STANDARDIZED PROGRAM EVALUATION

FOR VICTIM SERVICES

156624

U.S. Department of Justice
National Institute of Justice

Submitted to:

Washington State Institute for Public Policy
The Evergreen State College
Olympia, Washington

October, 1992

Submitted by:

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Seattle, Washington & Fairbanks, Alaska

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SUMMARY

Northwest Resource Associates was awarded a contract by the Washington State Institute for Public Policy (WSIPP) in the area of evaluation of victims of sexual assault projects funded under the Community Protection Act (CPA) of 1990. The rapid expansion and diversity of services for victims of sexual assault have generated a need for comprehensive descriptions of program services, clients, treatments and outcomes. While we initially intended to develop a model program evaluation design that could be sued by all funded projects, our examination and analysis of the current evaluation and data reporting system led us to conclude that this would not yield the information necessary to answer the basic questions being posed.

A variety of reasons accout for this: 1) the limited funds available for conducting independent evaluations at the single-project level; 2) the lack of standardization of data elements and the different requirements of the two funding agencies; 3) funding decisions are made prior to the submission of evaluation reports from the previous project period; 4) evaluation reports do not follow a standard format; 5) funded agencies are not required to responde to recommendations of evaluators; and 6) there has been little communication among the evaluators of the different projects and duplication of effort has been a result.

We have made a number of recommendations: 1) standardization of evaluation components and categories; 2) standardization of data elements and categories; 3) a written response of agencies to evaluation findings and recommendations; 4) a modification of funding and evaluation procedures in order to base refunding decisions on these assessments; 5) a re-examination of the evaluation requirement for all projects, many of which may be able to satisfy information needs by submitting statistics only; 6) requiring the funding agencies to prepare statewide summaries of evaluation fings; 7) coordination and standardization of data collection and analysis efforts between the two funding agencies; and 8) distribution of these statewide results back to the field.

Eliminating the independent evaluation requirement for all projects will make it possible to redirect the funds currently being expended on evaluation to answer more global questions and/or to examine projects with innovative approaches in a more comprehensive manner. We have posed a number of research questions which might be addressed through this revised approach.

PROJECT PURPOSE

The purpose of this project was to develop a standardized program evaluation model for three categories of sexual abuse victim services: 1) prevention programs; 2) crisis counseling/advocacy; and 3) mental health treatment. The model would be program-based and would generate data for agency documentation in the following areas: 1) accountability; 2) program description; and 3) expected program effects/impacts.

It was intended that the evaluation model would serve as a common approach to assessing victim services, which could in turn generate a statewide description and analysis of victims' services necessary for legislative and planning agendas. A standardized model would enable projects to generate consistent program information using standardized measures and comparably defined variables so that analogous summaries of program activities and interventions statewide could be developed.

The goals of the study included:

- Develop standardized program evaluation elements for victim programs statewide;

- Standardize information collected on client intake and exit assessments and aggregate program data collection forms;

- Formalize definitions of variables used on these assessments and data collection forms (e.g., definitions of types of sexual assault, abuse and exploitation, perpetrators, and client demographic measures);

- Standardize measurement procedures; and

- Facilitate consensus among all appropriate contracting agencies and sexual abuse victims service providers to use the developed evaluation design.

The project was not designed to address program/service effects at the individual client level.

PROJECT APPROACH

We had originally set out to design an evaluation model for each of the three categories of victims services. Our work was organized into five steps:

1. Establish a project advisory group;

2. Complete an evaluability assessment;

3. Develop a program evaluation design;

4. Pilot test the evaluation design;

5. Finalize design components.

Our general approach was to identify critical features of program populations and activities for aggregate analysis of victim services statewide. Two methods--interviews and document reviews--were used to collect information that would yield summary statements concerning project goals. First, we elicited perspectives from providers, advocates and representatives of the contracting agencies--the Department of Community Development (DCD) and the Department of Social and Health Services (DSHS). NWRA consultants interviewed a wide range of program and administrative participants as well as key informants outside of CPA-funded projects. In addition, we elicited the perspective of the Sexual Assault Victims Services Work Group, which served as our project advisory committee. The members of this group were:

Candy Ashbrook
Providence Hospital Sexual Assault
Center, Everett

Shirley Cannon,
Sexual Assault Center
Spokane

Frank Herrera
Abuse Prevention and Recovery
Walla Walla

Carolyn Hudnall
Whatcom County Crisis Services
Bellingham

Mona Morris
Ferry County Community Services
Republic

Joan Renner
Clark County Sexual Assault Program,
Vancouver

Mary Ellen Stone
King County Sexual Assault Resource
Center, Renton

Dawn Larsen
Washington Coalition of Sexual Assault
Programs

Lois Loontjens
Department of Social & Health Services
Olympia

Cindy Morrow
Office of Crime Victims Advocacy
Department of Community Development

Second, we interviewed program evaluators and accessed archival documents in order to review the present status of program evaluation designs and instruments relating to sexual assault services. Examined documents included: statutes, correspondence related to project implementation state-wide, data collection forms DCD, DSHS, and contractors), and program summaries. Finally, we examined all of the evaluation reports submitted to DCD at the end of the project year.

REVISION OF THE WORK PLAN

Once the evaluability assessment was completed, we realized that the development of a specific program evaluation design was not a viable outcome. The central issue of this project was the inaccessibility of a statewide perspective on victims' services. It became clear that a standardized evaluation model would require, as a foundation, **a standardized process for information management**, which does not exist. As the project got underway, it became apparent that a standardized evaluation model at this point would still not provide aggregate information on victims' services needed at the state level due to the following circumstances:

- The basic elements for standardized cross-site evaluations are not in place.

  Data elements, their categories, as well as levels of data collection are not comparable across programs. DSHS and DCD use different demographic and abuse measures within and between programs.

- No consensus exists as to what specifically needs to be evaluated in these programs.

  The focus and structure for internal evaluations has not been developed. Programs have worked very closely with local evaluators, but have not _ been provided with a set of core requirements--either in measures, design, or reporting of results.

At this point in time, the imposition of a standardized evaluation model, alone, would most likely not be accepted by programs, could not be implemented and would not answer the fundamental questions about services statewide that are being asked.

Therefore, in order to accomplish the goal of a standardized evaluation process we are making recommendations regarding what we believe to be the critical first steps of such an endeavor. These steps form the foundation for a basic information management process for victims' services:

- Standardized data collection and

- Standardized evaluation format.

The implementation of these components of an information management process would promote statewide analyses of victims' services and encourage subsequent steps toward a standardized evaluation model--if it was still perceived as necessary.

Our recommendations to the WSIPP and revised work plan significantly shifted the focus of the work originally outlined. During the course of the project, we met with WSIPP staff to apprise them of findings that have led to this shift in perspective and tasks. A review of the existing system will further explicate our rationale for modifying the work agreement.

THE EXISTING EVALUATION SYSTEM

DCD and DSHS funded projects in three primary program areas: prevention services; crisis counseling and advocacy, and mental health treatment. DSHS required data reporting, but no formal evaluation. Each of the DCD-funded projects was also required to collect and report data, but they were also required to commit at least 5% of their budgets to an outside evaluation, which met the following criteria:

> The evaluation document produced will be a process and outcome
> evaluation and shall include the development of a data collection tool.
> This tool would be used to indicate the effectiveness of the project and
> aid in the statistical analysis of the data in relation to the project goals
> and objectives. (Department of Community Development)

Each of the DCD programs did, in fact, initiate an evaluation. In some cases, the evaluation was supported as an in-kind donation or from another funding source. Costs of the evaluations ranged from a low of $708.00 to a high of $11,000.00 for treatment projects and from $425.00 to $2,000.00 for prevention projects. A total of $119,000 was spent in fiscal year 1992 for evaluations of DCD projects. A variety of evaluation designs were employed, including client satisfaction surveys and provider

interviews; analysis of data from client tracking systems; and customized assessment forms used to characterize agency and community impacts.

The evaluation team reviewed approximately 36 program evaluations plus additional documentation including intake, assessment and client exit forms. On the whole, the evaluations were competently done and generated valuable information on program functioning, effectiveness and quality. Considerable data were generated that could be used to address issues of statewide concern regarding programs for victims of sexual assault, if an analysis process was facilitated.

Regardless of evaluation approaches within each local project, all agencies were required to collect routine data concerning project clients and submit this information monthly to the State. DSHS and DCD, though, had different client information forms. The former required individual-level data and relatively extensive client and family indicators; the latter only requested summary information about agency caseload. Beyond these differences in data elements and aggregation levels, DSHS and DCD varied in their categorizing of basic information, such as age groupings.

FINDINGS

Our examination of victim services evaluations confirmed the situation as described by the WSIPP:

> These evaluations...are being performed by many different individuals and there is no consistency as to the types of information being collected, the definitions of the variables, or the principal measurement standards. Thus, these evaluation efforts do not provide information which can be easily used to analyze victim programs with a statewide perspective. (1992)

Specifically, we identified six problem areas in the evaluation system.

1.   Funding Levels

In our interviews with representatives of the contracting agencies, diverse opinions were expressed about the evaluation requirement. Some saw benefits in this oversight activity and welcomed independent evaluation. Others felt that these funds would be better used to support victim services and resented the 5% requirement. A final group understood the benefit of evaluation, but complained that the amount of funding (an _ average of $3,922.00 for treatment projects and $863.00 for prevention projects) was sufficient for only the most minimal and perfunctory sort of evaluation. We agree with this last position.

It appears that the required evaluation component for all DCD projects was based on a positive concern for generating state-wide information about the diverse programs utilizing these public funds. However, the consistency embodied in a 5% evaluation budget only makes sense where project funds have reached some critical level. Five percent of a small grant results in a very unrealistic funding level for program assessment.

2. Data Problems

There are numerous data problems experienced by contract agencies. Some of these concerns reside within the evaluation process; others are a function of the State's routine data reporting procedures. First, since evaluators have not been provided a common set of measures (and methods for operationalizing them) it is virtually impossible to extract consistent information across programs to inform policy decisions. Thus, these data are not accessible for understanding more global or specific issues about victims of sexual assault, services for victims and outcomes in state-funded programs. It is quite difficult to answer even the most basic questions about services that are available for victims and about victims themselves. In addition, a number of the evaluations do not seem to be adequately focused and thus have not produced meaningful findings. For these reasons, the results of the evaluations made it impossible for DCD staff to develop an empirically-based statewide perspective or to make rigorous comparisons between projects.

Second, the two state agencies require very different types of core information--regardless of evaluation designs and methods. Thus, each funded agency generates two reports per month to satisfy DSHS and DCD. Given the limited nature of these data for characterizing programs it is an unfortunate duplication of efforts.

Third, these routine monthly data have not been analyzed by the State into reports for the contract projects. This failure to "complete the circle" and return something of value to the programs for their data collection efforts severely undermines local incentives for generating reliable and accurate information.

3. Timing of Evaluation Reporting and Funding Decisions

Besides funding limitations, another flaw was identified in the evaluation process. The timing of project awards in July and the subsequent date for applying for continued funding made it practically impossible for evaluators to develop designs and instruments, collect and analyze data and make recommendations that could be used by the agencies to make adjustments or revisions in their subsequent applications for DCD monies.

In addition, DCD staff did not have an opportunity to use the assessment process in their funding decisions, since these decisions were made prior to their receiving program evaluation reports. Clearly, to strengthen the role of evaluation at the local level, State offices must model using assessment products in their decision process. If this does not occur it supports the opinion expressed by some program staff that evaluation is, at best, irrelevant and these funds should be shifted to direct service activities.

4.   Evaluation Reporting

As noted earlier, the DSHS and DCD-funded projects covered three broad service areas. Consistent with local conditions, agencies and histories, there was significant variation in project activities within each service area. Finally, evaluation designs ranged from naturalistic observations to quasi-experiments. Given these conditions it is not surprising that evaluation reports varied radically in content and structure.

There was no state-level requirement for consistency in reporting format. Regardless of content and focus differences, reports did not follow a consistent outline. Some evaluators developed and included tools in their reports, others did not. Some focused on goals and objectives, others emphasized the assessment process. This problem severely limits the utility of evaluation reports for generating statewide summaries of victims' services. It is simply too much work to glean key issues from each project for use in more global descriptions of the overall effort.

5.   Agency-Evaluator Relations

There existed no requirement that the agencies address or incorporate their evaluators' advice. This problem is certainly not unique to victims' service programs. It is, though, compounded in these projects by the timing problem noted above. This leads to further undermining of the evaluation role in these human service programs. Agencies are not even required to make a written response for the record that they were or were not incorporating evaluators' recommendations and, if not, why not.

6. Communication Among Evaluators

Finally, we learned that there was little communication or dialogue between the evaluators of the different projects. This had the result of duplication of effort in the _ development of data collection tools. It also led to inconsistency between projects in the data that they were collecting. Finally, lack of communication has played a role in the problem of widely varying report formats.

RECOMMENDATIONS

We have taken the position that questions about services to victims of sexual assault could begin to be answered by implementing the following recommendations regarding data collection and the evaluation process of individual programs. We recognize that the particularistic nature of several of the programs requires specialized evaluative approaches. Our recommendations are not meant to thwart or exclude any of these approaches.

However, in order to meet specific needs for consistent program information, we are recommending that DCD and DSHS implement the following recommendations. Some of these general directives require administrative action. For others, we have provided initial materials for their implementation.

1. Standardize evaluation components and categories.

2. Standardize intake data elements and categories for a program summary report provided each year to the funding agencies.

3. Require a project agency written response to evaluation findings and recommendations to be included with the annual evaluation report.

4. Modify timelines for funding and evaluation procedures so that refunding decisions can be based on critical and independent assessment materials.

5. Generate criteria to determine the frequency and level of effort required for evaluations--particularly among grantees implementing smaller projects. Some programs may actually need to only report statistics and need not hire outside evaluators.

6. Require that state administrators produce a statewide summary of evaluation findings from all programs noting modifications that need to be addressed.

7. DSHS and DCD should coordinate data collection and analysis efforts, beginning by standardizing their data requests from programs and considering quarterly rather than monthly reporting.

8. DSHS and DCD should develop program-level reports for distribution to _ contract agencies.

The recommendations present several alternatives to the existing yearly evaluation requirement and 5% budget allocation. These are discussed below.

EVALUATION OPTIONS

1.   Standardized Format for Statistical Summaries

Implementation of a standardized format for statistical summaries of clients, services, etc., for intake and assessment would generate consistent information for a statewide picture of victims' services. These data could, in fact, suffice as a substitute for yearly program evaluations because they would answer the basic questions about victims' services. In addition, the collection of these data would drive internal evaluations and form the foundation for cross-site analyses necessary for developing a statewide evaluative process.

If this option is implemented, we would recommend that programs include data collection and reduction activities required by this format in their budgets. We believe that it would cost significantly less than existing external evaluation activities.

2.   Selection Criteria for External Evaluations

It may be determined that some programs should maintain an external evaluation structure, in addition to complying with the standard statistical format. These programs may be selected for external evaluations based on a set of criteria such as budget size, innovative service, or other characteristics of particular concern or interest.

This option allows for collection and analysis of critical data that address particular targeted issues. Since yearly evaluations of all programs would not be required, this saving could be reflected in the budgets of programs that will have external evaluations. It should also be reflected in the quality of those evaluations' products.

3.   Implementation of Standardized Evaluation Components

It is our recommendation that all future evaluations implement the standardized evaluation components as presented in the following section. Implementation of this model will standardize the reporting format and facilitate cross-site analyses. We are not suggesting that the content be dictated, but that information on each component topic be included in **all** evaluations much like required topic areas in Federal grant applications. This format should be implemented for selective evaluations or across all sites if the present evaluation process is maintained.

4.   Selection of Key Issues for Research/Evaluation

Under this option, the allocation of evaluation funds would be restructured with the implementation of a standardized statistical format and selective criteria for external program evaluation. The reduction of external evaluation activities would allow for some of the evaluation monies to be redirected toward research on key issues in the field, which may affect all or a significant portion of programs and services.

In summary, program administrators may be able to satisfy basic evaluation needs by using the standardized statistical summary format and other service summaries, which essentially answer global evaluation questions. This approach would also be consistent with the legislative requirement for program evaluation. Specific projects could be selected for intensive **external** evaluation because of their innovative approaches or the size of their budgets and program duration. Finally, some evaluation funds could also be made available to address larger research/evaluation questions that affect the field.

BENEFITS OF A REVISED EVALUATION APPROACH

The benefits of our proposed evaluation approach are threefold:

1.   Programs would begin generating comparable data to produce a clearer picture of programs statewide, which in turn would aid planning for future programming by identifying client populations, under served groups and gaps in services.

2.   In not requiring yearly evaluations for all programs, funds could be redirected toward evaluation and research projects of broader scope that could address larger questions of general concern.

3.   Establishing an internal evaluation process in programs would provide structure and focus for future external evaluations. Key issues in the field could begin to be addressed and efforts made toward long term sets of objectives.

LEGAL IMPLICATIONS OF RECOMMENDATIONS ON EVALUATION PROCESS

Currently, CPA-funded programs contracted through DCD are required by statute to include an evaluation plan in their proposals (RCW 43.280.050). The 5% requirement is a DCD policy. It may be necessary to amend the statute to require that DCD undertake evaluation activities, but that they may choose not to evaluate every program.

PRODUCTS

In the following section, we discuss the three products that we have developed for this project. These include the following:

1. Standardized format for statistical summaries of victims' services

2. Standardized components for evaluation designs

3. Suggested research questions for cross-site study

The standardized formats for statistical summaries of victims' services are included in the Appendix.

STANDARDIZED FORMAT FOR
STATISTICAL SUMMARIES OF VICTIMS' SERVICES

The first step toward generating data that are comparable statewide is to standardize data elements used for reports. We have developed sample forms that utilize standardized elements and categories (see attached). We recognize several issues that may arise with this submission. First, all of the categories may not be relevant for all programs. However, utilizing the same format will facilitate analyses. Second, this format may well be considered a starting point from which DCD and DSHS program staff may begin to modify a more appropriate document. We strongly encourage, however, the implementation and maintenance of a unified system of information management.

A key issue raised in this report was the two competing approaches taken by DSHS and DCD to collect project information. The former agency required intake information on each individual client with an additional page addressing service activities. (The service activity form was required for any client receiving services during each month of data collection.) This approach results in a relatively labor-intensive process--and it yields a rich array of data for empirical analysis. The latter agency, DCD, only required a summary table of monthly client information. These data needs were generally easy to meet by project agencies. However, collecting summary data in this format does not allow further examination of clients, since there is no way to "decompose" the table into individual data records.

The question about routine data collection remains: "Do agencies tabulate a brief summary or do they collect individual-level information?" Our answer (true to our research code) is: "It depends." It depends on:

- Decisions concerning scope and level of future evaluation statewide;

- Technical capabilities of project agencies; and

- Project type.

For example, programs that focus on prevention education and training will not require an individual-level data collection process for client victims; they will, though, probably need to generate summary information about training events. In contrast, victim treatment projects may require both individual and summary data collection.

Given the need to qualify the possible type of data reporting, we have appended two versions of agency forms. The first reflects a set of summary tables that an agency might be required to complete. In this version, we make no effort to impose a process on how the project collects and maintains individual-level information. The only requirement is that they generate summary tables for funding agencies. In essence, this is an expanded set of DCD-like tables.

The second agency form appended to this report might be used for each client. It would result in individual-level data that could be: 1) summarized into the prior tables and/or 2) forwarded as individual records (without recognizable identifiers) to the State for additional analysis. This form relies on elements in the DSHS data collection instrument presently in use.

Importantly, we do not recommend that ongoing service data be collected and reported on a monthly basis at the individual level (e.g. page three of the DSHS form). We have concerns about the utility of this information, given the lack of specificity for most interventions as well as the problem in identifying outcomes and impacts.

Regardless of the types of information collected, the timing of data transfer to funding agencies must also be addressed. At present, DCD and DSHS require monthly reports. We believe, though, that this process can be lengthened to a quarterly transfer of information. Currently, this monthly information is used to determine contract reimbursements. We suggest, if this payment process must be done monthly (rather than every 90 days), programs simply provide the minimum information required to allow project payments. These data can be viewed as preliminary pending quarterly reports. These more comprehensive quarterly summaries would include all required data, plus any revisions to the past three months' client estimates.

STANDARDIZED COMPONENTS FOR EVALUATION FORMAT

Standardization of components for evaluation is not meant to be a substitute for an evaluation design. The variety of victims's services programs likely necessitates different evaluation approaches and designs. We are recommending that **minimum standards be set for evaluation categories** of information to be included in all evaluation reports. As we stated before, we are not intending to dictate the content, but want to insure that basic requirements are met. In setting these components, we have tried to address some of the major issues that affect research and evaluation in the field of sexual abuse and assault service, such as standardizing definitions, impact of abuse and treatment outcomes, for example.

1. SUMMARY COVER PAGE - This cover sheet would summarize the project services, client population served and key issues addressed by the evaluation.

2. TABLE OF CONTENTS - The purpose of a Table of Contents is to provide an easy reference for the location of information. Its omission seriously hampers comparative reviews of reports.

3. LISTS OF GRAPHS AND TABLES - Substantial information located in graphs and tables was buried in the text of many of the evaluation reports. A list of these would facilitate compilation of aggregate information.

4. PROGRAM DESCRIPTION - An adequate program description should include, at a minimum, the following elements: client population, geographic area targeted, services offered, resource and referral system, scope of the problem and basic service goals.

5. EVALUATION METHOD - This component should include the following as minimum requirements: description of the design/approach, goals and objectives, methods, data collection and analyses. There should also be a discussion of program areas not being evaluated and reasons why.

6. PRE/POST-TESTING AND RESULTS SUMMARY - There are two issues of concern with this component. First, a pre/post-test requirement will

generate data on issues of major concern to the field, levels of impact of abuse and treatment outcomes. Pre/post-testing is appropriate for the three groupings of services and is an effective way to generate questions for further research or evaluation. Second, it is very important that the result are summarized together under one heading in reports for extrapolation.

7.   CLIENT SATISFACTION - Methods and instruments will certainly vary for this component. However, we feel that it is important to include this category as an evaluation component to begin generating data on client service interaction and program outcomes.

8.   CLIENT ABUSE SUMMARY - This component will provide more detailed information on the specifics of exploitation, abuse and assault experiences of clients. It is important that standardized definitions be used for aggregate level analysis.

9.   PROJECT SPECIFIC FINDINGS AND RECOMMENDATIONS - Findings and recommendations should be summarized in a separate section, apart from discussion in the text of the report, in order to simplify review and compilation of evaluations.

10.   APPENDIX - Include listing and samples of instruments used in the evaluation.

11.   AGENCY RESPONSE TO EVALUATION REPORT - In order for the evaluation process to be complete, it is necessary for the agency to respond to the findings and recommendations of the evaluation.

RESEARCH QUESTIONS

A key point for consideration in our recommendations is the reallocation or pooling of evaluation dollars towards research and evaluation issues of broader scope. A careful review of evaluation findings and recommendations would likely generate many issues appropriate for cross site or statewide investigation. The Sexual Assault Victims Services Work Group, may be an appropriate forum for deciding topics for research of broader scope.

The following are suggested issues that could be addressed on a statewide level that might improve services for victims across the state.

1.   Target program effectiveness and treatment approaches for specific groups, eg., Native Americans, adolescents etc.

2.   Identification of client characteristics more likely requiring follow-up care.

3.   Prevention of repeat victimization.

4.   Service accessibility and alternatives for enhancing service accessibility, eg., rural areas, children.

5.   Description client characteristics, e.g., types of abuse, geographic distribution, etc., in order to identify gaps in services.

6.   Long-term service/treatment outcomes.

APPENDIX

STANDARDIZED FORMAT FOR STATISTICAL
SUMMARIES OF VICTIMS' SERVICES

CONTRACTOR NAME: _____

CONTRACTOR #: _____ REPORTING PERIOD: _____ - _____

TOTAL NUMBER OF CLIENTS SERVED (UNDUPLICATED COUNT): _____

NEW CLIENTS: _____ CONTINUING CLIENTS: _____

PROGRAM TYPE: ○ PREVENTION

  ○ CRISIS COUNSELING/ADVOCACY

  ○ TREATMENT

PREVENTION PROGRAMS--TRAINING

TRAINING PARTICIPANTS	Total # of Events	Total # of Participants	Total # of Hours
General Public			
Professionals			
Students			
Other			
TOTALS			

OUTREACH--OTHER THAN TRAINING

SERVICE PROVIDED	Total # of Individuals	Total # Items Distributed
Written Materials Distributed		
Telephone Calls		N/A
TOTALS		

CRISIS COUNSELING/ADVOCACY

SERVICE PROVIDED	Total # of Clients	Total # of Client Visits/Contacts	Total # of Hours Provided
Crisis Hotline			
Information & Referral			
Crisis Intervention			
Legal Advocacy			
Medical Advocacy			
Personal Advocacy			
Transportation			
TOTALS			

TREATMENT

SERVICE PROVIDED	Total # of Clients	Total # of Client Visits/Contacts	Total # of Hours Provided
Evaluation/Assessment			
Individual Therapy			
Group Therapy			
Family Therapy			
Service Coordination			
TOTALS			

MEDICAL SERVICES

SERVICE PROVIDED	Total # of Clients	Total # of Visits/Contacts
Medical Screening		
Photodocumented Examination Using Magnification		
Acute Medical/Forensic Examination		
Acute Medical Examination Only		
Sub-Acute Medical/Forensic Examination		
Sub-Acute Medical Examination Only		
Non-Acute Medical/Forensic Examination		
Non-Acute Medical Examination Only		
TOTALS		

CLIENT ETHNICITY
(CLIENTS RECEIVING DIRECT SERVICES)

ETHNICITY	Total # of Clients
European American	
African American	
Hispanic/Latino	
South/Central American	
Asian American	
Pacific Islander	
Native American/Alaska Native	
Other (or Multicultural)	
TOTAL	

CLIENT GENDER & AGE
(CLIENTS RECEIVING DIRECT SERVICES)

GENDER	5 & Under	6-10	11-14	15-17	18-19	20-29	25-29	30-39	40-59	Over 60	Total
Female											
Male											
TOTAL											

TYPE OF SEXUAL ASSAULT, BY GENDER OF VICTIM

TYPE OF ASSAULT	FEMALE VICTIMS	MALE VICTIMS	TOTALS
Rape			
Contact Molestation			
Non-Contact Molestation			
Other (Specify Below)			
Unknown			
TOTALS			

PERCENTAGE OF ASSAULTS DRUG OR ALCOHOL RELATED: _____

PERPETRATOR RELATIONSHIP TO VICTIM

PERPETRATOR RELATIONSHIP	# Male Perpetrators	# Female Perpetrators	% of Total
Adult--Immediate Family Member			
Child--Immediate Family Member			
Adult--Extended Family Member			
Child--Extended Family Member			
Known Non-Family Adult			
Known Non-Family Child			
Stranger			
Unknown			
TOTALS			N/A

CLIENT DISABILITY
(CLIENTS RECEIVING DIRECT SERVCIES)

DISABILITY	#	% of All Clients
Mentally Retarded		
Deaf/Hearing Impaired		
Visually Impaired (Legally Blind)		
Mobility Impairment		
Other (Specify Below)		
TOTALS		N/A

INTAKE INFORMATION
VICTIMS OF SEXUAL ASSAULT

Case I.D. Number (DOB): ____ ____   ____ ____   ____ ____   ____ ____
                            Month   Day   Year   Initials

Intake Date: ____ ____   ____ ____   ____ ____   Age of Victim: ____ ____
            Month   Day   Year

Client's Gender: 1 - Female   2 - Male

Client's Ethnicity:

    1 - European American   5 - Asian American
    2 - African American   6 - Pacific Islander
    3 - Hispanic/Latino   7 - Native American/Alaska Native
    4 - South/Central American   8 - Other/Multicultural _____

Is the Client: Mentally Retarded?   1 - No   2 - Yes
                    Deaf/Hearing Impaired?   1 - No   2 - Yes
                    Visually Impaired (Legally Blind)?   1 - No   2 - Yes
                    Mobility Impaired?   1 - No   2 - Yes

Type of Assault: 1 - Rape
                 2 - Contact Molestation
                 3 - Non-Contact Molestation
                 4 - Other--Specify: _____
                 9 - Unknown

Gender of Perpetrator: 1 - Female   2 - Male   9 - Unknown

Perpetrator Relationship to Victim:

    1 - Adult--Immediate Family Member   5 - Known Non-Family Adult
    2 - Child--Immediate Family Member   6 - Known Non-Family Child
    3 - Adult--Extended Family Member   7 - Stranger
    4 - Child--Extended Family Member   9 - Unknown

Location of Victim's Residence (ZIP Code): ____ ____ ____ ____ ____