

**TABLE 2: Assessment Instruments That Examine Service Delivery (n=8)**

<i>Instrument Name, Developer, and Online Availability</i>	<i>Citation Using the Instrument</i>	<i>Instrument Description</i>	<i>Psychometric Properties</i>
<p>1. Confidential Questionnaire – Evaluating SANE Programs</p> <p>Ciacone, Wilson, Collette &amp; Gerson (2000)</p> <p>Not located online</p>	<p>Ciacone, Wilson, Collette &amp; Gerson (2000)</p>	<p>This self-administered questionnaire was designed to gather information from SANE practitioners/programs, including information concerning patient and staff demographics, patient population and volume, staffing background and characteristics, examination settings, medical and forensic procedures, legal information, and prosecution and conviction rates. There are 35 items, many of which are answered in a “yes/no” fashion (e.g., Does your program have a program director/coordinator?) or using an open-ended numerical response (e.g., Number of members on staff from each category who perform sexual assault examinations for program on a regular basis? ___Registered nurse, ___Nurse practitioner, ___Other [please specify]). The time it takes to administer the questionnaire was not reported and the scoring of the tool was not described.</p> <p>It is available in English.</p>	<p>A panel of physicians and nurses developed the questionnaire. It was pilot tested by administering it to 3 SANE program directors, and modifying the instrument based on their comments. No additional information was provided.</p>
<p>2. Forensic and Medical Care Following Sexual Assault Service Education</p>	<p>Parekh, Currie &amp; Brown (2005)</p>	<p>This standardized interview was designed to evaluate medical personnel’s responses to a sexual assault service education program. The 8 items include questions such as “Has anything changed about the way you are now caring for survivors of sexual assault?” The time necessary to administer the</p>	<p>Not applicable</p>

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<p>Program Evaluation Qualitative Interview</p> <p>Parekh, Currie &amp; Brown (2005)</p> <p>Not located online</p>		<p>instrument was not reported. The method used to score the interview responses was not reported, but it is a qualitative approach.</p> <p>It is available in English.</p>	
<p>3. International Planned Parenthood Federation/Western Hemisphere Region's (IPPF/WHR's) Clinic Interview and Observation Guide</p> <p>International Planned Parenthood Federation, Western Hemisphere Region, Inc (2000a)</p> <p><a href="http://www.ippfwhr.org/publications/download/monographs/GBV">http://www.ippfwhr.org/publications/download/monographs/GBV</a></p>	<p>Guedes, Bott, &amp; Cuca (2002)</p>	<p>This assessment tool gathers information on the human, physical, and written resources available in a clinic. The first half of the guide consists of an interview with a small group of staff members (for example, the clinic director, a doctor, and a counselor). This section includes mostly closed-ended questions about services, including: the clinic's human resources; written protocols related to gender-based violence screening, care, and referral systems; and other resources, such as whether or not the clinic offers emergency contraception. The second part of the guide involves an observation of the physical infrastructure and operations of the clinic, such as privacy in consultation areas, as well as the availability of informational materials on sexual violence. The number of questions and the time it takes to administer the guide was not reported.</p> <p>It is available in English and Spanish.</p>	<p>Not reported</p>

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<p><a href="#">Manual_E.pdf</a></p> <p>Can be purchased at:  <a href="http://www.ippfwhr.org/publications/publication_detail_e.asp?PublD=23">http://www.ippfwhr.org/publications/publication_detail_e.asp?PublD=23</a></p>			
<p>4. International Planned Parenthood Federation, Western Hemisphere Region's (IPPF/WHR's) STI/HIV Self-Assessment Module</p> <p>International Planned Parenthood Federation, Western Hemisphere Region, Inc (2000b)</p> <p><a href="http://www.ippfwhr.org/publications/download/monographs/GBV_Manual_E.pdf">http://www.ippfwhr.org/publications/download/monographs/GBV_Manual_E.pdf</a></p> <p>Can be purchased at:</p>	<p>Guedes, Bott &amp; Cuca (2002)</p>	<p>This self-assessment module contains a questionnaire designed to assess whether an organization has the necessary capacity, including management systems, to ensure high quality sexual and reproductive health services. The questionnaire allows staff from different levels of an organization to assess the extent to which their organization has addressed a multitude of issues relevant to gender-based violence, including sexual violence. The number of items, time to administer and method of scoring is not reported.</p> <p>It is available in English and Spanish.</p>	<p>Not reported</p>

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<p><a href="http://www.ipfwhr.org/publications/publication_detail_e.asp?PublD=23">http://www.ipfwhr.org/publications/publication_detail_e.asp?PublD=23</a></p>			
<p>5. Management of Rape Victims Questionnaire</p> <p>Azikiwe, Wright, Cheng &amp; D'Angelo (2005)</p> <p>Not located online</p>	<p>Azikiwe, Wright, Cheng &amp; D'Angelo (2005)</p>	<p>This self-administered questionnaire was designed for program directors of pediatric and adult hospital emergency departments to report on their department's management of care for rape survivors. The 22 questions gather information concerning the department's volume of rape cases, screening for STDs, emergency contraception policies, medications offered or prescribed for emergency contraception, non-occupational HIV postexposure prophylaxis policies, medications offered or prescribed for HIV postexposure prophylaxis, and patient follow-up. The time to administer the instrument was not reported. Likert ratings to specific items may be used to assess counseling frequency and medication use (scoring details are not reported).</p> <p>It is available in English.</p>	<p>Azikiwe, Wright, Cheng &amp; D'Angelo (2005) designed the questionnaire and piloted it on pediatricians and emergency medicine physicians at the Children's National Medical Center. No additional psychometric information was reported.</p>
<p>6. Quality of Care Composite Score</p> <p>Christofides, Jewkes, Webster, Penn-Kekana, Abrahams &amp; Martin (2005)</p>	<p>Christofides, Jewkes, Webster, Penn-Kekana, Abrahams &amp; Martin (2005)</p>	<p>The Quality of Care Composite Score is a self-reported measure used at the individual practitioner level to assess the clinical care provided by doctors and nurses who care for rape victims in terms of indicators of preventive strategies for sexually transmitted infections and prevention of pregnancy, counseling, and the quality of forensic examinations. It consists of 11 items such as 1) treatment of sexually transmitted infections and 2) clothing or underpants ever sent for forensic testing. Each item is then</p>	<p>Not reported</p>

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Not located online		<p>awarded 0, 1, or 2 points and that score can be used for further data analysis and interpretation. The time to administer the instrument and further details concerning the scoring of the instrument are not reported.</p> <p>It is available in English.</p>	
<p>7. Standardized Interview Questionnaires and Facilities Checklist</p> <p><a href="http://www.svri.org/analysis.htm">http://www.svri.org/analysis.htm</a></p>	<p>Christofides, Jewkes, Webster, Penn-Kekana, Abrahams &amp; Martin (2005)</p>	<p>This face-to-face interview questionnaire was designed to gather information from health care providers who care for rape survivors. The questionnaire contains 5 sections that collect information on: the demographic characteristics of providers; the types of services available for rape survivors; whether care protocols for rape survivors are available at the facility; whether the practitioner had undergone training in how to care for rape survivors; and practitioner's attitudes towards rape and women who have been raped. Responses to particular items are used to develop a scale that measures the quality of clinical care. In addition, the assessment tool includes a checklist that the fieldworkers complete at each health care center noting the presence or absence of equipment and medicines and the structural quality of the facilities. The times to administer the questionnaire and to complete the checklist are not reported.</p> <p>It is available in English.</p>	<p>Christofides, Jewkes, Webster, Penn-Kekana, Abrahams &amp; Martin (2005) report that the interview questionnaire and facility checklist were pretested and piloted. Pretesting was conducted at a facility in Gauteng province to ensure that questions were understandable and had face validity. Substantial changes were made to both the questionnaire and the facility checklist after pretesting. A pilot was conducted in one district in Western Cape province, after which minor revisions were made to the questionnaire. No additional psychometric properties were reported.</p>
<p>8. Telephone Interview Survey</p>	<p>Rosenberg, DeMunter &amp; Liu (2005)</p>	<p>This telephone survey was designed to ask nurse managers of hospital emergency departments about the clinical care provided for rape victims. The</p>	<p>Rosenberg, DeMunter &amp; Liu (2005) report that most of these questions had been used by previous researchers, and that all were reviewed locally. No</p>

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<p>Rosenberg, DeMunter &amp; Liu (2005)</p> <p>Not located online but can be obtained from the authors</p> <p><a href="http://www.ajph.org/cgi/content/abstract/95/8/1453?maxtoshow=&amp;HITS=10&amp;hits=10&amp;RESULTFORMAT=1&amp;author1=rosenberg&amp;author2=DeMunter&amp;title=emergency+contraception+Oregon&amp;andorexacttitle=and&amp;andorexactleabs=and&amp;andorexactfulltext=and&amp;searchid=1&amp;FIRSTINDEX=0&amp;resourceype=HWCIT">http://www.ajph.org/cgi/content/abstract/95/8/1453?maxtoshow=&amp;HITS=10&amp;hits=10&amp;RESULTFORMAT=1&amp;author1=rosenberg&amp;author2=DeMunter&amp;title=emergency+contraception+Oregon&amp;andorexacttitle=and&amp;andorexactleabs=and&amp;andorexactfulltext=and&amp;searchid=1&amp;FIRSTINDEX=0&amp;resourceype=HWCIT</a></p>		<p>questions gather information concerning: whether there is a written protocol for the care of rape victims brought to the emergency department; whether the rape protocol includes offering emergency contraception; how often physicians offer emergency contraception to rape patients; whether any staff had received specialized sexual assault training; how emergency contraception pills were dispensed to rape patients; the type of emergency contraception offered; where women could fill emergency contraception prescriptions; the number of rape patients seen per year; and access to emergency contraception for women who had not been raped. The number of items, scoring method, and time to administer the survey were not reported.</p> <p>It is available in English.</p>	<p>additional information concerning the psychometric properties of the survey instrument was reported.</p>
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**COMPLETE REFERENCES**

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## ASSESSMENT INSTRUMENTS THAT EXAMINE SERVICE DELIVERY

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