and control.
 - A combination of above.***

- 76) In Texas, approximately what percentage of males will be a victim of sexual assault sometime during their life, according to the 2003 TAASA study?
- a. 1 in 7.
 - b. 1 in 10.
 - c. 1 in 20.**
 - d. 1 in 50.
- 77) Children who are being sexually abused:
- a. Usually tell a parent what is going on.
 - b. Usually won't reveal the abuse to anyone.**
 - c. Usually stop the molestation themselves.
- 78) Most children are molested by:
- a. A stranger.
 - b. A person they know only slightly.
 - c. A person whom they trust and care about.**
- 79) Children who are sexually abused usually:
- a. Feel at least partially to blame.
 - b. Feel that they must keep silent about the abuse.
 - a and b.**
- 80) Child molesters are:
- a. Male or female.**
 - b. Always male.
 - c. Always homosexual.
 - d. All of the above.
- 81) If a child reveals any kind of abuse to someone, that person should:
- a. Investigate the allegation to determine if it is true.
 - b. Get as many details as possible from the child.
 - c. Report what he/she knows to Child Protective Services and/or the police.**
 - d. All of the above.
- 82) If a child does not tell anyone about the abuse, it is because:
- a. They probably didn't mind it, or may have even enjoyed it.
 - b. They have been forced, tricked or bribed into keeping the secret.**
 - c. They usually feel able to handle it themselves.
 - d. At certain ages they won't remember it.

- 83) Parents of children who have been sexually abused should:
- a. Receive support and information on how to personally deal with their child's victimization and how to support their child.***
 - b. Never discuss the abuse with their child.
 - c. Be assured that time will heal all.
 - d. Not discuss the abuse with each other.
- 84) Offenders gain access to children through:
- a. Occupations.
 - b. Volunteer work.
 - c. Marriage.
 - d. All of the above.***
- 85) Children who disclose will often recant because:
- a. They were seeking attention by telling about sexual abuse.
 - b. They are embarrassed and not believed.***
 - c. The offender confesses.
 - d. Children never recant.
- 86) The trauma experienced by a victim of child sexual abuse may be related to:
- a. The sexual response of the victim.
 - b. Response of adults to the disclosure of the above.
 - c. The victim's perception of the offender and themselves.
 - d. All of the above.***
- 87) A survivor has the right to complete confidentiality except in which circumstances:
- a. Her attorney requests the information.
 - b. She is lying.
 - c. When a court orders the information be released.***
 - d. When her family is concerned about her.
- 88) On a hotline call, any of the following questions might be helpful **except**:
- a. Are you in a safe place?
 - b. Did you do something to provoke it?***
 - c. Do you want to go the hospital?
 - d. Do you want to call the police?
- 89) The following are all dating rights **except**:
- a. I have the right to control my partner.***
 - b. I have the right to refuse a date without feeling guilty.
 - c. I have the right to say "no" to physical closeness.
 - d. I have the right to say "I don't want to be in this relationship any longer."

- 90) Individuals are mandated by law to report child abuse and neglect if:
- They can prove the child has been abused.
 - They have spoken with the guardian and have been given permission to report.
 - They have two or more confirmed incidences of the abuse.
 - They suspect or have cause to believe the abuse is occurring.***

MATCHING

Match the correct letter with its definition. You will use one answer for each definition.

- | | |
|-------------------------|----------------------------|
| a. Sexual Harassment | f. Syphilis & Chlamydia |
| b. Rape Trauma Syndrome | g. Date Rape |
| c. Stalking | h. Child Sexual Assault |
| d. Sexual Assault | i. Secondary Victimization |
| e. "No Bill" | j. Sexual Socialization |
- 91) **e** The Grand Jury ruling that means the case will not go to court because of the lack of evidence.
- 92) **f** Most common STD's.
- 93) **g** Sexual assault that occurs while on a date or between persons who expect to have (or already have) an intimate relationship.
- 94) **h** Any negative, exploitative, or coercive sexual experience involving a person under the age of 17.
- 95) **i** Resulting feelings, behaviors and attitudes experienced by advocates who have worked with victims in crisis over a period of time.
- 96) **a** Using positions of power and influence in a manipulative and coercive manner. Ranges from sexist language to demands for sexual favors.
- 97) **b** Suffering a significant degree of physical and emotional trauma during, immediately following, and over a considerable period of time after the rape.
- 98) **c** When a person intentionally and knowingly engages in a behavior that is directed towards another person that would cause a reasonable individual to fear for his/her safety or the safety of their immediate family.
- 99) **d** Forced sexual intercourse without consent.
- 100) **j** The set of expectations about attitudes and behaviors that are culturally assigned to one's gender; the process by which individuals incorporate within themselves the behaviors, attitudes, and values of their culture.

