Advancing the Implementation of Effective, Survivor-Driven Advocacy

A Research-to-Practice Fellowship Project

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Center for Victim Research

The [Center for Victim Research](#) (CVR) is a one-stop resource center for victim service providers and researchers to connect and share knowledge. Its goals are to increase 1) access to victim research and data and 2) the utility of research and data collection to crime victim services nationwide. CVR's vision is to foster a community of victim service providers and researchers who routinely collaborate to improve practice through effective use of research and data.

Accordingly, CVR engages in a number of training and technical assistance activities to support victim research-and-practice collaborations. Specifically, CVR:

- Hosts a library of open-access and subscription-based victim research;
- Provides light-touch research-focused technical assistance to victim service providers;
- Translates research findings for the field in fact sheets, reports, and webinars; and
- Highlights useful research-and-practice tools and training resources for the field.

CVR also supports two types of [researcher-practitioner collaborations](#): interagency VOCA-SAC partnerships and local-level Research-and-Practice (R/P) Fellowships. In 2018, CVR's R/P Fellowship program supported nine teams of researchers and practitioners engaging in a variety of victim-focused research projects. Fellows were engaged in emerging, ongoing, or advanced research-and-practice partnerships. This report describes activities by one of CVR's 2018 R/P Fellowship teams.

R2P Fellows: Organizational Descriptions

Courage Connection is a domestic violence program located in Champaign, Illinois that has helped victims and survivors of domestic violence rebuild their lives since 1971. It had the first domestic battery hotline in the nation and arguably houses the oldest battered women's shelter in the United States. Current services include a 24-hour hotline, safety planning, emergency shelter, counseling, court advocacy, and transitional housing, as well as supportive services such as self-empowerment groups, financial planning education, parenting classes, community education, and support groups for friends and families. The agency's organizational mission is to provide a continuum of services so that individuals and families can achieve safety, stability, and self-sufficiency. Courage Connection believes in the right of every person to safety and the potential of every person for success.

The University of Illinois at Urbana Champaign (UIUC) is a land-grant, research one university founded in 1867. UIUC has a long history of publicly engaged research and this research/practitioner partnership reflects this tradition. Nicole E. Allen is Professor of

Psychology and a community psychologist with a long history of working in partnership with community-based agencies. Her research is focused on domestic violence and sexual assault and how communities can most effectively respond.

Description of the Problem

Domestic violence programs are increasingly asked to evaluate their efforts and to establish a theory of change regarding how their programming results in positive outcomes for survivors (Sullivan, 2017). Identifying empirically supported programs and engaging in thoughtful implementation of such programs are often central elements in the development of effective service delivery processes. Indeed, an emphasis on implementation science has been growing given that there is often a significant gap between a program being established as efficacious with a given population and the effective, high fidelity implementation of such programs in "real world" settings.

The current partnership aimed to support the implementation of a particular approach to community-based advocacy, the Community Advocacy Project (CAP), in a local domestic violence agency. While the effectiveness of CAP has been well-established when implemented via university settings (e.g., Bybee & Sullivan, 2002; Sullivan & Bybee, 1999)[1], there is less data regarding the effectiveness of this program when implemented in community-based agencies and the processes by which implementation is facilitated in such settings. Thus, our aim was three-fold: a) to facilitate the implementation of CAP at Courage Connection, an agency looking to expand their mobile advocacy capacity; b) to increase their capacity to evaluate their efforts; and c) to create instruments to monitor and document the CAP implementation process.

Addressing the Problem

To facilitate the implementation of CAP at Courage Connection, to date we have engaged in a variety of efforts, including: a) articulating the agency's theory of change and establishing how CAP fit into this theory, which was accomplished via the collaborative development of a theory of change logic model; b) establishing how the agency could streamline their existing data collection processes and establish new data collection efforts so that their implementation of CAP could be evaluated; c) training frontline advocacy staff in the CAP model; and d) developing instruments to examine the implementation process with attention to organizational readiness;

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[1] Bybee, D. I., & Sullivan, C. M. (2002). The process through which an advocacy intervention resulted in positive change for battered women over time. American journal of community psychology, 30(1), 103-132.
Sullivan, C. M., & Bybee, D. I. (1999). Reducing violence using community-based advocacy for women with abusive partners. Journal of consulting and clinical psychology, 67(1), 43.

organizational climate; and organizational policies, procedures and practices as they relate to survivor-centered and trauma-informed care (Follet & Harris, 2009).

Developing a Theory of Change Logic Model

A critical first step in approaching program development and evaluation is establishing a theory of change logic model. Guided by the framework advanced by Mario Hernandez and Sharon Hodges (see http://logicmodel.fmhi.usf.edu/development.html), we met with the Courage Connection leaders and management staff to begin to develop a theory of change logic model.[2] See **Figure 1** for the model. Developing this model occurred over multiple meetings using an iterative method. After the initial meeting the research partners made a visual model from the notes made during the initial discussion. After each meeting, the research team made a new visual representation and at each meeting Courage Connection staff further revised the model. This continued until a working model emerged. While developing model components, the terminology being used to describe desired outcomes and which outcomes were key to the theory of change at the agency often engendered discussion. As is typical, articulating specific outcomes and clarifying terms seemed to foster a shared understanding for everyone on the team.

The Courage Connection model emphasizes advocacy as a central activity for fostering positive outcomes for survivors, along with having a comprehensive service array that fosters various life skills. Courage Connection's leadership and staff identified survivor safety, self-determination and healing as core longer-term outcomes. To achieve these aims, they identified four core intermediate outcomes: a) increasing access to needed formal and informal community resources; b) fostering survivor empowerment via capacity-building, choice, opportunity and control; c) increasing formal and informal sources of social support; and d) increasing knowledge of domestic violence. Importantly, the leadership and staff also identified the creation of an organizational environment that supports the implementation of effective advocacy as a core area of activity. This reinforces that successful advocacy requires trained staff and an environment in which staff can engage in high-fidelity advocacy practices. Importantly, the articulation of this model provided guidance regarding the extent to which the CAP model was indeed a strong fit given the agency's theory of change, and guided subsequent decisions about where to focus and how to streamline evaluation efforts.

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[2] This was encouraged and supported by one of Courage Connection's local funders, the Champaign County Community Mental Health Board, making this a parsimonious effort that supported multiple agency goals.

Figure 1 Courage Connection Theory of Change Logic Model
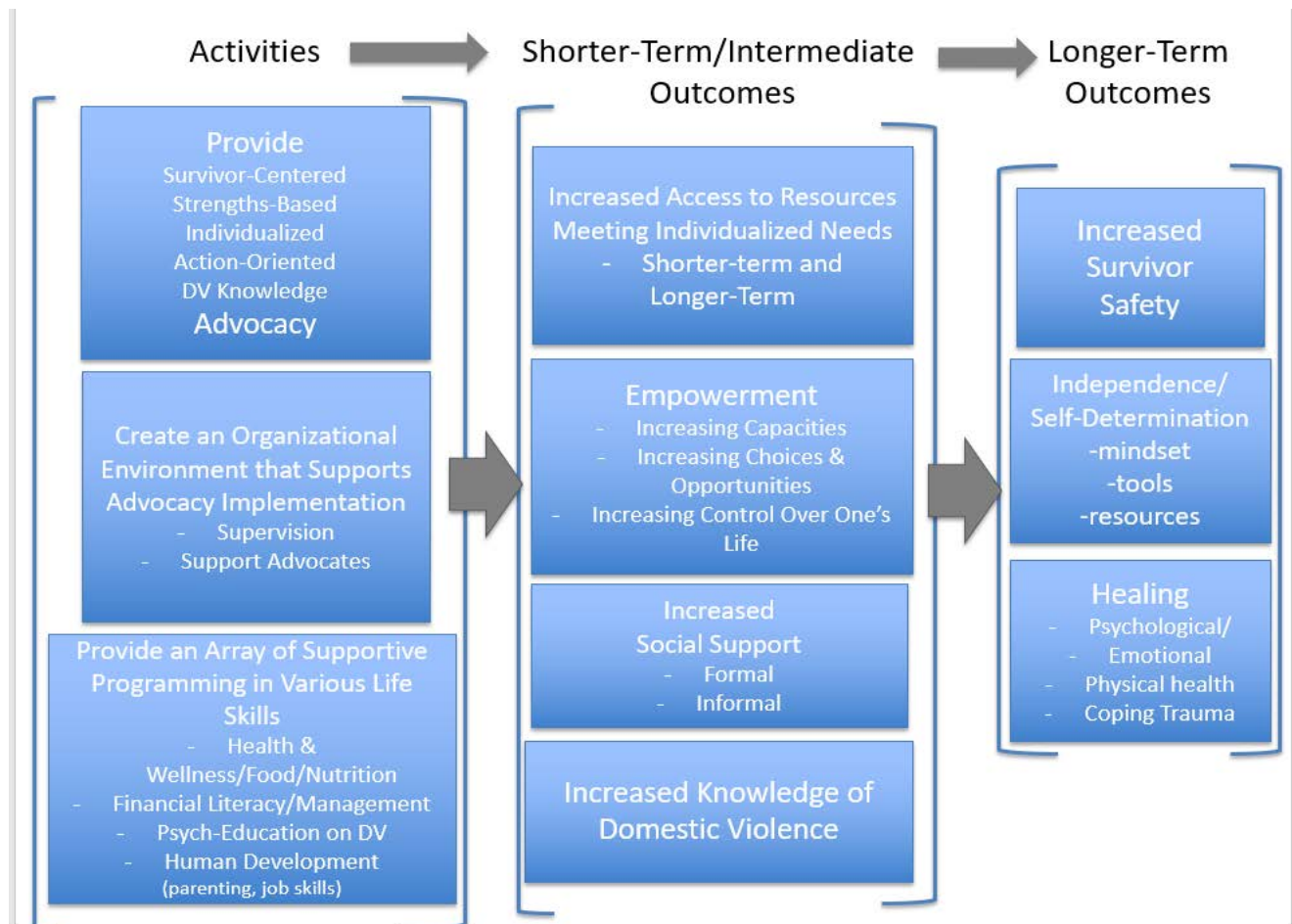
Streamlining Data Collection Processes

Courage Connection has a relatively complicated organizational structure with two sites, three buildings, a wide variety of services provided on and off site and various funders with distinct programmatic and data collection mandates. After the development of the logic model, we continued to meet on a regular basis with focus on building evaluation capacity. Specifically, we engaged in a detailed review of all existing forms from which data were currently, or could be, gathered and all current evaluation efforts. It is not uncommon for the forms used in agencies to begin to accrue additional information as new funders require different sorts of tracking. This can result in forms becoming more cumbersome as items are added, but not necessarily taken away. We revisited all forms used at intake and all forms utilized as part of the service delivery process with four aims: a) to remove items that were no longer needed; b) to add items not yet reflected; c) to ensure that items and responses were structured in a way that would increase their potential for data usage (e.g., using closed-ended options when such potential responses were known rather than open-ended questions); and d) to ensure that the agency theory of change identified in the logic model had

associated "indicators" and actual items so that model components could be examined.

This process required the close collaboration of frontline agency staff and research staff. Agency staff understood the day-to-day use of the various forms and how they were put into practice with survivors. Researchers understood the potential of information gathered in the course of intake as data points to be used for evaluation purposes. Researchers, as agency outsiders, posed questions about why certain items were in forms, what the origins were and whether they could be altered. Together, staff and researchers meet over many weeks to take multiple forms used at intake and during the service delivery process to create a set of paperwork common across both agency sites and without duplication. Ideally, when implemented, these new forms should result in less paperwork and the information gathered from survivors on intake and as a part of the service delivery process should be more accessible for data gathering purposes (we are still working on the specific ways these forms will be made "data ready" given that some of the information in the forms is entered into a statewide database housed outside of the agency). We have also created online forms (using a secure process) and acquired computers which will facilitate electronic data entry eliminating the need to enter data from paper forms.

After reviewing the data routinely gathered by staff, the research team created a "cross walk" between information in existing forms and the outcomes identified in the logic model (**Appendix A** for the logic model/measure "cross walk"). This revealed the outcomes for which information was being gathered and which areas required additional measurement. For those areas in which further assessment was necessary, we identified evidence-based measures with clear scoring processes (e.g., the Measure of Victim Empowerment Related to Safety [MOVERS] measure; an assessment of needs and resources accesses; a trauma-informed care assessment). Finally, in anticipation of the implementation of CAP, research staff introduced the fidelity measure that would ultimately be used when CAP was implemented (**Appendix B** for a CAP fidelity assessment).

Training Staff in the CAP Model

The primary aim of the research-to-practice partnership was to facilitate the implementation of the Community Advocacy Project (CAP). CAP is an empirically supported intervention with survivors of domestic violence. The CAP model emphasizes a survivor-centered, individualized, and comprehensive approach to community-based advocacy with survivors. Advocates typically work with or behalf of a survivor for four to six hours/week. Rather than focus on specific life domains (e.g., legal, medical), advocates work on whatever issues or needs the survivor wants to focus on (see https://cap.vaw.msu.edu/). This work continues over 10 weeks, during which advocates receive regular support and supervision. Importantly, the aim of the intervention is not to change the survivor but to change the context of the survivor's life based on the

priorities she identifies. Advocates routinely accompany survivors as they work to mobilize a wide array of formal (human service, social service, criminal justice, employment) and informal (faith-based, friends, family) resources.

To encourage the implementation of CAP, agency supervisory staff met to review the CAP materials they had been trained on in the past and discussed their preparation with the research team (a member of which had previously trained agency staff in the CAP model).[3] Agency staff devised a training schedule and research and agency staff worked together to provide the training. While the research team covered some of the training topics, at least 50% of the material was by agency staff in the first training (June, 2018) and 14 advocates were trained. In the second training (September, 2018), an additional 6 advocates were trained and agency staff covered over 80% of the training material. A third training will be taught as new CAP advocates are identified and will be led entirely by Courage Connection staff (the lead researcher is still available for consultation as needed, but the aim is to fully empower staff to train and supervise their advocates in an ongoing way). Throughout the project, having a flexible timeline for CAP implementation was important. As a first step in this process, we assessed readiness for implementation (described more below). The results from this assessment were used for the intervention effort specifically and to gather baseline data to understand the CAP implementation process.

At the time of writing (May 2019), a CAP coordinator/supervisor has been identified and she has been fully transitioned from her previous responsibilities to a devoted role as CAP supervisor. In addition, two advocates have been identified to be devoted CAP advocates. We worked with Courage Connection to create a CAP brochure (which is now being printed; see **Appendix C** for a copy of the brochure) and recruitment of domestic violence survivors to the program will be happening very soon. Importantly, the infrastructure (staff, equipment, space, forms, and recruitment materials) has been fully built for successfully CAP implementation. They are ready to go and our partnership is in full force for the foreseeable future.

Data Sources

Assessing the Organizational Environment and Implementation Readiness

As our partnership continues, we will be measuring fidelity to the CAP model (see **Appendix B**) and assessing survivors' experiences with the model (this will occur after the pilot project is underway). This data will provide information regarding the degree to which CAP is being implemented with fidelity at Courage Connection and how implementation can be refined. It will also shed light on whether the intervention is resulting in positive outcomes for survivors, similar to those previously established in research on CAP. In the future, we will gather data from key staff regarding their

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[3] Some Courage Connection staff were trained in the CAP Model in March 2015.

experiences implementing and supervising CAP, with the aim of learning about the implementation process itself and supporting staff in their implementation efforts (e.g., identifying organizational policies, procedures or practices that might need to be shifted to support CAP implementation).

In our initial organizational assessment at Courage Connection, we focused on organizational readiness for change and adapted an organizational assessment that examines the core components of trauma-informed service delivery to create a baseline assessment of current practices. We chose to focus on trauma-informed care components because they map very closely to the core aspects of high-fidelity CAP implementation (and CAP is not yet in place in the agency). These components include an emphasis on safety (emotional and physical), trustworthiness, choice, collaboration, and empowerment (Fallot & Harris, 2009). The organizational assessment is designed to examine staff perceptions of their own practices with survivors, staff perceptions of their own experiences in the agency and staff perceptions of the core procedures and policies of the agency. This assessment was originally developed based on the qualitative assessment tool Fallot and Harris (2009)[4] developed to assess residential treatment centers. With permission, we created a closed-ended measure for a previous effort to assess youth-serving agencies (for a previous local project). For the current project, we further refined the measure for assessment of domestic violence agencies. Given the timing of this assessment prior to the implementation of CAP, the broader focus of these items was appropriate and establishes a baseline regarding related practices (e.g., survivor-centered processes and a strengths-focus). In addition, we employed a readiness for change measure (e.g., Holt et al., 2009[5]) and asked open-ended questions regarding current agency strengths and challenges regarding CAP implementation (given that it is anticipated by staff). Importantly, this measure is also yoked to the theory of change logic model and is focused on the extent to which organizational practices align with the core components of the CAP model – not only in the experiences of survivors, but in the experiences of staff. See **Appendix D** for the organizational environment measure. This assessment provides a good baseline for future assessment aimed at understanding the implementation process.

Results

The full results of this effort will be realized as the partnership progresses, as Courage Connection implements the CAP model, and as the researchers support the collection of the aforementioned data to evaluate its implementation fidelity and overall effectiveness. To date, the results of this fellowship effort include collaborative

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[4] Fallot, R. D., & Harris, M. (2009). Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol. *Community Connections*, *2*(2), 1-18.
[5] Holt, D. T., Armenakis, A. A., Feild, H. S., & Harris, S. G. (2007). Readiness for organizational change: The systematic development of a scale. *The Journal of applied behavioral science*, *43*(2), 232-255.

development of a logic model (Figure 1), logic model/evaluation crosswalk, and the initial organizational assessment.

The full results of the organizational assessment will not be provided here given they are meant to inform the internal workings of the agency. In brief, the assessment revealed that Courage Connection rated highly on many dimensions of trauma-informed practice and, like all agencies, had dimensions on which they could continue to improve.

Importantly, the agency took great care in working with the data to inform their ongoing efforts. Specifically, the research team had the opportunity to present the findings from the organizational assessment to a retreat of the full staff and leadership of Courage Connection. Thus, the findings were shared broadly with the agency. Further, the researchers meet with agency leadership to discuss the organizational assessment report and agency leadership met with each other to go through the report section by section as well as item by item. So, the organiazational assessment served the purpose of establishing and exploring readiness for change and also providing a tool for reflection on organizaitonal practice.

Implications for Policy and Practice

While the pilot is not yet underway, the infrastructure is fully in place, including identified staff for whom CAP implementation is their primarily professional role. Thus, we have introduced an evidence-based approach to mobile advocacy at Courage Connection and are on the cusp of its full implementation. Importantly, the partners at Courage Connection have informed and engaged their Board in the value of implementation CAP and were able to secure funding from multiple local funding sources to pursue full CAP implantation in the coming fiscal year. The organizational assessment presenation at the agency-wide retreat was followed by a presentaiton done by the Courage Connection staff person who is now in the coordinator/supervisor role. She has taken great leadership, along with the program director of the agency, to broker the implemetnation of CAP. Members of the Board present at the meeting had many good questions about CAP and this facilitated getting addtiional funding in palce to support CAP. So, there has been great forward movement.

Working together in close partnership, the researchers have supported Courage Connection in facilitating an organizational change they have long been planning – a move to more comprehensive, mobile advocacy services. We have also piloted a tool to examine organizational practices as they relate to the core components of facilitating a trauma-informed care endowment marked by survivor-centered practices. This has provided the foundation for future assessments of organizational change as the implementation of CAP progresses and will provide information regarding the facets of the organizational environment that may be particularly important for the high-fidelity implementation of the CAP model.

Sustaining the Partnership

Courage Connection staff and the University of Illinois research team are both committed to continuing the partnership beyond the fellowship grant period. Next steps will include a) assisting with the entry, management and analysis of evaluation data (we are working on an MOU to solidify this agreement); b) providing ongoing consultation regarding CAP implementation and evaluation as Courage Connection increases the mobile advocacy capacity of the agency; c) piloting the CAP model and supporting Courage Connection sustaining and modifying the infrastructure to encourage high fidelity implementation; and d) assessing the perspectives of agency leaders and staff and survivors receiving CAP services regarding the implementation process six months to one year after implementation.

Appendix A. Logic Model "Crosswalk"

Logic Model/Measure Cross Walk to Support Community Advocacy Project (CAP) Evaluation

Identified Outcome	Data Collected
Provide Survivor-Centered, Strengths-Based, Individualized, Action-Oriented, DV-Informed, Advocacy	Trauma-Informed Practice (TIP) Scales; CAP Fidelity Evaluation
Increased Access to Resources Meeting Individualized Needs	Resource Interview; CAP Fidelity Evaluation
Empowerment: Increasing Capacities, Increasing Choices and Opportunities, and Increasing Control Over One's Life	Resource Interview; CAP Fidelity Evaluation; Measure of Victim Empowerment Related Safety (MOVERS) Survey
Increased Social Support (formal and informal)	CAP Fidelity Evaluation; Trauma-Informed Practice (TIP) Scales
Increased Knowledge of DV	None; participation in program a marker of attendance and engagement
Increased Survivor Safety	Measure of Victim Empowerment Related Safety (MOVERS) Survey; Outcome Measures Data Collection Form (Main st.)
Independence/Self-Determination (mindset, tools, resources)	Trauma-Informed Practice (TIP) scales
Healing: Psychological, Emotional, & Physical Health, Coping with Trauma	CAP Fidelity Evaluation; Measure of Victim Empowerment Related Safety (MOVERS) Survey

Data Collection Tool:	Collected When?	Collected From Whom?
Hotline Form	When clients call hotline for referral to shelter or other program	All clients who call hotline
Courage Connection Intake Form	At Intake for any program	All clients enrolled with the agency
Measure of Victim Empowerment Related Safety (MOVERS) survey	- After Intake has been completed, within 1st or 2nd session - At program exit	All Clients
CAP Resource Interview	After Intake has been completed, within 1st or 2nd session	CAP Clients; any other program clients who would benefit from referrals
Departure/Exit Form	At program exit	Residential clients
Trauma-Informed Practice (TIP) Scales	At program exit	All non-CAP clients

Appendix B. CAP Fidelity Assessment

Evaluation of Community Advocacy Project

Please complete the following form to give us feedback about the work you did with your advocate.

Today's date: _____

Your Advocate's Name Is: _____

1. **To the best of your recollection, how many WEEKS did you work with your advocate?** _____

2. **And how often did you talk or meet, on average? (circle one):**

Less than one week	About once a week	About 2-3 times a week	About 4-6 times a week	7 or more times a week

3. **And about how many HOURS per week did you talk to or work with your advocate?** _____

4. **How satisfied are you with how much time your advocate spent with you? (circle one):**

A great deal	Somewhat	A little	Not at all	Does not apply to me

To what extent, if at all, do you agree with the following statements (Circle one response for each statement):

5. **The advocate I worked with was knowledgeable about community resources**

A great deal	Somewhat	A little	Not at all	Does not apply to me

6. **The advocate was concerned about the needs of all of my family members**

A great deal	Somewhat	A little	Not at all	Does not apply to me

7. **I decided what needs and issues I wanted to work on with my advocate**

A great deal	Somewhat	A little	Not at all	Does not apply to me

8. **The advocate knew how to connect me to community resources**

A great deal	Somewhat	A little	Not at all	Does not apply to me

9. **The advocate focused on my strengths**

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

10. The advocate provided me with regular, weekly support

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

11. The program is flexible in the types of services they provide

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

12. The advocate noticed my best qualities

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

13. The advocate was interested in meeting all of my needs

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

14. I was in charge of setting goals regarding what I wanted to work on with my advocate

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

15. The advocate I worked with helped me learn new skills or practice existing skills

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

16. The program cares about my unique needs

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

17. I felt supported and encouraged by my advocate

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

18. The advocate helped me define and meet the goals I thought were important

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

19. The advocate was nonjudgmental of me

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

Now I would like to ask you about some of the ways your advocate helped you. (Circle one response for each statement).

To what extent, if at all, would you say you:

20. **are better able to get what you need for yourself**

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

21. **are better able to get what you need for your children**

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

22. **have more information that will help you**

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

23. **have more ways to keep yourself safer**

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

24. **have more ways to keep your children safer**

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

25. **understand more about the causes of domestic violence**

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

26. **understand more about how domestic violence affects you**

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

27. **understand more about how domestic violence affects your children**

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

28. **are better able to cope with the impact of domestic violence**

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

29. **know more about community resources you might need**

| A great deal | Somewhat | A little | Not at all | Does not apply to me |

30. are more hopeful about the future

A great deal   Somewhat   A little   Not at all   Does not apply to me

31. are more satisfied with your life overall

A great deal   Somewhat   A little   Not at all   Does not apply to me

32. more satisfied with the support you receive from the people in your life

A great deal   Somewhat   A little   Not at all   Does not apply to me

33. When you needed a resource or service from an organization in the community, did you usually go talk to them yourself or did your advocate go with you? (Circle one response):

I always went by myself	I mostly went by myself	About equal; sometimes I go, sometimes we go together	We mostly go together	We always go together	Advocate mostly went by herself	Advocate always went by herself

34. How satisfied are you with the program overall?

Very Satisfied   Satisfied   Neutral   Unsatisfied   Very Unsatisfied

35. Why do you say that?:

36. Any additional comments?:

Thank you so much for your feedback!! Now we just have a few questions about your background. These are not used to identify you – we want to know if the program is more or less effective for people from different backgrounds so we can continue to improve.

37. **What is your race/ethnicity? Check all that apply to you:**

☐ African/African American/Black   ☐ Asian/Asian American

☐ Hispanic/Latinx   ☐ Middle Eastern

☐ Native American/Alaskan Native   ☐ Native Hawaiian/Pacific Islander

☐ White/Caucasian   ☐ Other: _____

38. **How old are you?** _____

39. **How do you identify your gender?**
☐ Woman
☐ Man
☐ I identify my gender another way: _____

40. **Were you born in the U.S.?**
☐ Yes
☐ No

41. **What is your primary language?**

☐ English   ☐ Spanish

☐ Haitian/Creole   ☐ French

☐ Mandarin   ☐ Congolese French

☐ Other: _____

42. **How well do you speak English? (Circle one response):**
     Very well   Okay   Not well   Not at all

43. **How well do you read English? (Circle one response):**
     Very well   Okay   Not well   Not at all

44. **How many children under 18 are you parenting?:** _____

Thank you very much for your feedback!!

TO BE COMPLETED BY ADVOCATE

1. **Client Confidential ID:** _____

2. **Supervisor Name:** _____

3. **Advocate Name:** _____

4. Name of Person Completing Survey with Client:_____

5. Appointment time and date (to be scheduled by advocate and confirmed with interviewer): _____

6. To your knowledge, will the client be able to complete the form independently? (i.e. Is your client able to read and write? Does your client have a visual or hearing impairment?)

7. Is there anything important the interviewer should know about your client ahead of time? _____

TO BE COMPLETED BY SUPERVISOR

45. **Client Confidential ID:** _____

46. **Supervisor Name:** _____

47. **Advocate Name:** _____

Timing of Assessment: Please indicate the date of this client assessment and when it occurred in the service delivery process**.**

48. **Date of Assessment:** _____

49. **Number of Weeks Since Start of Service Delivery:** _____

50. **Number of Weeks Post Service Delivery:** _____

51. **Total Length of Intervention (in weeks):** _____

Appendix C. Courage Connection Community Advocacy Project (CAP) Brochure

COMMUNITY ADVOCACY PROJECT
SIGN UP

✂

_____
Name

_____
Address

_____
City   State/Zip

_____
Phone

_____
Good/safe times to call

_____
Inconvenient/unsafe times to call

Is it safe to leave a message at this number? ☐ Yes
☐ No

_____
Email

Please call **217-352-7151**

or cut out and send this sheet to:

Courage Connection

c/o Community Advocacy Project

508 E. Church St.

Champaign, IL 61820

A staff member will contact you to discuss the
Community Advocacy Project with you.

For more information on COMMUNITY ADVOCACY PROJECT contact us at 217-352-7151

Courage Connection

Agency: 217.352.7151

Hotline: 217.384.4390 / 877.384.4390

www.courageconnection.org

COMMUNITY ADVOCACY PROJECT

COURAGE CONNECTION

Safety. Support. Success.

COMMUNITY ADVOCACY PROJECT

Community Advocacy Project (CAP) is an evidence-based program designed to help survivors of intimate partner abuse re-gain control of their lives. It is strengths-based, survivor-driven, trauma-informed, and holistic. CAP has been shown to decrease survivors' risk of re-abuse, and to increase their quality of life, level of social support, and ability to obtain the community resources they need.

The intervention occurs in survivor's homes and communities and is short-term (10 weeks) but intensive (4-6 hours a week). Trained advocates help survivors work on goals that they have decided are important to them. CAP has been successful with survivors who choose to leave the intimate relationship as well as those who choose to stay in the relationship.

Who is eligible?

Adults and their children who are survivors of domestic abuse

WHAT HAPPENS IN CAP?

1. You and an advocate meet to discuss your needs and goals. You guide the direction and activities of CAP by identifying issues that are important to you.

2. Over the course of CAP, you and your advocate actively work together to identify and access community resources.

3. In an ongoing way, you and your advocate check in regularly to see how things are going and access additional resources as needed.

4. The goal of CAP is for you and your advocate to work together to increase your ability to access resources and support you in advocating effectively for yourself.

COMMUNITY ADVOCACY PROJECT
SIGN UP

Please call **217-352-7151**

or cut out and send this sheet to:

Courage Connection

c/o Community Advocacy Project

508 E. Church St.

Champaign, IL 61820

A staff member will contact you to discuss the Community Advocacy Project with you.

Appendix D. Organizational Environment Measure

Demographic Sheet

1. What is your position or role in the organization?
   ☐ Advocate: (indicate type of advocate if applicable:_____)
   ☐ Advocate Supervisor
   ☐ Shelter Manager
   ☐ Other (please indicate: _____)

2. How long have you been affiliated with the organization?
   ☐ < 6 months
   ☐ > 6 months < 1 year
   ☐ >1 year <3 years
   ☐ >3 years < 6 years
   ☐ > 6 years < 10 years
   ☐ >10 years

3. How do you identify your gender?
   ☐ Woman
   ☐ Man
   ☐ I identify my gender another way: _____

4. What is your race/ethnicity? Check all that apply to you:
   ☐ African/African American/Black
   ☐ Asian/Asian American
   ☐ Hispanic/Latinx
   ☐ Middle Eastern
   ☐ Native American/Alaska Native
   ☐ Native Hawaiian/Pacific Islander
   ☐ White/Caucasian
   ☐ Other: _____

5. What is your age (in years)? _____

6. Please indicate the highest level of education you have completed:
   ☐ Grade School (PreK through 12)
   ☐ High School Graduate or GED
   ☐ Some College
   ☐ Vocational or Technical School
   ☐ Associates Degree
   ☐ Bachelor's Degree
   ☐ Master's Degree or Above

7. What training have you received to support your work in your organization?
    Check all that apply to you:
    ☐ Bachelor's Degree Training (e.g., BSW, BA in Psychology, etc.)
    ☐ Graduate Degree Training (e.g., MSW, MA in Psychology, etc.)
    ☐ Training in Domestic Violence/Sexual Assault Advocacy
    ☐ Training in Trauma-Informed Care
    ☐ Training in Cultural Competence/Diversity
    ☐ Other: (please indicate: _____)

This survey is specific to you. Please do not give the survey to anyone else to complete.

The following section asks you to describe your work with survivors. Please reflect on your work with survivors as you respond to each item.

For each statement, indicate how much it reflects your current practices or experiences from *0 not at all/never* to *5 always*. For example, if it is a statement that reflects your regular practice or experience, that is something you regularly or routinely do for your job, you would circle "*5 always*". If the practice is never reflected in your experience or is not a practice in place at your organization, then you would circle "*0 Not at all/Never*" If you are unable to answer the question because the practice described is not a part of your job responsibilities, please circle *"NA"* for *not applicable.*

		0 Not at all/ Never	1 Very Rarely	2 Rarely	3 Occasionally	4 Very Frequently	5 Always	NA Not Applicable
1.	I am attentive to signs that survivors are uncomfortable or uneasy.	0	1	2	3	4	5	NA
2.	I respond to survivors in a calm and nurturing way.	0	1	2	3	4	5	NA
3.	When safety concerns arise, I work with survivors to create an individualized safety plan.	0	1	2	3	4	5	NA
4.	I include written safety plans in survivors' goals and plans.	0	1	2	3	4	5	NA
5.	I provide clear information to survivors about what will be done, when, why, and the circumstances surrounding these decisions and actions.	0	1	2	3	4	5	NA
6.	I provide survivors with clear information about services and procedures available to them.	0	1	2	3	4	5	NA
7.	I take steps to ensure that survivors fully understand informed consent and what they are agreeing to.	0	1	2	3	4	5	NA
8.	I consistently follow through with intended plans made for survivors.	0	1	2	3	4	5	NA
9.	I take steps to ensure that I do not discuss information about the survivors with whom I work in the presence of individuals not involved with the case (e.g., in hallways, staff break areas, public places).	0	1	2	3	4	5	NA
10.	I believe that survivors should have choice in the services they receive (e.g., when and where services are provided, who provides services, etc.).	0	1	2	3	4	5	NA
11.	When possible, I offer survivors choice in the services they receive.	0	1	2	3	4	5	NA
12.	I make an effort to ask survivors about their informal sources of support and work to include their informal sources of support in service planning. Informal sources of support may include family members, friends,	0	1	2	3	4	5	NA

	neighbors, religious community, etc.							
13.	I prioritize survivors' preferences and goals when creating service plans and determining priorities for service provision.	0	1	2	3	4	5	NA
14.	I emphasize "working with" survivors rather than "doing to" or "doing for" survivors.	0	1	2	3	4	5	NA
15.	I feel that each survivor is the authority of their own experience and has valuable insight into his/her/their own needs.	0	1	2	3	4	5	NA
16.	I prioritize survivors' strengths and skills.	0	1	2	3	4	5	NA
17.	I try to prioritize each survivor's overall wellbeing and growth as a person, beyond the scope of the services I am providing.	0	1	2	3	4	5	NA
18.	I try to help survivors enhance and develop skills during each contact we have.	0	1	2	3	4	5	NA
19.	I make a point to regularly validate the strengths, skills and efforts of the survivors with whom I work.	0	1	2	3	4	5	NA
20.	I make a point to include culturally competent practices in my work.	0	1	2	3	4	5	NA
21.	I show acceptance for survivors' personal religious or spiritual practices.	0	1	2	3	4	5	NA
22.	Is there anything else you would like us to know about your work with survivors? If so, please use the space below.							

The following section asks you to describe your experience as a staff member in your organization. Please reflect on your experience as a staff member as you respond to each item.

For each statement, indicate how much it reflects your current experiences from *0 not at all/never* to *5 always*.

		0 Not at all/ Never	1 Very Rarely	2 Rarely	3 Occasi onally	4 Very Freque ntly	5 Always	NA Not Applic able
1.	I feel physically safe while working inside my organization.	0	1	2	3	4	5	NA
2.	I feel physically safe while conducting work outside of my organization (e.g., when I make home visits).	0	1	2	3	4	5	NA
3.	I feel supported by my supervisor in my day-to-day work.	0	1	2	3	4	5	NA
4.	I feel comfortable sharing my emotional responses to my work with other staff.	0	1	2	3	4	5	NA
5.	I feel comfortable sharing my emotional responses to my work with my supervisor.	0	1	2	3	4	5	NA
6.	I feel that my organization encourages staff to practice self-care.	0	1	2	3	4	5	NA
7.	I feel that I can trust leaders in my organization to listen respectfully to my concerns.	0	1	2	3	4	5	NA
8.	I feel that I can trust my supervisor to listen respectfully to my concerns.	0	1	2	3	4	5	NA
9.	I feel that my supervisor has clearly explained the expectations of my position.	0	1	2	3	4	5	NA
10.	The work I do day-to-day is consistent with my written job description.	0	1	2	3	4	5	NA
11.	I feel there is a balance of autonomy (making my own decisions) and organizational guidance (my decisions are based in organizational requirements) in my day-to-day work.	0	1	2	3	4	5	NA
12.	I feel like I have input into factors affecting my work (e.g., size of case load, types of duties, when to take time off, location of workspace).	0	1	2	3	4	5	NA

13.	I feel comfortable disagreeing with my colleagues and supervisor during discussions about service provision.	0	1	2	3	4	5	NA
14.	I think that my supervisor is able to successfully resolve disagreements about service provision.	0	1	2	3	4	5	NA
15.	I think that my colleagues are able to successfully resolve disagreements about service provision.	0	1	2	3	4	5	NA
16.	I feel that my talents and capabilities are engaged in my work in a way that provides me with a sense of satisfaction in my work.	0	1	2	3	4	5	NA
17.	My supervisor provides me with feedback that is constructive, even when it is negative or critical.	0	1	2	3	4	5	NA
18.	The feedback I receive from my supervisor includes both my strengths and areas for improvement.	0	1	2	3	4	5	NA

Providers report a variety of training experiences. For each of the following
indicate how many training sessions or events you have attended
throughout your career from "*0 Never*" to "*5 More than 10 times*".

		0 Never	1 Once	2 2 to 4 times	3 5-7 times	4 8 to 10 times	5 More than 10	NA Not Applicable
1.	I have received training in how to assist survivors with safety planning.	0	1	2	3	4	5	NA
2.	I have received training about cultural competence and what culturally competent practices are.	0	1	2	3	4	5	NA
3.	I have received training about cultural differences in how people understand and respond to trauma.	0	1	2	3	4	5	NA

4.	I have received training for responding to survivors experiencing emotional distress.	0	1	2	3	4	5	NA
5.	I have received training about trauma and its impact on survivors.	0	1	2	3	4	5	NA
6.	I have received training for identifying indicators of traumatic experiences in survivors.	0	1	2	3	4	5	NA
7.	I have received training on responding to survivors who have had traumatic experiences in a trauma-sensitive manner that avoids re-traumatization.	0	1	2	3	4	5	NA
8.	I have received training for understanding traumatic experiences.	0	1	2	3	4	5	NA
9.	I have received training about basic coping skills for trauma survivors.	0	1	2	3	4	5	NA
10.	I have received training for modification of services in my area of expertise to respond to trauma history (e.g., case management, residential, substance use, etc.).	0	1	2	3	4	5	NA

11.	Considering all of the training areas described in the questions above, think about the most recent training session or event that you attended that provided information, training or education about trauma-related service provision.

☐ Past month

☐ Past 3 months

☐ Past 6 months

☐ Past year

☐ Past 3 years

☐ Over 5 years ago

☐ Over 10 years ago

☐ I have never attended one of these trainings

12.	Is there anything else you would like us to know about your experience as a staff member in your organization? If so, please use the space below.

The following section asks you to describe your understanding of organizational practices. Please reflect on your understanding of organizational practices as you respond to each item.

Organizational practices vary from one agency to the next. Reflect on the following and indicate how common these practices are in your organization. Again, there is no expectation that your organization engages in all of the practices, protocols or polices indicated below. Indicate what is true for your organization currently. For each statement indicate how much you agree from "*0 not at all*" to "*5 always*".

Do you work in a residential setting?

☐   **Yes – please answer the questions below.**

☐   **No – please continue to Question 4.**

		0 Not at all/ Never	1 Very Rarely	2 Rarely	3 Occasionally	4 Very Frequently	5 Always	NA Not Applicable
1.	This organization provides adequate personal space for survivors.	0	1	2	3	4	5	NA
2.	Residents who have violated rules are approached by staff in private.	0	1	2	3	4	5	NA
3.	This organization provides private spaces where residents can discuss personal issues with staff.	0	1	2	3	4	5	NA

		0 Not at all/ Never	1 Very Rarely	2 Rarely	3 Occasi onally	4 Very Freque ntly	5 Always	NA Not Applica ble
4.	There are procedures in place for staff that need emotional support from other staff and supervisors.	0	1	2	3	4	5	NA
5.	During staff/team meetings, time is allotted for staff to share concerns and seek emotional support.	0	1	2	3	4	5	NA
6.	There is a written informed consent procedure that staff follow in which survivors are provided with information about potential risks and benefits involved in receiving services.	0	1	2	3	4	5	NA
7.	This organization has a protocol for explaining the potential limits of confidentiality to survivors (e.g., mandated report, court subpoenas, etc.).	0	1	2	3	4	5	NA
8.	The organization's leadership consistently communicates about changes to policies, services and expectations of staff.	0	1	2	3	4	5	NA
9.	Our agency policy is that survivors have a choice in how to be contacted (e.g., phone, text, email, mail, etc.).	0	1	2	3	4	5	NA
10.	This organization encourages staff to work together and collaborate on a variety of tasks.	0	1	2	3	4	5	NA
11.	There are formalized ways for staff to provide feedback and ideas to the organization (e.g., surveys, annual reviews).	0	1	2	3	4	5	NA
12.	This organization's leaders communicate that staff members' input is important, even if this input is not always implemented.	0	1	2	3	4	5	NA
13.	Staff and supervisors are able to challenge each other, disagree, collaborate, resolve conflicts and learn from the process.	0	1	2	3	4	5	NA

14.	The forms used by this organization provide space to record survivors' strengths, skills and efforts in writing (e.g., in service planning forms, written documentation of survivors' goals).	0	1	2	3	4	5	NA
15.	The staff receive performance reviews and feedback that are clear and constructive, even when feedback may be negative or critical.	0	1	2	3	4	5	NA
16.	The protocols or forms for providing staff performance reviews and feedback include a space for recording staff strengths and capabilities.	0	1	2	3	4	5	NA
17.	This organization fosters a sense of shared accountability and responsibility when facing challenges rather than placing blame.	0	1	2	3	4	5	NA
18.	This organization has written policies clearly describing procedures for survivors' privacy and confidentiality (e.g., the kinds of records that are kept, where they are kept, who has access to this information, and when the program is obligated to report information to child welfare or police).	0	1	2	3	4	5	NA
19.	This organization has a grievance policy in place for survivors wishing to file a complaint.	0	1	2	3	4	5	NA
20.	This organization has developed written policies containing procedures for responding to survivors' crises (e.g., de-escalating violence, threats to safety of survivors or others).	0	1	2	3	4	5	NA

21.	This organization has policies that govern specific ways for staff to offer home or community based services.	0	1	2	3	4	5	NA
22.	This organization has a grievance policy in place for staff wishing to file a complaint.	0	1	2	3	4	5	NA
23.	The organization has a written policy outlining the steps for handling incident reports following verbal or physical confrontations involving clients and/or staff.	0	1	2	3	4	5	NA
24.	Staff self-care is emphasized in written policies.	0	1	2	3	4	5	NA
25.	Staff are trained in how to assist survivors with safety planning.	0	1	2	3	4	5	NA
26.	Staff are provided with general education about trauma and its impact on survivors.	0	1	2	3	4	5	NA
27.	All staff are provided with training for sensitivity to trauma and methods for avoiding retraumatization of survivors.	0	1	2	3	4	5	NA
28.	All staff are provided with education for understanding traumatic experiences.	0	1	2	3	4	5	NA

29.	Is there anything else you would like us to know about your understanding of organizational practices? If yes, please use the space below.
30.	How could the organization facilitate communication among organization leaders, supervisors, and staff?

As you may know, we are conducting a study to understand how organizations are implementing the Community Advocacy Project (CAP).

Below there are a series of statements about organizational change. For the purposes of this set of questions, please reflect on the organizational change of implementing the Community Advocacy Project approach to working with domestic violence survivors. That is, the change to move to this particular model of providing advocacy services to survivors.

The "changes" asked about below are those you or your organization would need to make to implement CAP. For each statement, indicate how much you agree from 1) Strongly Disagree to 6) Strongly Agree.

	1 Strongly Disagree	2 Moderately Disagree	3 Slightly Disagree	4 Slightly Agree	5 Moderately Agree	6 Strongly Agree
1. The changes I would be required to make will benefit me	1	2	3	4	5	6
2. Most of my respected peers embrace the proposed organizational change	1	2	3	4	5	6
3. I believe the change in practices will have a favorable effect on our operations	1	2	3	4	5	6
4. I have the capability to implement the change that is initiated	1	2	3	4	5	6
5. We need to change the way we do some things in this organization	1	2	3	4	5	6
6. With this change in my job, I will experience more self-fulfillment	1	2	3	4	5	6
7. The top leaders in this organization are "walking the talk"	1	2	3	4	5	6
8. The change in our operations will improve the performance of our organization	1	2	3	4	5	6
9. I can implement this change in my job	1	2	3	4	5	6
10. We need to improve the way we operate in this organization	1	2	3	4	5	6

11. I will earn higher pay from my job after this change	1	2	3	4	5	6
12. The top leaders support this change	1	2	3	4	5	6
13. The change that we are implementing is correct for our situation	1	2	3	4	5	6
14. I am capable of successfully performing my job duties with the proposed organizational change	1	2	3	4	5	6
15. We need to improve our effectiveness by changing our operations	1	2	3	4	5	6
16. The change in my job assignments will increase my feelings of accomplishment	1	2	3	4	5	6
17. The majority of my respected peers are dedicated to making this change work	1	2	3	4	5	6
18. When I think about this change, I realize it is appropriate for our organization	1	2	3	4	5	6
19. I believe we can successfully implement this change	1	2	3	4	5	6
20. A change is needed to improve our operations	1	2	3	4	5	6
21. My fringe benefits will remain the same after this change	1	2	3	4	5	6
22. My immediate supervisor is in favor of this change	1	2	3	4	5	6
23. This organizational change will prove to be best for our situation	1	2	3	4	5	6
24. We have the capability to successfully implement this change	1	2	3	4	5	6
25. We need to improve our performance by implementing an organizational change	1	2	3	4	5	6
26. My immediate supervisor encourages me to support the change	1	2	3	4	5	6