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What Constitutes Success?

Evaluating Legal Services for Victims of Crime

Executive Summary

Prepared for
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Executive Summary

Victim participation in the legal system is essential to the justice process and in holding offenders accountable (Wemmers, 2009). However, requiring victims to report crimes committed against them and participate in the prosecutorial process may infringe on their rights to privacy and autonomy (Steel, 2017). Thus, more information is needed about what victims need over the course of their involvement with the system. Victim legal services—both civil legal assistance and legal assistance navigating criminal justice—can ameliorate some of the harms following victimization.

However, given the relative newness of victim legal services and victims' rights enforcement legal services specifically, the field of victim legal services has lacked a conceptual framework articulating the ultimate goals of these services and how they are intended to promote those goals (see Jabareen, 2009 and Maxwell, 2012). Such a framework would benefit the field by specifying short- and long-term outcomes and a theory of change to help guide program development and evaluation. This formative evaluation, a collaboration between the Justice Research and Statistics Association (JRSA) and the National Crime Victim Law Institute (NCVLI) funded by the National Institute of Justice, seeks to address this gap by creating that much-needed conceptual model and theory of change and then testing it in practice.

This Project

The research team began by collaborating with a group of victim legal service professionals and crime survivors to define the broad range of services provided by victim legal service agencies, the desired short-term program outcomes and long-term objectives, as well as why the services provided are expected to lead to the desired outcomes. This represents Stage 1 of the project.

In Stage 2, we used the model to guide continued formative work with three victims' rights enforcement legal clinics: the Arizona Voice for Crime Victims (AVCV); the Oregon Crime Victims Law Center (OCVLC), and the Maryland Crime Victims' Resource Center, Inc. (MCVRC). Formative evaluation helps to clarify a program's purpose, processes, potential outcome measures, and readiness for process (Phase 2) and outcome (Phase 3) evaluations under NIJ's phased approach. Activities consisted of site visits, staff interviews, document review, and research design collaboration; operationalizing activity and outcome measures based on the model; pilot testing data collections for feasibility, appropriateness, and reliability; evaluability assessments; and proposal of outcome evaluation designs.

Key Takeaways for Research

This project synthesized previous research and input from a variety of legal service provider and crime survivor stakeholders to create a much-needed conceptual model for victim legal services. Underlying this conceptual model is the theory of change, whereby victims may

be assisted to conserve what resources they have after victimization via trauma-informed legal services (Figure ES1).

Figure ES1: Change Mechanism



Like Sullivan’s conceptual model for domestic violence services (2016; 2018), this model (shown later in Figure ES3 on p. xii) provides a framework that researchers and practitioners can use to test hypotheses (in general research) and program effectiveness (in evaluation), where only more general studies about the impact of victim legal services previously existed. The model can also be a valuable resource for designing and implementing new victim legal services programs. While the “road test” of this model is still set to continue during the process evaluation, this research demonstrated how the conceptual model can be operationalized for specific programs, built out into a logic model, and implemented in practice.

Key Takeaways for Practice

Through the pilot test, several issues were identified that may be common in other victim legal clinics when considering, planning, or implementing an evaluation. These include legal privacy concerns, the need to assess the cultural readiness of an organization to make use of, and participate in, an evaluation; staffing and available resources to do so; and IT issues. Lastly, almost every facet of life has been touched by the recent COVID-19 pandemic and the clinics, this evaluation, and the criminal justice system are no exceptions. Additional exogenous shocks are related to ongoing criminal justice reforms, such as efforts to reduce prison populations via compassionate release of offenders, which affects victims' rights in new/emerging ways.

However, despite shocks unimagined at its creation, the conceptual model provides a basis for program design even during changing circumstances. In this project, it also provided the bellwether for charting how to measure program impacts in the new environment: do the same outcomes and objectives still apply, and how do organizations go about achieving the same objectives for clients in radically changed or changing systems? All three clinics emphatically declared that their desired victim, community, and system outcomes did not change. The conceptual model and theory of change for victim legal services held and remained relevant. Simply put, the primary challenges imposed by the pandemic were related to how the clinics

needed to adapt their operations and service delivery to achieve their steadfast objectives.

The rest of this Executive Summary proceeds as follows: after key background information is provided, the conceptual model for victim legal services and the theory of change are presented. This is followed by the results of the pilot tests with the three clinics, which include the data quality assessment, fidelity testing, and evaluability assessment findings. These are followed by the outcome evaluation designs under consideration as a result. It finishes with potential limitations and conclusions.

Key Background

Interest in crime victims' treatment was ignited in the 1970s, largely because of increased activism of crime victims and survivors.¹ This occurred in parallel with the women's movement, which grew from dissatisfaction with high crime rates and the criminal justice system's treatment of victims, especially female victims of domestic and sexual abuse (Young & Stein, 2004). Since then, more than 30 states have amended their constitutions to include victims' rights, and all 50 states, along with the District of Columbia and the federal government, have enacted statutory and rule-based protections. Cassell (2017) identifies landmark legislation codifying victims' rights and their enforcement mechanisms: the Victim and Witness Protection Act of 1982 (Public Law No: 97-291, 96 Stat. 1249), the Victims' Rights and Restitution Act of 1990 (Pub. L. No. 101-647, Title V, §§502-503, 104 Stat. 4820), and the Crime Victims' Rights Act (CVRA) passed as part of the Justice for All Act of 2004 (Public Law 108-405, 118 Stat. 2260).

Despite the advancements embodied in legislation, victims' rights were still not consistently honored or observed (Davis et al., 2012). Recognizing that crime victims without legal counsel were often unable to exercise their rights, victims' rights enforcement legal clinics emerged to promote awareness, education, and protection for these rights and to seek their enforcement in criminal court. At the same time, there was increasing recognition that the ability to meet many victims' needs can be enhanced by the availability of legal services to assist with crisis intervention, safety planning, civil legal assistance (e.g., protective orders, restitution, tort claims), securing housing, legal and/or immigration status; and training others in the system on victims' rights (Office for Victims of Crime, 2013).

While there is variation in state laws as to which rights for victims are statutorily guaranteed, some are guaranteed across most states. The following list are rights that the legal clinics participating in this study typically advocate for on behalf of clients:

- Information about the criminal justice process and available services
- Notification of proceedings as the case progresses through the criminal justice system

¹ While there is variance in the field on how these terms are used, for the purposes of this report, "victim" refers to anyone who has suffered a crime and might receive services, whereas "survivor" denotes an individual who has suffered a crime *and* moved into advocacy work, such as our advisory board members.

- Proceedings free from unreasonable delay
- Attend proceedings
- Confer with prosecution
- Be heard
- Restitution
- Treatment with fairness, dignity, and respect
- Privacy (e.g., to suppress discovery of immaterial or privileged personal information)

Stage 1: The Conceptual Model

A primary goal of the Stage 1 work was to develop a conceptual model of victim legal services that would then be used to guide the activities in Stage 2 *and* be an independent contribution to the field. Creation of this model has implications for the advancement of standards for services, best practices, and rigorous evaluation of these programs. This conceptual model differs from a logic model that also specifies inputs (e.g., human and financial resources) and outputs (e.g., counts of services delivered, or activities conducted) in that it takes the more theoretical approach used by Sullivan (2016; 2018).

This conceptual model was developed by drawing on four key data sources: 1) a review of the literature on victim legal services; 2) intensive interviews with the 17 service providers and survivors on the Advisory Committee; 3) a survey of a national sample of legal services providers ($N = 77$); and 4) a roundtable discussion with the Advisory Committee.

Figure ES2: Model Development

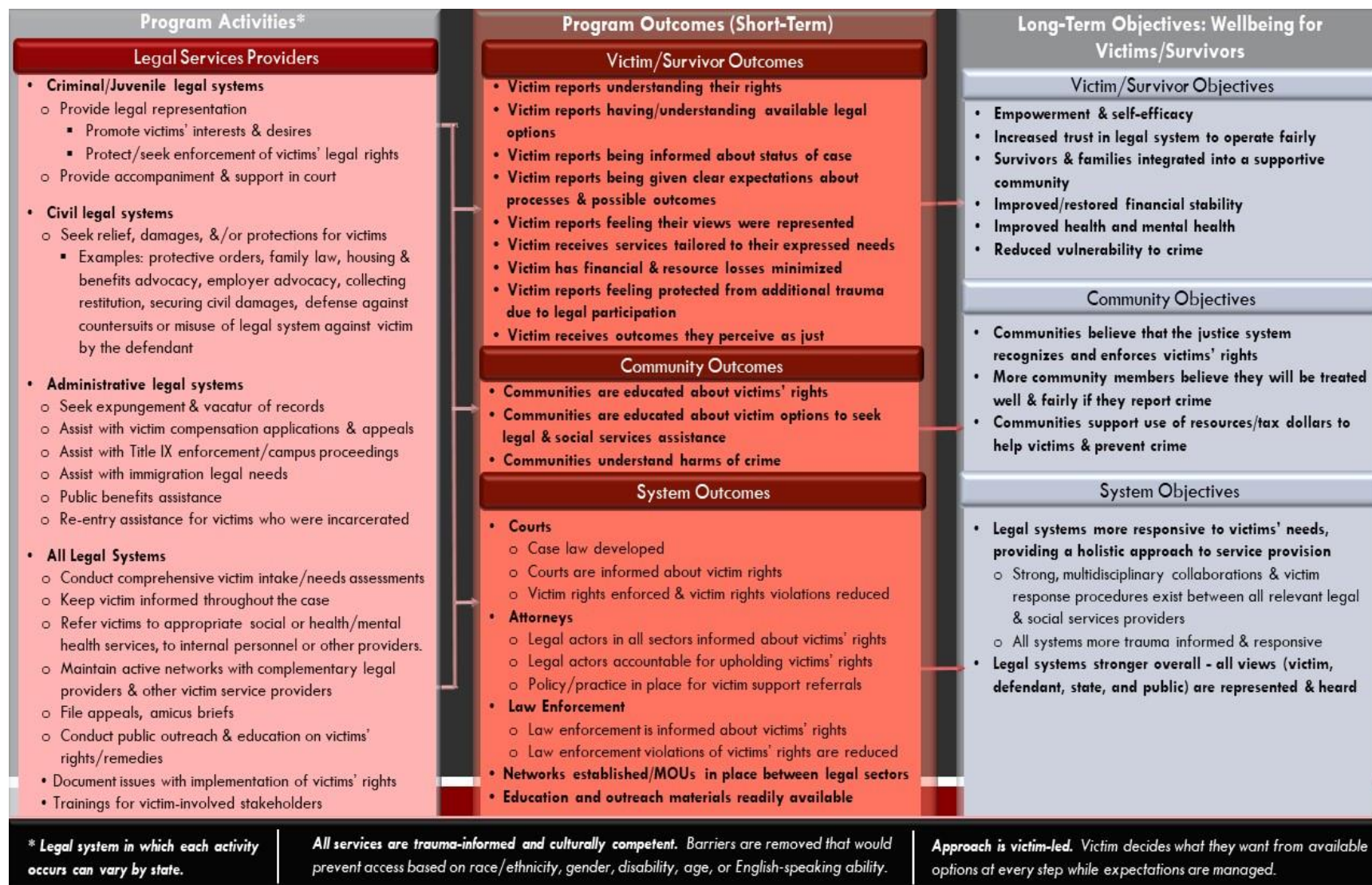


The resulting model is flexible for application in a variety of victim legal service program settings and approaches for evaluating programs. Here, we focus on its use in evaluation.

The theory of change depicted in the model, described below, suggests that the program activities carried out by legal service providers should lead to several possible short-term program outcomes for three groups: victims, communities, and legal systems. If these short-term

outcomes are achieved, then theoretically, several long-term objectives for each group will also follow. Ultimately, the conceptual model provides a framework for analyzing how effective provision of victim legal services should lead to improvements in victim wellbeing. The full model is shown in Figure ES3.

Figure ES3: Full Conceptual Model for Victim Legal Services



The Program Activities section of the conceptual model is divided into four categories, representing the services available to victims with needs in different areas of law: criminal and juvenile legal systems, civil legal systems, administrative legal systems, and a section pertaining to services that cut across multiple legal systems. The program activities depicted in the model are not intended to be comprehensive, nor are they unique to one type of program. Rather, they are purposely broad and intended to be representative of the variety of victim legal services available. The activities within each legal system's purview can also vary by state. Therefore, individual activity categorizations should be adapted based on the legal structure in each jurisdiction.

The second substantive section of the model, Program Outcomes, represents the expected short-term changes theorized to result from effectively implemented program activities. These were derived from the literature review and input from the Advisory Committee about common victim goals (including restoration) and how legal representation and support services can aid recovery. Outcomes are in three categories: 1) victim and survivor outcomes, 2) community outcomes, and 3) legal system outcomes. Like the program activities, service providers applying this model to design programs or evaluations can identify and use the outcomes that are most applicable to the services that their agency provides and leave out those that do not apply to them.

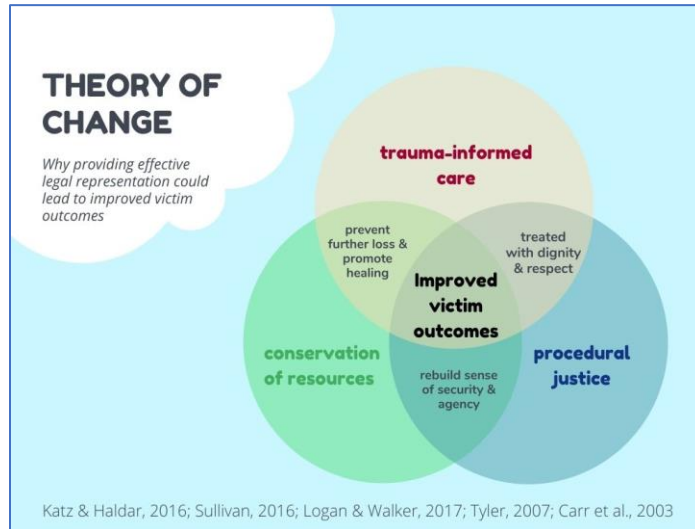
Lastly, the long-term objectives are also categorized by those impacting victims, communities, and legal systems. The conceptual model illustrates that consistent achievement of the short-term outcomes should lead to achievement of the long-term objectives over time. Furthermore, this aspirational model theorizes that achievement of outcomes for victims not only leads to the eventual achievement of *victim objectives* but has ripple effects that impact achievement of *community objectives* when victims share their experiences with other members of the community. However, as the Advisory Committee pointed out, victims may also disclose their negative experiences with others, which also has ripple effects on trust in the system.

Theory of Change

Three theoretical perspectives informed the theory of change: Trauma Informed Care (TIC), conservation of resources, and procedural justice. The TIC perspective places attention on victims' needs that result from experiencing trauma at the center of approaches to serving victims. This includes adhering to four key elements: recognizing the signs and prevalence of trauma; understanding trauma and its effects on individuals, families, and communities; responding to client's trauma impacts; and resisting re-traumatizing victims (SAMHSA, 2014). The process of interacting with a legal system comes with high potential for revictimization. The principles of TIC underlie the other two theoretical perspectives, insofar as the latter convey ways to minimize trauma: *conservation of resources theory* (COR), which posits that victimization and its resultant trauma can lead to losses of valuable resources for the victim that need to be mitigated to prevent further loss and promote healing (Bath, 2008; Hobfoll et al.,

2016; Littleton et al., 2009; Sullivan, 2016), and *procedural justice*, which posits that equitable application of justice and transparency of process promotes fairness and respect and avoids system re-victimization (Tyler, 2007).

Figure ES4: Theory of Change



In a TIC approach, service providers discuss the probability of different case outcomes with victims and the realistic level of impact that services may have on those outcomes. This way, victims can set realistic goals and expectations. This is trauma-informed *and* consistent with procedural justice in that it promotes dignity and respect for victims and encourages participation in the legal process (Wemmers et al., 1995; Wood et al., 2015).

Therefore, regardless of the theoretical frame adopted, legal service providers should be knowledgeable about trauma and design services to empower victims to make informed, individual choices about which supports to pursue. In fact, victim empowerment emerged from interviews with the Advisory Committee as a primary benefit of receiving legal services, given that a common feeling after victimization is the sense that one has lost control over what happens to them. Having an advocate in one's corner can be helpful for getting that sense of control back.

Use of the Model

Several of the objectives in the conceptual model standing alone, and certainly when taken as a whole, represent an ideal for victim legal services. Several Advisory Committee members and survey respondents expressed strongly that the ideal shown here will be challenging to achieve in a system in which they are often unable to “win” or achieve the victim’s desired outcome. Simply providing a victim with advocacy support is often the most valuable service legal representatives can provide. Service providers were worried that adoption of this model would mean they will be held accountable for achieving the impossible.

However, this model is *aspirational*. It describes the vision behind the services provided by victim legal representatives, why they deliver them, and why they deliver them in the manner that they do. It is meant to serve as a guide for designing programs and as a framework for evaluations that can measure progress toward defined outcomes and objectives. It can also be used to course-correct a program that may be producing effects out of alignment with those defined in the model and to help an organization clarify its mission and goals.

Stage 2: Formative Work with Three Victims' Rights Enforcement Legal Clinics

The purposes of the work in Stage 2 were to: test the model, including each program's alignment with the model; help the programs build a better foundation for monitoring/ determining program fidelity and effectiveness by pilot testing data collection to measure same; and assess overall readiness for formal process and outcome evaluations (NIJ phases 2 and 3).

Impact of COVID-19 Pandemic

The COVID-19 pandemic interfered with progress on activities beginning March 2020 and “paused” the work for six months. Pilot tests originally scheduled to launch in April 2020 were postponed as court systems closed or went virtual, proceedings were postponed for indeterminate lengths of time, and the clinics had to find new/alternative ways to meet client needs in a rapidly changing environment. Project work resumed in August 2020, and we conducted interviews with staff from each site to learn how COVID-19 had affected their programs, staff, and clients.

Beginning October 2020, the three clinics reengaged with the project. The test measures and implementation guides were finalized, and the six-month pilot test was scheduled for December 1, 2020 through May 31, 2021.

All three sites vary in their mission statements, service offerings, and process flows, but they share a common purpose: to advocate for crime victims to ensure their voices are heard and their legal rights protected within a criminal case. OCVLC also assists with contested protective orders, and MCVRC offers a range of legal representation and social services. MCVRC employs a staff of victim advocates providing non-legal assistance, and OCVLC also has an administrative assistant/advocate (dual role). AVCV employs social workers to assist clients with nonlegal needs while working under the attorney-client umbrella. Each site's process flow varies, but Figure ES5 illustrates the basic process.

Sample description. Cases were selected for inclusion if they were at all

active during the six-month pilot period, knowing that rights enforcement cases often extend for years (the length of the criminal case from pretrial to parole, with a full representation agreement), so that many were unlikely to both open and close within the pilot period. Table ES1 shows the sample of cases for which implementation/ CMS data were submitted.

Table #ES1: Descriptive Statistics on Cases Reported during Pilot Test

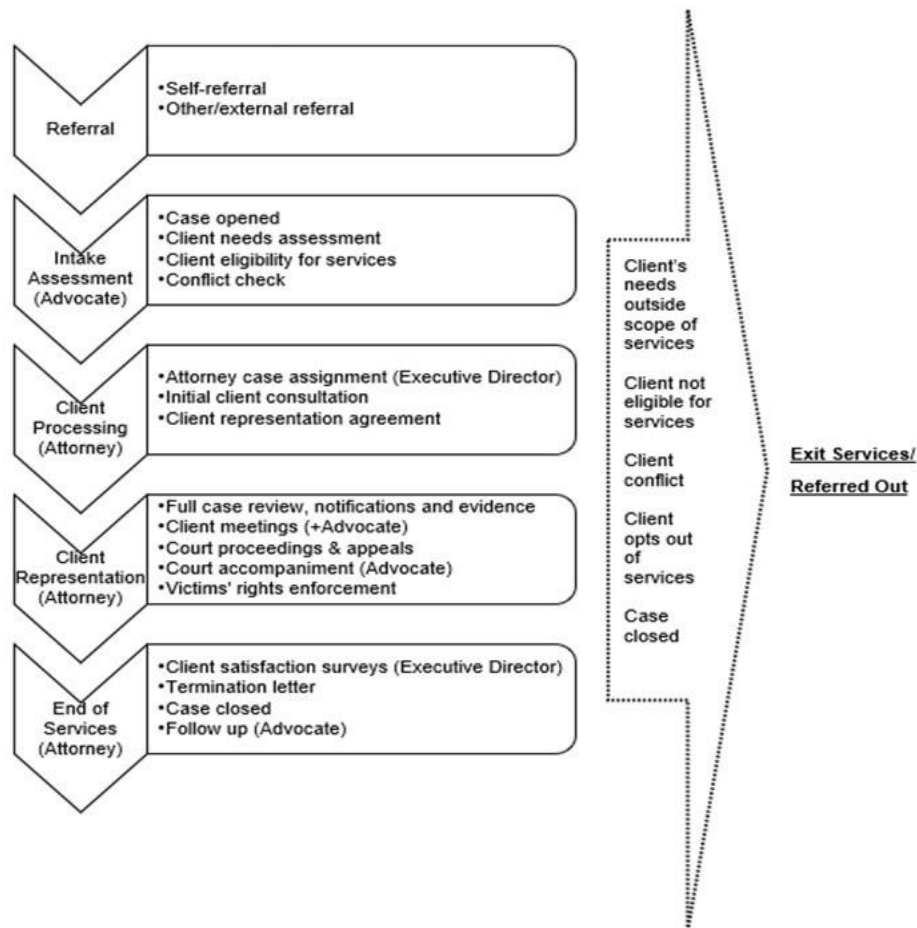
	AVCV (N=172)	MCVRC (N=337)	OCVLC (N=52)
Active cases opened prior to pilot	152	0 ²	6
Total cases opened during pilot	18	337 ³	24 ⁴
Total cases closed during pilot	2	56	16

² Zero cases were reported by MCVRC that opened prior to the pilot due to information technology issues that are discussed later and were identified for resolution during the next phase of work.

³ Case status was missing for one of MCVRC's cases.

⁴ Dates were missing or invalid for six of OCVLC's cases, so it could not be determined whether the cases were opened/active prior to or during the pilot period.

Figure ES5: General Case Processing Flow Chart



Data Quality

Case-Matching Process. The ability to match surveys to individual cases in the CMS can be important for tying activities to outcomes. MCVRC and OCVLC were able to match at least some client surveys to case records, whereas AVCV opted out of case-matching because of their requirements to keep client surveys anonymous even for research. However, while MCVRC and OCVLC were able to complete some level of case matching, there were no matching pseudo-identification numbers added to the files that the evaluation team could use for outcome analysis. More detailed technical assistance will be required in the next phase of evaluation. For AVCV, who did not participate in case matching, data were collected on victimization type in both the CMS and survey instruments that can allow for comparisons across crime types.

Implementation/CMS Data. All three sites reported challenges with data extraction. Specifically, because AVCV's and MCVRC's CMSs are designed to generate aggregate-level reports, generating individual case-level data for the pilot test required manual manipulation of data and utilizing additional software to generate the files. MCVRC had to integrate Crystal

Reports into their CMS to generate case-level reporting, but Crystal Reports did not immediately ‘sync up’ with the structure of MCVRC’s data in LegalFiles. Given more time during the process evaluation period, MCVRC’s IT staff said that they could resolve the remaining data issues. Similarly, AVCV’s IT resource indicated that when the project moves into the process evaluation, they can invest resources into modifying their CMS to automate more of the extraction process. OCVLC reported few difficulties with their manual process, but their case numbers are smaller.

AVCV had high overall *data completion* rates of between 87% to 100%. There were seven variables for which no data were reported (reason for contacting, nonlegal advocacy, client remained engaged, client ceased participation, reason for ceasing participation, other loss prevented, other loss mitigated amount). Of the data available, AVCV’s *data validity* ratings were between 39% and 100%. Issues were identified for four items (Reason for Contacting, Representation Issue, Time to Record Data, and the COVID-19 impact measures of whether an activity occurred in person, virtually, or over the phone), and solutions were either implemented or proposed for the process evaluation.

Initially, OCVLC’s data completion rates varied from 0% to 100%. However, OCVLC clarified that the blank cells denoted that the activity was not performed. This was corrected for the assessment, and technical assistance was provided to enter “0” if the activity was not performed. OCVLC’s validity ratings ranged between 50% and 100%. One issue that accounted for the lower percentages was that, occasionally, the number of times an activity was performed in person, virtually, and by telephone did not sum correctly. This may be corrected by automation.

MCVRC did not report data during the first quarter of the pilot test due to their IT difficulties. However, MCVRC provided data after the second quarter of the pilot test that covered a complete six-month period. MCVRC’s data were extracted and returned for calendar quarters (January-March 2021 and April-June 2021) rather than the exact dates of the pilot test as outlined in the implementation guides and training (12/1/2020 and 5/31/2021). Future reporting may be scheduled around calendar quarters to ease burden on participating sites. MCVRC’s *data completion rates* varied widely. Some activities on which data were requested were also omitted: civil court representation; civil court accompaniment; criminal court representation; and criminal court accompaniment. As these are essential activities on which to collect data to evaluate rights enforcement services, solutions will be explored to ensure Crystal Reports can extract this information from LegalFiles in future. MCVRC’s *validity ratings* on items reported were between 0% and 100%. Many of the issues identified will be remedied when IT difficulties are resolved.

Survey Data. Table ES2 shows the total surveys received from each site. The sites experienced difficulties with tracking the number of surveys sent, since all sites sent an anonymous link pasted into an email due to privacy concerns. Further solutions to tracking this

number will be explored in Phase 2 so that response rates can be calculated.

Conceptual validity across survey items was also assessed in terms of interpretations of measures and in how much variation in responses was received to make them useful for outcome evaluation. In some cases, two measures to capture the same outcome were tested to assess which **Table ES2: Pilot Test Surveys Received by Site and Case Status**

Site	Open Cases	Closed Cases	Total
AVCV	18 <i>64%</i>	10 <i>36%</i>	28 <i>100%</i>
MCVRC	8 <i>33%</i>	16 <i>67%</i>	24 <i>100%</i>
OCVLC	1 <i>13%</i>	7 <i>88%</i>	8 <i>100%</i>

performed better (more variety/more responses). Tables ES3 and ES4 summarize the implementation (CMS) and outcome measures proposed for ongoing use during the process and outcome evaluations, with recommendations for changes based on the pilot test experience. Whether analyses can be conducted at the case level, particularly related to matching cases individually or solely by crime type, will continue to be explored during the process evaluation along with the effectiveness of each approach.

Table ES3: Recommended Implementation Measures for Next Evaluation Phase

Implementation/CMS Measure	Proposed Change/Improvement
Reason for Contacting	Add'l training/Modify CMS to capture, reduce error, and eliminate need to manually extract from case notes.
Type of Victimization	Add'l training/Modify CMS as above.
Referral Source	Add'l training/Modify CMS as above.
Representation Issue	Add'l training/Modify CMS as above.
If rights enforcement, which right(s)?	Add'l training/Modify CMS (radio buttons for multi-select)
Conduct thorough intake & needs assessment	Separate Intakes from Needs Assessments
Client remained engaged throughout case	Change language: "Did clients cease participation before the case was concluded?"
Inform about rights	No change
Inform about legal options	No change
Provide external referrals	Investigate ability to track where clients are referred
Notification about case events (pretrial, trial/ plea, sentencing, appeals, release)	Examine usefulness/feasibility of disaggregating by type across sites.
Criminal court appearance	No change
Civil court appearance	No change
Protective order filed (OCVLC only)	No change
Protective order appealed/ extended (OCVLC only)	No change
Protective order enforced (OCVLC only)	No change, but add "Protective Order Modified" as new item
Criminal court accompaniment	No change

Implementation/CMS Measure	Proposed Change/Improvement
Civil court accompaniment	No change
Follow-up/check in	No change
Compensation claim filed	No change
Compensation claim appealed	Omit for OCVLC
Help with claiming restitution	No change
Assist with impact statement	No change
Survey sent	Improve ability to capture from SurveyMonkey or CMS, depending on method of survey recruitment (customized or generic link, depending on site)
Survey response collected	Drop unless full case matching possible
<i>Activities to Add:</i>	Discuss feasibility of adding some or all of the following, suggested by OCVLC: drafting and filing legal documents, legal reviews, protecting clients' records, proactive litigation, providing emotional support to clients, communicating with other legal parties (e.g., defense, prosecution), and conducting case-specific research.
For all Implementation Measures:	
<i>Format (Virtual, Phone, In-Person)</i>	Add auto-sum function to reporting spreadsheet (for those transcribing numbers) to reduce error <u>or</u> have IT add these fields to CMS to facilitate automation.
<i>Time Spent recording data/on activity</i>	Add hours spent providing each service to future data collections for sites where practical (AVCV collects, OCVLC does not). Convert from minutes to hours for easier integration with current practice.

Table ES4: Recommended Outcome Measures for Next Evaluation Phase

Conceptual Model Concept	Proposed Changes/Improvements
New Outcome Measures	
Victim reports feeling their views were represented	No change
Victim has financial & resource losses minimized	Add measures to collect data on activities related to assisting with applications and addressing issues (e.g., filing memos, attending restitution hearings). Knowing the amounts collected is rare; perhaps ask in survey instead of extracting from CMS.
Increased trust in legal system to operate fairly	The Court Empowerment Scale (Newmark, Harrell, and Salem, 1995) generated more variation in responses than asking simply, "Are you more likely to report crime?" Implement the scale going forward.
Victim reports having/understanding available legal options	No change
Survivors and families reintegrated into the community and feel supported	Asking "Do you have an improved support system?" generated more variation in responses than the Social Support Scale (Zimet, Dahlem, Zimet, & Farley, 1988) in the survey. Keep single question, drop the scale.
Modified Outcome Measures	

Empowerment & self-efficacy	Cut the Self-Efficacy scale (Chen & Gully 1997) and go with the single question, "Do you feel more self-sufficient?" Safety questions also performed well, with MCRVC's single safety question generating more variation in responses than AVCV's series of three questions.
Victim reports understanding their rights	No change
Victim receives services tailored to their expressed needs	Add measures to better inform improvements in service delivery (e.g., reason for dissatisfaction, how staff could have better assisted, what a better experience would have looked like for that client) for MCVRC
Victim receives outcomes they perceive as just	No change
Policy/practice in place among partners for victim support referrals	Evidence of networks in place via reporting of referrals in/referrals out and formal MOUs/Informal agreements. More detailed information needed on MOUs. Organizations to whom a client was referred are not easy to extract from CMSs as they are in non-searchable free-text files, if recorded.
Communities are educated about victims' rights and options to seek assistance	Information collected on trainings and outreach; modify "referrals in" variable, if possible, to be able to attribute referrals to a specific training or outreach event.

Organizational Data. Finally, some organization-level data were also collected to gauge whether basic system and community outcomes could be measured. Data were collected in three categories: “Networks Established/MOUs in Place with Legal Actors and Other Partners”; “Legal Actors Informed about Victims’ Rights”; and “Communities Educated about Victims’ Rights.” All three sites reported having MOUs or relationships in place with various partners, such as child services, legal professional associations, Parents of Murdered Children (POMC), Legal Aid, criminal justice system actors, victim service providers, and community groups. All three sites reported conducting trainings with other legal actors to inform them about victims’ rights. Due to the pandemic, all training and outreach were conducted remotely during the pilot test.

Fidelity Testing

Fidelity to program design may be assessed using implementation measures of three kinds: Context, Compliance, and Competence. Results from this section will be used to frame the work to come in the process evaluation.

Context measures pertain to the prerequisites for high-fidelity implementation, including issues such as job qualifications, training, and having the resources needed to properly deliver the model. Presence of these resources is shown in Table ES5.

Compliance fidelity focuses on adherence to design elements and protocols, including proper exposure of clients to program or service content (Mihalic et al., 2004). Using data collected during the pilot tests, we examined each site’s reporting on key steps in their process flows. While the results are true to the data provided, they should be interpreted with caution for

two reasons: (1) the COVID-19 pandemic severely impacted the clinics' operations before and during the pilot test, and (2) the pilot test was also being used to test new data procedures, during which difficulties in reporting were identified (one purpose of conducting a pilot test). Assuming the reporting difficulties are addressed prior to/during the process evaluation, the three sites can report sufficient data to conduct compliance fidelity measurement. The process flows work well as a basis for the compliance fidelity measures.

Competence measures focus on quality-of-service delivery, including whether staff deliver services with buy-in and skill and whether clients were engaged and responsive to service efforts. Using engagement with the pilot test as a crude proxy for staff commitment to service quality, all executive directors and staff across all three sites exhibited a strong commitment to quality victim representation and service provision and to the development of each site's process flow, the selection of outcome measures, and the post-pilot focus groups. There was an attempt to collect data on whether clients remained engaged throughout their case (the matter covered by their representation agreement) and, if they ceased participation before conclusion, why. Use of this measure was challenging for all three sites, but additional measures of service quality may be gleaned from the client surveys. During the process evaluation, additional iterations of one-on-one interviews with staff, direct observation where possible, and staff activities journals will be used to further assess quality.

Evaluability Assessment

Table ES5 shows the completed Evaluability Assessment Checklist used to determine readiness of AVCV, MCVRC, and OCVLC for formal evaluation. All items were marked as adequate (with a large "X") if they are present now or will be present after resolution of identified issues during the process evaluation. Others for which there is some evidence, but that require further exploration before an affirmative classification can be made, are marked with a small "x." Items for which no evidence is yet present are left blank. The average standard across sources used to create this matrix was that over 80% of criteria should be present for a site to move into formal process or outcome evaluations.

Table ES5. Evaluability Assessment Checklist⁵

Program Design	AVCV	OCVLC	MCVRC
1. Does the program have a theory of change?	X	X	X
2. Do the organization's program documents consistently describe the theory of change?	x	x	x
3. Does the program have identified targets and steps to achieve	x	x	x

⁵ Adapted from May (2021), the United Nations Programme Development (UNDP) Independent Evaluation Office (2019), the UK Department for International Development (Davies, 2013), and Jones (2013).

Program Design	AVCV	OCVLC	MCVRC
desired outcomes?			
4. Are the program targets informed by baseline data or other evidence?			
5. Do the program targets include indicators of success?	X	X	X
6. Do views of program targets vary among different stakeholders?	X	X	X
7. Does the program design include a method for collecting views of stakeholders?	X	X	X
8. Is the program serving its intended population(s)?	X	X	X
Information Availability	AVCV	OCVLC	MCVRC
9. Is a complete set of program documents available?	x	x	x
10. Do baseline measures exist?			
11. Are there data on a control group?			
12. Is there a data collection process for program targets and indicators?	X	X	X
13. Are disaggregated data available?	X	X	X
14. Are interim reports collected?	X	X	X
Agency Context	AVCV	OCVLC	MCVRC
15. Are there sufficient resources (time, fiscal, personnel, IT, partnerships) for the program duration?	x	x	x
16. Is there opportunity for the evaluation to influence program implementation?	X	X	x
17. Are key stakeholders available to provide input?	X	X	X
18. Is there a process for using stakeholder input to inform program implementation?	X	X	X
19. Can external factors (political, climate, security, etc.) impact the evaluation?	X	X	X

Notes. X (Capital X) = Present and sufficient. x (Lower case X) = Present but requires further exploration during the process evaluation to determine sufficiency for outcome evaluation. Blank entry = Not yet identified but will be explored further during the process evaluation.

Eight items are listed in the *program design* category. All items, except whether program targets are informed by baseline data, are present. The second category in the checklist is *information availability*. All three sites have data collection in place for program targets and indicators, though it is being refined. The final category is *agency context*. The opportunity for the evaluation to influence program implementation is present in all three sites, although buy-in at MCVRC was less possible to ascertain post-pilot since not all staff participated in the post-pilot focus group. As all sites met at least 85% of the criteria identified with either full or partial affirmative classifications, all three sites are recommended to move forward into the process evaluation and into preparation for outcome evaluation.

Conclusions and Recommendations

Readiness to Move Forward to Outcome Evaluation

The Evaluability Assessment Checklist completed above enables us to fulfill Wholey's (1986; 2004) key requirements for the effective conduct and use of evaluation:

1. Agreement on realistic program goals given the program's design, resources, and activities;
2. Agreement on criteria for measuring program performance;
3. Availability of data and necessary information to measure program performance; and
4. Ability and willingness to use evaluation results and agreement on *how* they should be used.

Requirements two and three are largely met. Requirement one is met based on the post-pilot revisions to the conceptual model and with completion of the list of recommendations to refine the data collections and fix IT-related issues uncovered during the pilot by the time data collection starts in Phase 2. At least partial agreement on requirement four is met by all three sites, and we anticipate that the willingness to use evaluation results and further agreement on how they should be used will continue to be cultivated between program management and staff at each site over the coming months.

As Wholey described, cultural readiness for evaluation (specifically, organizational receptivity to an evaluation's empirical findings, regardless of what they are, and organizational willingness and capacity to make use of the findings for the benefit of clients and stakeholders) should be a prerequisite for investing in formal process and outcome evaluation. Cultural readiness helps to ensure that the investment of time and resources inherent in formal evaluation has utility and produces a return on investment and that time and money are not wasted.

Based on our evaluability assessment, AVCV is culturally ready for evaluation and willing to work with the evaluation team to develop and implement rigorous process and outcome evaluation designs and the robust data collection necessary to support them, provided evaluation efforts do not violate their client privacy requirements and preferences. We do not believe client privacy protections will be a barrier to future evaluation endeavors but are likely to help ensure standard human subject protections. At OCVLC and MCVRC, it appears that while some staff are culturally ready, others may require more opportunities to understand evaluation processes and how evaluation findings can be used to enhance program efficiencies and maximize client and other stakeholder benefits. We plan to provide this by facilitating more frequent, open collaboration on critical issues in evaluation design to ensure that investments in data collection and reporting are useful for their purposes. Additional buy-in is anticipated once IT issues are resolved and data reporting more automated.

Proposed Outcome Evaluation Research Designs

Random assignment of crime victims into different service tracks is not ethically possible in many victim services environments, including rights enforcement legal clinics. None of the sites were comfortable in denying a service to a client for the sake of research. All sites also

communicated the difficulties that might be involved with collecting outcome data for clients referred to their clinics who opted not to contact them, such as the availability of data from prosecutors' offices, the ability to survey non-users, and the reality that such clients may not be comparable due to self-selection bias. Furthermore, there can be difficulties maintaining the integrity of a randomized control trial (RCT) design when there are possibilities for differential attrition (one type of client may be more likely to cease participating in their case than another) or cross-group contamination (individuals in one treatment group may influence the behavior of individuals in another).

Therefore, careful assessment to determine the most rigorous quasi-experimental evaluation design possible is the next step. Options include, but are not limited to:

1. *Quasi-experimental designs using procedures that can achieve a high degree of treatment and comparison group equivalency without random assignment.* Propensity score matching may be one option, if the unit of analysis is the individual, or matched comparison groups if privacy concerns necessitate grouping by crime type or right asserted. All clinics report client demographic information for their VOCA grants that could be used for matching purposes.

Research design options in this category may be explored using each rights enforcement legal clinic as a comparison site for the others; AVCV and OCVLC might be compared in a most similar design on their rights enforcement services, even if their non-legal advocacy functions are structured differently, whereas MCVRC might be used as a contrasting, 'most different' case, given their larger size and emphasis on holistic victim services. Because each site's environment, approach, and scope of services is different, outcomes could be evaluated to generate information on service elements that generate the greatest increases in key metrics after accounting for differences in environment and populations served. The specification of critical program elements could have substantial value for the field, as well as for future research.

2. *Interrupted time series designs*, where aggregate outcomes are examined before and after implementation of any change to services, such as COVID-related adaptations. Given some of the data limitations with our sites, such as limits to the ability to match all surveys received to their corresponding cases in the CMS data, this may be a good option. Within an interrupted time series design, procedures such as propensity score matching or matched comparison groups and use of the three sites as comparisons for each other would be employed as described above. A difference-in-difference approach within the interrupted time series framework might be used to facilitate those comparisons.
3. *Pre-test, post-test designs.* If neither of the above designs are feasible, a pre-test/post-test design may be explored in which individuals whose cases began before implementation of a change (such as COVID adaptations) are compared to those that began afterward.

At this time, outcome evaluation designs being explored for these three clinics involve using them as comparison sites for each other. Design Options 1 and 2, whether pursued using propensity score matching or matched comparison groups, look quite feasible with AVCV, MCVRC, and OCVLC and will be explored thoroughly during the process evaluation.

Potential Limitations

All research has limitations. In Stage 1, the conceptual model development process had some limitations. First, there is always the possibility that the Advisory Committee was not entirely representative of the diversity that exists in victim legal services and across types of survivors. Additionally, while the survey response rate was good, our snowball sample could have been larger. Yet, despite these limitations, these data collections were intended for gathering input from experts, not generating causal analysis, and the model was also based on the state of the field as a whole as presented in the literature review.

In Stage 2, three limitations were associated with the pilot data collection conducted at each site. First, there was a limit to the number of data collection items we were able to add or change with the sites. All three sites also had technology constraints and were hesitant to implement too many changes simultaneously. Time, staff capacity, and resource constraints were also a concern. Second, the focus on key measures identified collaboratively means that there may be key constructs that we missed but should have included. Third, it was not possible at the pilot stage to test assignment to treatment or control groups. Options for comparison groups were explored preliminarily with each site and will continue through the process evaluation phase.

Conclusion

In sum, the conceptual model identifies the pathways through which victim legal services' activities lead to desired short-term outcomes and long-term objectives for victims/survivors, communities, and systems. It is the first fully conceptualized model for victim legal services and can be adapted to a broad range of service providers, programs, and settings. This framework is useful for practitioners seeking to design and deliver more effective programs and to establish measurable guidelines to assess implementation progress and service effectiveness. The pilot tests demonstrate the model's applicability in the field, which should continue to be tested by others. While the formative work carried out in this research has stand-alone value for the field, it also served to build the capacity of the three program sites – AVCV, MCVRC, and OCVLC – for enhanced data collection that will help each program maximize its effectiveness while preparing it for meaningful participation in rigorous process and outcome evaluations under NIJ's phased evaluation initiative. Therefore, this research has implications for the advancement of standards for services, best practices, and the rigorous evaluation of crime victim legal services programs, all of which were previously lacking in the field.

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