Acknowledgements

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Welcome!

Thank you for reading the Campus-Based Advocacy Evaluation Toolkit (or “the Toolkit”) for the evaluation of supportive programs for survivors of violence on college campuses. Advocacy is a potentially powerful tool for addressing and mitigating some of the effects of intimate partner violence and sexual assault victimization. Community-based advocacy models, such as those in shelters and non-residential centers, have strong evidence of improving outcomes for survivors. Advocacy models for survivors of violence have been growing in use on college campuses, but with little evaluation. Evaluation is vital for campus-based advocacy to improve services for survivors, highlight advocate and survivor strengths, and provide evidence of the beneficial impact of programs. Up to this point, there has been little guidance available for evaluating and adapting campus-based advocacy services. This Toolkit attempts to address this resource gap.

**Toolkit Project Goals**

1. Understand the processes and outcomes of campus-based advocacy programs.
2. Empirically develop an evaluation framework.
3. Create an evaluation Toolkit for assessing program outcomes.
4. Pilot the Toolkit materials on three University of Texas campuses.

The Toolkit was designed to help campuses evaluate advocacy services for sexual assault and intimate partner violence survivors. We studied five Texas campus-based advocacy programs on three campuses to create the Toolkit. The Toolkit evaluation team worked with campus and community advocates, studied articles and program materials, and conducted interviews, surveys, and focus groups in order to better understand campus-based advocacy. The Toolkit team approached this project collaboratively with partner sites, focusing on the safety of research participants and the importance of amplifying the voices of marginalized students. Paramount in the construction of the Toolkit was viewing and evaluating campus-based advocacy through the lens of the experts in this work: the end users of campus-based advocacy (survivors) and the advocates themselves. Although this Toolkit focuses on advocacy for intimate partner violence and sexual assault survivors, the Toolkit team recognizes that many colleges and universities also provide supportive services to survivors of the other forms of violence victimization, including harassment, robbery, assault, and bias-motivated crimes. Part of the on-going work of the Toolkit team is to address evaluation of advocacy for all types of violence victimization. Evaluation guidance for advocacy with survivors of these and other crimes is forthcoming.

Evaluation is a powerful way to highlight the positive impact of advocacy work for stakeholders and make sure we are serving survivors in the best ways possible. The Toolkit team has built an adaptable evaluation approach for use on college campuses. The tools included for evaluation are grounded in the model of advocacy described to the team during the creation of the Toolkit. In other words, the logic model of advocacy programming that guides the evaluation approach was constructed by those who are doing the work and those who have used advocacy services. The campus-based advocacy approach described by participants and outlined in this Toolkit is trauma-informed, survivor (student)-centered, and social justice-oriented. The evaluation approach provided in the Toolkit is created from the adaptable campus-based advocacy logic model built for this project. The Toolkit and evaluation approach are adaptable, recognizing that Texas contains colleges and universities of many shapes and sizes and that to be effective, campus-based advocacy must reflect the needs, culture, and structure of the college or university in which it exists.
The Toolkit may be used by campus-based advocates and administrators, campuses interested in initiating campus-based advocacy services, research and evaluations teams, and anyone looking to improve advocacy services. For those of you who are already advocates and want to know more about the impact of your services and programming, this Toolkit will be helpful in creating an evaluation approach and for making decisions about programming. For those of you planning to start advocacy programs at your school, this Toolkit will help initiate programming for your unique campus and put evaluation in place at the outset of programming.

**The Toolkit is divided into three sections:**

In Section 1 you will find a description of campus-based advocacy services, including the adaptable campus-based advocacy logic model developed through this project, and information about the distinct skills that are part of providing advocacy on a college campus. Section 1 can also help those who are deciding whether campus-based advocacy is right for their university community or who want to understand the goals, activities, and outcomes of campus-based advocacy services. **Section 1 also includes preliminary data about campus-based advocacy programming impact and experience.**

Section 2 provides guidance for adapting advocacy services to meet the needs of unique university and college settings and populations. Section 2 can also be helpful for program planners who are thinking about their campus context and for advocates who are considering changes in their program activities or structures.

Section 3 provides guidance for evaluating campus-based advocacy services, including tools that can be used for process and impact assessments, and guidance on developing and implementing evaluation activities that are appropriate to the program.

For those readers who are unfamiliar with logic models in general, the adaptable **Campus-based Advocacy Logic Model** is found in Appendix A. Everything else contained in this Toolkit is intended to evaluate this adaptable model. We hope the Toolkit is helpful for implementing and assessing the critical work of campus-based advocacy. Thank you for reading.

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SECTION 1: WHAT IS ADVOCACY?

What is Campus-Based Advocacy?
Project Overview
The Campus-Based Advocacy Logic Model
Campus-Based Advocacy Logic Model: Overview
Unique Aspects of Campus-Based Advocacy: Focus on Academic Safety Planning and Accommodations
SECTION 1: WHAT IS ADVOCACY?

Intimate partner violence (IPV) and sexual assault (SA) are public health and criminal justice problems that can be seen in communities across the United States, including university and college campuses. While incidents of violence can happen anywhere, numerous studies have shown that IPV and SA are particularly pervasive problems in college and university settings. Incidents of SA and IPV in the college setting are under-reported, and services designed to mitigate the impact of violence on campus do not always reach those who need them. While violence in the lives of college students is not new, heightened focus on interpersonal violence on college campuses has grown from a groundswell of activism, increased policy guidance on the issue, and newly-available state and federal funding (McMahon, Wood, Cusano & Macri, 2019).

One type of intervention that has increased in use is campus-based advocacy, or supportive services, for SA and IPV, modified from community advocacy models. Despite an increase in availability and use, there has been very little evaluation of campus-based advocacy services.

Intimate Partner Violence or IPV is defined by the Center for Disease Control and Prevention (CDC) as, a current or former “romantic or sexual partner, and includes spouses, boyfriends, girlfriends, people with whom they dated, were seeing, or ‘hooked up.’” The abuse experience by survivors of IPV can include various physical and non-physical violent behaviors such as stalking, physical and sexual violence, emotional/psychological abuse, and economic abuse (Smith et al. 2018; Amar & Gunnaro, 2005). The term ‘dating violence’ is used to describe violence that occurs in a romantic or sexual relationship where the persons involved are not in a committed partnership, married, or engaged, and is often used to describe violence that occurs between teens or college-age people, (Haynes, Strauss, Stuart & Shorey, 2018; Murray & Kardatzke, 2007). Intimate Partner Violence will be used in the Toolkit to address abuse in the context of a relationship.

Sexual violence is defined by the CDC as unwanted sexual touching, sexual coercion, rape, or being forced to penetrate someone else (Smith et al. 2018). This occurs without the consent of an individual or when the person is unable to consent or refuse for various reasons, including age, incapacitation due to substance use, physical or mental disability, or due to threats of violence or intimidation (Basile et al., 2014). Sexual misconduct a term used in civil and legal proceedings to describe some forms of sexual violence. Sexual assault (SA) is another term used to describe sexual violence and is inclusive of all forms non-consensual touching. The Toolkit will use the term sexual assault to broadly describe sexual violence and misconduct.

People who have experienced violence victimization may be referred to as a “victim” or “survivor” interchangeably as a way to acknowledge their lived experience. In the Toolkit, the term “survivor” is used.

Students across Texas experience IPV and SA while attending college. A 2017 study of 13 University of Texas System institutions found that 10% of students reported experiencing IPV while attending one of these 13 institutions, with individual campus statistics varying between 8-12% (Busch-Armendariz et al., 2017). Over 12% of UT System institution students reported experiencing unwanted sexual touching and 6% reported experiencing rape since enrolling. These numbers clearly demonstrate a need for both prevention and intervention response efforts housed within colleges and universities to address the specific needs of student survivors.

Students who experience IPV and SA face unique challenges and experience identifiable impacts. Survivors of IPV and SA may experience housing disruption, difficulties engaging with their peers, and mental and physical
health challenges (Coker, Smith, Thompson, McKeown, Bethea, & Davis, 2002; Pico-Alfonso, Garcia-Linares, Celda-Navarro, Blasco-Ros, Echeburua & Martinez, 2006; Stith, Smith, Penn, Ward & Tritt., 2004). Student survivors may also experience major challenges engaging in and completing their schoolwork and in completing their degrees, as well as an increased risk of dropping out (Mengo & Black, 2016; Jordan, Combs, & Smith, 2014; Voth Schrag, Edmond, & Nordberg, 2019; Wood, Voth Schrag, & Busch-Armendariz, 2019).

Interpersonal violence like IPV and SA can impact all college students, however, data reveal that some student populations are at higher risk for violence than others, and thus more likely to need access to advocacy services.

**Students who may be at higher risk include:**

- Undergraduate females
- Latinx students
- Non-Latinx students of color
- International students
- Queer-identifying and/or (LGBT+) students

Consistently, studies find that 1 in 5 college undergraduate women experience sexual violence during their time in college. (Busch-Armendariz et al., 2017; Fisher, Cullen, & Turner, 2015; Canter et al., 2015). Recent research in Texas demonstrates that Latinx students at UT institutions were more likely to experience IPV than their White/Non-Latinx and Asian peers (Busch-Armendariz et al., 2017). In general, students who are people of color are at increased risk for IPV and SA. Coulter et al. (2017) found significantly higher rates of past-year sexual assault among Black students (women: 9.5%, men: 6.2%, transgender people: 55.6%) and students identifying as a race/ethnicity other than White, Asian or Pacific Islander, or Latinx (women: 10.2%, men: 5.4%, transgender people: 21.6%). International students may be disproportionately impacted by experiences of IPV and SA due to language difficulties and homesickness (Robertson, Line, Jones, & Thomas, 2000) as well as the absence of a local social support system (Hechanova-Alampay, Beehr, Christiansen, & Van Horn, 2002), and different cultural perspectives of violence (Lee, Pomeroy, Yoo, & Rheinboldt, 2005; Yamawaki, Ostenson, & Brown, 2009).

Additionally, there is strong evidence that LGBT+ students face unique risk for interpersonal violence victimization. LGBT+ students are at higher risk for sexual assault than their cis-gender, heterosexual peers (Busch-Armendariz et al., 2017; Cantor et al., 2015; Coulter et al., 2017; Ford & Soto-Marquez, 2016; Krebs, et al., 2016; Martin, Houston, Mmari & Decker, 2012; Porter & Williams, 2011; Walters, Chen, & Breiding, 2013) with lifetime prevalence of sexual assault as high as 54% among gay and bisexual men and 85% among lesbian and bisexual females (Rothman & Silverman, 2007). These additional risk factors indicate campus-based advocacy services should target populations that have historically faced significant barriers or challenges in accessing services for IPV and SA, as well as evaluate services among different populations for efficacy and cultural competence (Bonistall Postel, 2017).

Many universities and colleges have implemented service models to address the specific needs of students experiencing IPV and SA. However, barriers to accessing these services remain and few students disclose their experiences with violence to others. One study found that 97% of surveyed victims of unwanted sexual contact did not use any available services (Walsh, Banyard, Moynihan, Ward, & Cohen, 2010). In the 2017 study of UT System institutions, only 28% of students told anyone about their victimization, and of those who told someone, only 8% reported to a university service provider (Busch-Armendariz et al., 2017). In the wake
of a sexual assault, student survivors may employ various routes to find support or assistance, both formally, through campus services, and informally, via their networks of family and friends (Deloveh & Bennett Cattaneo, 2017). Wood and Stichman (2018) found that the decision not to report a sexual assault to formal networks was often dictated by a feeling that it was not a significant incident or, in some cases, that they would not be believed. Additionally, students may simply not know where and how to report; they may be afraid of possible repercussions from reporting; or they may be concerned about how the incident will reflect on them (Spencer, Mallory, Toews, Stith, & Wood, 2017). Students are far more likely to report unwanted sexual experiences to their informal networks than to institutional service providers or law enforcement (Wood & Stichman, 2018). When survivors on college campuses face an insensitive or harmful reaction to disclosure of violence from campus officials, it can result in a feeling of institutional betrayal, hindering healing and access to educational opportunities (Smith & Freyd, 2014).

Demographic factors including gender and race may influence how, when, and if students seek help from formal channels (Cho & Huang, 2017; Brubaker, Keegan, Guadalupe-Diaz, & Beasley, 2017; Walsh et al., 2010). People who identify as lesbian, gay, bisexual, transgender, and/or queer, face different and specific barriers to help-seeking, as well as a general lack of understanding about interpersonal violence in the LGBT+ community (Calton, Cattaneo, & Gebhard, 2016).

Research has shown that common services provided to student survivors include on-campus counseling, campus police services, and advocacy and support services, while other services, such as financial assistance and housing, remain rare (Sabina, Verdiglione, & Zadnik, 2017). Research points to a strong desire among student survivors to have access to campus-based advocacy programming (Sabina & Ho, 2014).

Related research indicates programs like campus-based advocacy could be highly impactful for student survivors. Women on campuses that have robust SA response resources have been shown to have significantly better emotional health than women on campuses with less robust programming. This includes fewer incidents of Post-Traumatic Stress Disorder (PTSD), depression, and anxiety (Eisenberg, Lust, Hannan, & Porta, 2016). Despite this demonstrated potential for improved outcomes, these services remain under-utilized and incidents under-reported on college and university campuses (Spencer et al., 2017; Franklin, Menaker, & Rim Jin, 2019). Campus advocacy represents a way to better meet the needs of student SA and IPV survivors on college campuses. Campus advocacy may be a method to reduce risk for institutional betrayal and promote institutional trust.
What is campus-based advocacy?

Community Advocacy

Advocacy is a form of direct service provision similar to case management that is typically built on an empowerment model emphasizing individual choice, safety, and support (Wood, 2014) to promote survivor healing. In recent years, colleges and universities have been encouraged to have advocacy and crisis intervention services, in addition to clinical (counseling) support, for IPV and SA survivors (WHTFPSSA, 2014). These approaches involve case management, psychoeducation, resources and referrals, and empathic listening (WHTFPSSA, 2014). Campus-based advocacy models are adapted from community advocacy models typically used in IPV- and SA-focused nonprofits. The goals of community advocacy include improving access to services, increasing safety, preventing future violence incidents, and enhancing the mental health and physical well-being of survivors (Rivas et al, 2015; Sullivan, 2016). Advocates work with survivors to increase social support, provide resources, safety plan, empower survivors, and aid in complex legal and court systems (Bennett, Riger, Schewe, Howard & Wasco, 2004; Black, 2003; Constantino, Kim, & Crane. 2005; Haj-Yahia & Cohen, 2009; Lyon, Lane & Menard, 2008; Sullivan & Bybee, 1999; Tiwari et al., 2010; Wood, 2014; Zosky, 2011).

Research studies suggest that advocacy increases social and emotional wellbeing for survivors by:

- Providing information,
- Safety planning,
- Building coping skills,
- Offering encouragement,
- Providing support, and
- Increasing access to resources and social support

Safety Planning: Individualized safety planning is a commonly provided advocacy service that aims to identify and mitigate specific risks of violence (Davies & Lyon, 2014). Advocates engaged in safety planning assist survivors in strategizing around emergencies, addressing gaps and barriers to basic needs, and navigating complex systems. Advocates and survivors build on the survivors’ strengths and successes while taking into account their unique combination of risks (Campbell, 2002; Davies & Lyon, 2014). Use of safety planning in advocacy work makes survivors more likely to use escape plans, formal support, and active resistance to escape violence, and ultimately lessens violence (Goodkind, Sullivan & Bybee, 2004).

The impact of advocacy demonstrated in research includes a reduction in physical violence, greater use of resources and more supportive connections, and reduced depression symptomology and other negative mental health impacts (Bennett et al., 2004; Ramsey et al., 2016; Sullivan, 2016; Sullivan & Bybee, 1999; Wathen & MacMillian, 2003).
Campus-based Advocacy

Universities typically offer services to survivors of IPV and SA, in existing student counseling centers or sometimes in settings specialized to interpersonal violence (Artime & Buchhloz, 2016). Much like services provided in the community, campus-based services can be provided in many settings, such as a campus counseling center, within student affairs or university police departments, or as a standalone unit with the university built for the specific purpose of addressing violence on campus.

Campus-based advocacy services differ from counseling in that they are intended to focus on addressing the immediate needs of survivors, including academic concerns and resource provision. However, campus-based advocacy may be similar to counseling in the attention to mitigating the impact of trauma and providing a safe space for listening. Like many community-based advocacy services, campus-based advocacy often uses an empowerment model of service provision, focused on survivor-led decision making. However, this may be complicated in campus settings due to Title IX Responsible Employee reporting requirements (Brubaker & Keegan, 2017). Campus-based advocacy services can include referrals, safety planning, formal support in navigating the university’s response procedures, housing and financial assistance, counseling, and education and training to the broader university community (McMahon & Stepleton 2018; Walsh et al., 2010).

Importantly, while often aimed at students, many campus-based advocacy models can equally serve students, faculty, staff, and other community members effectively.

Campus-based advocacy services are directly influenced by policies and laws at the institutional, local, state, and federal level. All service provision, regardless of location, is affected by federal policies and laws such as VAWA (Violence Against Women Act), the Jeanne Clery Act, health privacy laws like HIPAA (Health Insurance Portability and Accountability), and student information privacy laws like FERPA (Family Educational Rights and Privacy Act), as well as federal criminal codes. Each state has policies that impact advocacy, and colleges and universities must abide by state criminal codes and legislation. In Texas, new policies like the ones created in HB1735 and SB212 alter reporting guidelines and the provision of resource information and education or prevention programming. Further, individual colleges and universities have policies that guide student conduct. Arguably, no policy or law has affected campus-based advocacy more than Title IX of the Education Amendments Act of 1972.

Campus-based advocacy and Title IX

Title IX was established to increase equity in education and directly address gender discrimination. Overseen by the Office of Civil Rights in the Department of Education, Title IX considers IPV, SA, stalking, and sexual harassment as forms of discrimination that can hinder equitable access to education. Title IX establishes the responsibility of schools to address gender discrimination in order to ensure that reasonably equitable access to educational programs and activities exist. Originally used to create access to sports and health programming within schools, Title IX guidance now establishes a process for investigating potential violations of student rights based on gender discrimination. Campuses must have conduct policies to guide students, staff, and faculty with respect to Title IX. Potential violations of campus policy based in Title IX may be investigated to determine if a violation occurred. Campus Title IX officers are impartial agents who investigate potential violations and make recommendations to address formal and informal complaints with the goal of preserving civil rights and access to equity in learning environments (McMahon et al., 2019; Wood et al., 2017).
One of the primary impacts of Title IX on advocacy services comes from the “Responsible Employee” or mandated reporting guidelines. The responsible employee policy means that university staff and faculty must report potential Title IX violations when they learn they have occurred. Although campuses have some leeway in determining who counts as a responsible employee, this provision requires that anyone who has the power to address victimization, or anyone whom a student would reasonably believe has this power, must report potential violations of which they become aware to an appropriate university official. Most colleges have employees who are exempt from this provision, and students who use their services expect that the information they share will be kept “private” or “confidential.” This category includes those employees who have confidentiality requirements based on licensure or professional guidelines such as counselors, health care workers, and in many cases, advocates. Although not all campuses designate advocates as “confidential” or “private,” those who are so designated do not have to report identifiable student information to their Title IX offices after a disclosure of violence and may provide confidential support services.

There are numerous reasons for advocacy programs to operate within confidential or private service models. Research demonstrates that historically, survivors who reported incidents to campus authorities or the criminal justice system may experience blaming responses, the negative effects of which can be particularly damaging to those who are part of marginalized communities. Negative experiences with reporting can hinder healing as well as disrupt access to services and educational success. In contrast, confidential or private advocacy models maintain survivor-led decision-making after an experience of violence, including decisions related to reporting. Survivors may not know or understand Title IX reporting processes and thus may not be able to make an informed decision about reporting. Having a confidential or private space for supportive services, and to learn about reporting options, better ensures that advocacy is survivor-centered and minimizes the risks of mandated reporting. Confidential and/or private advocacy services emphasize survivor safety and empowerment, which promote a survivor-centered approach to addressing violence victimization at colleges and universities.
PROJECT OVERVIEW

This Toolkit provides actionable information to campus-based advocacy programs for their continued monitoring, evaluation, and improvement. To create the Toolkit, the team studied five campus-based advocacy programs at three Texas universities. The advocacy programs at the partner sites are located in diverse settings, including counseling, campus law enforcement, and a standalone center. The model of advocacy and evaluation approach presented in the Toolkit are developed from learning from these five programs.

Role of Partner Sites

Each participating campus-based advocacy program had a central point of contact who supported the study activities, including providing assistance with recruitment and access to evaluation participants, as well as providing consultation on program development, implementation, and the utility of the Toolkit. Advocacy services vary at each site, as discussed below. Each partner site included in this study takes a unique approach to advocacy services. The campus sites include The University of Texas at Austin, The University of Texas Rio Grande Valley, and The University of Texas at Arlington. Experts at each campus worked with the evaluation team to describe advocacy services on campus; provide guidance on programming design; feedback on data collection tools and approach; and support with recruitment of student-survivors to understand program impact. Professionals working at each site and survivors using advocacy services also participated in interviews as key informants for the evaluation.

Activities to Create the Toolkit

Many evaluation activities were used to study the programs, build the adaptable campus advocacy logic model, and create the Toolkit in collaboration with partner sites. These included:

1. Review of literature: The evaluation team conducted a literature review of community and campus-based advocacy research, policy implementation, and interpersonal violence experiences on college campuses and among emerging adults. The literature reviewed for this project included academic peer-reviewed articles, campus climate survey reports, technical and professional documents, books and electronic media from experts in the field. Over 100 sources were reviewed. As a result of this activity, a list of references and resources are included at the end of the Toolkit for further reading.

2. Review of program documents: Advocacy program documents were reviewed from all three partner campuses and additional sites when available, including intake forms, statements of purpose, psychoeducational materials, and program promotional documents. The review of materials lead to greater understanding of campus-based advocacy services in Texas, and guided next steps in data collection.
3. Interviews and focus groups with campus advocacy and other university staff: The evaluation team conducted 15 interviews and focus groups with campus-based advocates and university staff on each of the three partner site campuses. Interviews explored survivor needs, program goals and outcomes, experiences in advocacy services, and possible adaptations by setting. The study was promoted to advocates through the research team and by advocates on each campus. Confidential interviews and focus groups were conducted by the evaluation team, and lasted on average 60 minutes. Follow-up interviews were conducted to review the draft adaptable campus-based advocacy logic model and data collection tools for feedback. Most interviews were recorded and the sound files transcribed by a professional transcription service. All potentially identifiable information was removed from the transcript. The transcripts from the interviews and focus groups were analyzed using thematic analysis (Braun & Clarke, 2006). Data were coded by two team members and verified by another. Major themes and identified advocacy skills helped created the campus-based advocacy logic model and evaluation tools. See Appendix A for campus-based advocacy logic model and Appendices B-I for evaluation tools.

4. Interviews and focus groups with community advocates: Four community advocates who work in IPV and SA agencies with college-aged populations were interviewed by the evaluation team. These interviews explored survivors’ needs, experiences in service provision, and how they adapt their advocacy model to serve students. Key community advocates were interviewed in each region where the three partner campuses are located. Interviews and focus groups were confidential and lasted on average 60 minutes. Advocates were recruited by the evaluation team and by snowball, or referral, sampling. Most interviews were recorded and the sound files transcribed by a professional company. All potentially identifiable information was removed from the transcript. The transcripts from the interviews and focus groups were analyzed using thematic analysis (Braun & Clarke, 2006). Data were coded by two team members and verified by another. As with the campus-based advocate interviews, major themes helped created the adaptable campus-based advocacy logic model and evaluation tools. See Appendix A for the Adaptable campus-based advocacy logic model and Appendices B-I for evaluation tools.

5. Interviews with survivors who accessed campus advocacy services: A total of 25 former and current students that have accessed advocacy services were interviewed at two partner sites. Interviews with students explored how they accessed services, what advocacy services were like, and what impact advocacy services had on their life on and off campus. Participants were recruited by email and print flyers in collaboration with the partner sites. All interviews were confidential and conducted by the evaluation team in a private location. Participants were provided an incentive for participation. Interviews were voluntary and confidential. The interview protocol was adapted in part from the CAP fidelity evaluation (Sullivan, 2016). Most interviews were recorded and the sound files transcribed by a professional company. All potentially identifiable information was removed from the transcript. The transcripts from the interviews and focus groups were analyzed using thematic analysis (Braun & Clarke, 2006). Data were coded by two team members and verified by another. Major themes helped created the adaptable campus-based advocacy logic model and evaluation tools. See Appendix A for the campus-based advocacy logic model and Appendices B-I for evaluation tools.

6. Pilot of impact survey: Following the activities listed above, the evaluation team created a survey tool to assess the impact of campus advocacy services based on outcomes from the logic model. A portion of the survey was adapted from the CAP fidelity survey (Sullivan, 2016). Prior to dissemination, this survey was reviewed and modified through a series of focus groups and interviews with campus-based advocates and students who had used advocacy services at all three sites. The team worked with partners at each campus.
to distribute the survey to people that had used advocacy services in the previous 6 months. A recruitment email with the survey link was sent to eligible participants through campus programs. This survey was web-based and confidential and the evaluations team piloted it with 63 students between the three partner campuses. This survey asked questions on the following: participant demographic information, service use and experience, health and mental health, safety and social support, and academic outcomes. See Appendix G for a table of pilot survey measures.

**Evaluation Participants**

**Service Provider Interviews**

Service provider interviews were conducted with campus advocates and community advocates in all three communities. Interviews were conducted with campus advocates, counselors, and program administrators. An additional 4 interviews were conducted with community advocates. Participants had a range of professional experience and ranged in age from 28-64. There was a range of highest level of education as well with most of the participants having attained a master’s degree.

**TABLE 1**

Demographic factors for service provider interview participants (n = 23)

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</table>
**Interviews with Survivors who have Engaged in Advocacy Services**

Twenty-five students from UT Austin and UTRGV participated in the service user interviews. The majority of students interviewed were full-time students at the time of the interview. Participants ranged in age from 18-27 and represented a range of undergraduate and graduate-level classifications. Of the participants, 14 identified their race as white and 9 identified their race as non-white. Participants identified as heterosexual (n=15), asexual/bisexual/pansexual (n=4), and queer/questioning (n=5).

**TABLE 2**

Demographic factors for service user interview participants (n = 25)

<table>
<thead>
<tr>
<th>Factor</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Setting</td>
<td></td>
</tr>
<tr>
<td>Full Time</td>
<td>20</td>
</tr>
<tr>
<td>Part Time</td>
<td>2</td>
</tr>
<tr>
<td>Alumni/Not Enrolled</td>
<td>2</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>18-19</td>
<td>4</td>
</tr>
<tr>
<td>20-21</td>
<td>11</td>
</tr>
<tr>
<td>22-23</td>
<td>5</td>
</tr>
<tr>
<td>24+</td>
<td>4</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Non-White</td>
<td>9</td>
</tr>
<tr>
<td>White</td>
<td>14</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
</tr>
<tr>
<td>Asexual/Bisexual/Pansexual</td>
<td>4</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>15</td>
</tr>
<tr>
<td>Queer/Questioning</td>
<td>5</td>
</tr>
</tbody>
</table>
Pilot Impact Survey

Participants in the pilot impact survey represented all three partner campuses, and ranged in age from 18 to 41 years of age. While most were students, a few were also other members of the campus community who had worked with campus based advocates (faculty, staff, or visitors to campus). Reflecting the student bodies of universities in Texas, participants were racially diverse, including 37% White, 17% Latinx, 8% Black, and 25% Asian participants. Most were living off campus at the time of the survey, and they tended to be further along in their school careers, with the plurality (40%) being seniors. This is most likely due to the timing of the pilot data collection, which took place over the summer. Participants identified as straight (69%), bisexual (17%), lesbian/gay (6%), and additional sexual orientations (8%).

**TABLE 3**
Demographic factors for evaluation survey pilot participants (n = 63)

<table>
<thead>
<tr>
<th>Demographic Factor</th>
<th>% or Mean (SD) / Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (Years)</strong></td>
<td>23.7 (5.5) 18-41</td>
</tr>
<tr>
<td><strong>Campus Role</strong></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>92.3%</td>
</tr>
<tr>
<td>Other (faculty, staff, visitor)</td>
<td>7.7%</td>
</tr>
<tr>
<td><strong>Gender Identity</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11.8%</td>
</tr>
<tr>
<td>Female</td>
<td>86.3%</td>
</tr>
<tr>
<td>Gender Queer/Non-Binary</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>White or Caucasian-Non Hispanic</td>
<td>36.5%</td>
</tr>
<tr>
<td>Hispanic or Latino/a</td>
<td>17.3%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>7.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>25.0%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>13.5%</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>5.8%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>17.3%</td>
</tr>
<tr>
<td>Straight</td>
<td>69.2%</td>
</tr>
<tr>
<td>Other</td>
<td>7.7%</td>
</tr>
<tr>
<td><strong>Monthly Income (Individual)</strong></td>
<td></td>
</tr>
<tr>
<td>$0/Don’t work for pay</td>
<td>26.9%</td>
</tr>
<tr>
<td>$1-$500</td>
<td>25.0%</td>
</tr>
<tr>
<td>$501-$1000</td>
<td>21.15%</td>
</tr>
<tr>
<td>$1001-$1500</td>
<td>11.5%</td>
</tr>
<tr>
<td>$1501 +</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

**Among Students**

<table>
<thead>
<tr>
<th>Student Classification</th>
<th>% -or- Mean (SD) / Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
<td>2.1%</td>
</tr>
<tr>
<td>Sophomore</td>
<td>17.0%</td>
</tr>
<tr>
<td>Junior</td>
<td>17.0%</td>
</tr>
<tr>
<td>Senior</td>
<td>40.4%</td>
</tr>
<tr>
<td>Graduate</td>
<td>21.3%</td>
</tr>
<tr>
<td><strong>Type of Instruction</strong></td>
<td></td>
</tr>
<tr>
<td>In-person only</td>
<td>66.0%</td>
</tr>
<tr>
<td>Online and in-person</td>
<td>31.9%</td>
</tr>
<tr>
<td>Online only</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>Current Living Situation</strong></td>
<td></td>
</tr>
<tr>
<td>Dorms/On Campus</td>
<td>10.6%</td>
</tr>
<tr>
<td>Off campus, my own place</td>
<td>78.7%</td>
</tr>
<tr>
<td>Off campus, with my parents</td>
<td>10.6%</td>
</tr>
</tbody>
</table>
Service Access: Finding Advocacy Services

The team learned much about student survivors and their needs after an experience of IPV and/or SA. Students typically engage in advocacy services on campuses after an experience of harm or violence. Toolkit evaluation participants reported experiences of sexual assault and harassment, including rape and physical, emotional, sexual, economic, and academic IPV, including stalking from a former or current dating partner. Violence and harm often occurred during college. In some cases, violence had occurred before coming to campus and was interfering with academic and personal life. Participants commonly described accessing services in the direct aftermath of an experience, but in some instances, service requests start with mental or physical health symptoms occurring in part because of reaction to violence and harm that has occurred in the past.

The potential impact of experiences of IPV and SA include:

- Decreased physical and emotional safety
- Mental health concerns, including trauma symptoms
- Increased drug and alcohol use
- Isolation
- Physical health problems, including injury
- Economic hardship
- Academic performance decline
- Disrupted social support

Student survivors of IPV and SA may actively seek help directly after an event, or wait until they learn of potential sources of support, such as after disclosing to someone in their peer network.

Participants described finding campus-based advocacy services in three primary ways:

- Informal source: Friends, roommates, family members and peers remain a powerful source of information for service access. Many participants reported learning of advocacy services from a friend or peer.

- Formal source: For formal referrals, students are linked to advocacy from another service provider or university official. This may include a faculty member, law enforcement, or counselor.

"They may not be safe on campus based on their experience and who perpetrated that harm. We do see attrition related to, you know, the incident or experiences that they’ve had. Then, we sometimes see cases where people had been re-victimized, so they may have been abused in childhood. Then, they come, and then they are victimized again. The totality of the experiences also, I think, is impactful for their stamina, their ability to—their grit, you know, and just be able to sustain, you know, their personal and academic well-being. We see financial impacts as well."

CAMPUS ADVOCATE

"They can come directly to our offices, which our offices are open from 9:00 to 5:00, or they can email us to our confidential email. We’ve had instances where people have reached out to us via social media, and only we have access to that, so it’s still confidential within our office. We’ve had individuals just call and ask questions."

CAMPUS ADVOCATE
Approach to Advocacy – What Guides Services?

When students present for advocacy services, they have needs including information; support; medical services; housing and other basic needs; and academic accommodations. Participants in the initial impact survey reported having a wide range of needs when they initially engaged with advocacy services, with the most frequently expressed needs including academic accommodations, information about other services, and help getting safe (see table 4). Advocacy approaches are informed by these immediate student needs, and advocate knowledge of needs survivors may have further in the future.

**TABLE 4**
Reported needs of student using advocacy services (n = 40)

<table>
<thead>
<tr>
<th>Need</th>
<th>%  (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help getting safe</td>
<td>27.5% (11)</td>
</tr>
<tr>
<td>Medical help</td>
<td>7.5% (3)</td>
</tr>
<tr>
<td>Housing</td>
<td>5% (2)</td>
</tr>
<tr>
<td>Emotional support / Counseling</td>
<td>15% (30)</td>
</tr>
<tr>
<td>Information about law enforcement</td>
<td>37.5% (15)</td>
</tr>
<tr>
<td>Information about reporting to Title IX</td>
<td>30% (12)</td>
</tr>
<tr>
<td>Help with alcohol / drugs</td>
<td>12.5% (5)</td>
</tr>
<tr>
<td>Financial needs</td>
<td>20% (8)</td>
</tr>
<tr>
<td>Academic accommodations</td>
<td>37.5% (15)</td>
</tr>
<tr>
<td>Other</td>
<td>5% (2)</td>
</tr>
</tbody>
</table>

“**They’re needing support to just continue functioning. There is a lot of elements to the faculty and staff who may be experiencing these issues. Then, there is a really interesting intersect between—for graduate students because they are typically staff as well or have some kind of teaching capacity. They’re navigating both of those hats. They’re navigating power dynamics with their advisors. Their advisor might be the perpetrator. You know, their professor might be the perpetrator. It can be very complex.**”

**CAMPUS ADVOCATE**

Campus advocacy approaches are guided by many of the same theories and practice orientations that guide community advocacy models for IPV and SA survivors such as trauma and trauma-informed care; and survivor (student)-centered approaches. Many campus advocates approach their work with a social justice framework focused on intersectionality, and with an understanding of the potential disempowerment that may occur from IPV and SA. Campus-based advocacy is generally trauma-informed and survivor (student)-led with a focus on connection and social support. The trauma-informed principals of choice and empowerment are some of the most central in the campus advocacy model. Adaptations from the community approach for the campus model of advocacy include utilization of campus resources to increase survivor supports, adaptations for the developmental phase of emerging adulthood, the setting of the advocacy program and attention to the educational/learning experience.
Survivor (Student) – Centered

One of the primary practice approaches guiding campus advocacy for students who experience IPV and SA is the survivor or student-centered approach. The survivor (sometimes called victim or client) centered approach is used in community interpersonal violence advocacy models and focuses on prioritizing the express needs and goals of the survivor in the advocacy interaction, rather than the (pre-established) focus of the program or the advocate (Davies & Lyon, 2014). Survivor-centered advocacy acknowledges the variety of needs of individual survivors, and is sensitive to the diverse goals of survivors and their families. Survivors and advocates shape services based on their own goals, with an emphasis on partnership between the survivor and advocate (Goodman, Thomas, Cattaneo, Heimel, Woulfe & Chong, 2016). Other key components of survivor-centered practice include advocates working with survivors to build partnerships, review risks, and identify options based on relevant priorities, decisions, and dangers (Davies & Lyon, 2014; Goodman, et al., 2016). In college campus settings, this student-centered approach to advocacy is directed by the student in part to address the loss of control and power that may have occurred with experiences of violence or harm. This approach is typically described as “starting where the survivor is at” and the survivor drives the content, pace, and focus of any advocacy work.

**A student-centered model is one in which:**

1. All services are voluntary.
2. Advocates collaboratively assess student-needs to determine the course of services.
3. Service approach, resources and referrals are determined by the student needs and goals.
4. There is frequent check-in or outreach to assess evolving needs, experiences and changes in advocacy approach.

“They don’t try to change you. They don’t try to enforce things that are not you. They don’t ask you to be anything or that you have to be like this or be like that… They don’t have a list of criteria that you must follow in order to be able to work with them.”

**SURVIVOR PARTICIPANT**

“I’m gonna’ go back to that, meet the victim where they’re at. It depends on what their goals are. We’re very, very victim centered and focused on what they want to happen. Like I said before, typically in these situations, they already feel like they’ve lost control and don’t have a lot of power. We don’t wanna’ be one more person to do that, so what is it that you’re wanting to happen and how can we help support and get you connected to those kinda’ things?”

**CAMPUS ADVOCATE**
A survivor-centered model also means that each survivor may engage in a unique combination of activities and services. In the pilot impact survey, many of the identified supports were provided to between 40% and 50% of all participants- with participants mixing and matching areas of attention based on their expressed needs (see Table 5 for a description of advocacy services received by pilot survey participants).

### Trauma-informed Care

One of the primary approaches guiding campus-based advocacy for IPV and SA is the trauma-informed care (TIC) model. TIC is rooted in trauma theory, and is a paradigm shift from “what is wrong with you?” to “what happened to you?” TIC recognizes the role of the institution in responding to and perpetuating trauma, and works to anticipate, avoid and eliminate institutional processes and individual practices that are likely to re-traumatize individual survivors, including through engaging service recipients and other stakeholders in the design, provision, and evaluation of services (SAMHSA, 2014). The core principals off TIC are empowerment, collaboration, safety, peer support, trustworthiness and transparency and attention to cultural, historical and gender issues (SAMSHA, 2014).

Trauma-informed services build an understanding of how trauma impacts one’s ability to regulate emotion and process the cues and information in one’s environment.

For service providers, a trauma-informed lens provides critical information regarding the experiences of trauma survivors that helps them respond effectively to survivors for whom trust is a critical issue (Warshaw, 2014). Scholars and practitioners have identified principles and activities of trauma-informed care for interpersonal violence service providers, which align with the tasks and aims of survivor advocacy. They include efforts to establish emotional safety, restore choice and control, facilitate connection, support survivor coping, respond to identity and context, and build survivor strengths (Wilson, Fauci, & Goodman, 2015; Wood, 2014). The TIC approach is inherently student-centered because it focuses on individual needs, choice, and collaboration. Campus advocates describe TIC as a foundation of their work and use the core principals of TIC

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**TABLE 5**

Services accessed by survey participants (n = 40)

<table>
<thead>
<tr>
<th>Service</th>
<th>% (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help with safety</td>
<td>40% (16)</td>
</tr>
<tr>
<td>Help with managing classes &amp; coursework</td>
<td>48% (19)</td>
</tr>
<tr>
<td>Information about the impact of trauma/</td>
<td>45% (18)</td>
</tr>
<tr>
<td>violence</td>
<td></td>
</tr>
<tr>
<td>Counseling/Education support</td>
<td>53% (21)</td>
</tr>
<tr>
<td>Education about health/unhealthy</td>
<td>40% (16)</td>
</tr>
<tr>
<td>relationships</td>
<td></td>
</tr>
<tr>
<td>Information on drug or alcohol use</td>
<td>7.5% (3)</td>
</tr>
<tr>
<td>Help finding additional support</td>
<td>80% (32)</td>
</tr>
<tr>
<td>Referrals to other resources</td>
<td>73% (29)</td>
</tr>
</tbody>
</table>

---

“I think, in terms of how we define advocacy in this setting, it’s really about a provision of options as opposed to advice-giving, and I think that’s kind of aligning with our trauma-informed values, just around helping students determine what their options are and how best to connect with those.”

_CAMPUS ADVOCATE_
(empowerment, collaboration, safety, peer support, trustworthiness and transparency and attention to cultural, historical and gender issues) in their advocacy approach.

**Empowerment.** The empowerment principal of the TIC model addresses the potential for loss of power in violence and harm situations by centering choice and agency in work with student survivors. Empowerment-based advocacy centers student autonomy and decision-making.

> “The more options and the more information I was given, the more I felt like I could participate and not be afraid to name my stalker as for what he was. It was good to have options and sometimes I can be overwhelmed by options and choices, but I think it was better to have more information than to be protected from a choice.”
> **SURVIVOR PARTICIPANT**

**Collaboration.** Campus advocates collaborate with survivors to assess and address needs and goals. Collaboration also occurs between other service providers both across campus and in the surrounding community for resource provision and service access. Faculty, survivors and advocates may collaborate to address educational needs and barriers.

**Safety.** Advocates create safe conditions for support and resources through the physical environment and advocacy activities. Services are best provided in a private space where the built environment attends to lighting, appearance and accessibility that promotes inclusion and safety. The philosophy that the advocacy experience should be built on safety is embodied in values of privacy and creation of an “unconditional space.”

**Peer and Social Support.** The TIC model also focuses on building peer and social support. The isolation that can accompany experiences of IPV and SA may limit peer and social support interactions. Advocates address support needs through availability, non-judgmental approach and having an “open door” for continued connection. Advocates also may help survivors build and re-build social connections.

**Trustworthiness and Transparency.** Advocates provide information, psychoeducation and connection to resources. A crucial element of the TIC approach is the use of transparency to build trust, manage expectations, and prepare people for criminal justice and Title IX processes.

> “I guess, if anything, they would say that I’m there to listen. I’m there to help provide them information, resources, support. I always feel that I might not be doing enough...I always feel like I overload people with information. I think that has to do with me trying to be transparent...”
> **CAMPUS ADVOCATE**
Attention to Cultural, Historical and Gender issues. The TIC approach takes into consider the broader environment that victimization occurs in, including previous and ongoing forms of oppression and bias. Advocates can illustrate their attention to these issues through their use of inclusive language, staff diversity, and collaboration with campus partners such as gender and sexuality centers, international student groups, and cultural centers on campus.

Focus on Social Justice and Intersectionality. A social justice perspective guides campus advocacy interactions in several important ways. The first is attention to dynamics of power, privilege and control and how that is rooted in a larger system that is unjust and results in inequalities (CSWE, Center for Diversity and Social & Economic Justice). Understanding of power and control guide advocacy as a framework to understanding why violence and harm may occur, including as explanation for abusive behavior. Advocates also shape their approach with an understanding of intersectionality, the intersection of violence and harm with other types of bias and discrimination, such as racism, homophobia, transphobia, ableism and sexism (Crenshaw, 2018). A social justice framework recognizes that power, control and other forms of oppression may contribute to both the cause of violence, but also the impact and service experience.

“I don’t know if there’s so much advocacy skills as it would be you have to have this mindset of social advocacy, period, that you’re doing this job because you’re serving other people, and you also have this mindset that—I guess it’s a—the social-justice mentality that I think is so important that people think is politicized anytime I say it, but it’s not. In our field, we started out in the social justice framework. That’s what the whole counseling and social work field started out to, to help those that are underserved and underprivileged. I feel like whoever needs to especially get into this field had better step up and have that mindset. Beyond the multiculturalism, they need to be able to focus on that social justice.”

COMMUNITY ADVOCATE

The social justice perspective to advocacy means that services recognize intersecting forms of oppression, power and privilege by seeking to address multiple layers of victimizations experienced, and seeking to empower those who have been disenfranchised. A social justice perspective to violence, harm and service provision is complemented by an intersectional lens to advocacy. Intersectionality in advocacy practice acknowledges that both service participants and providers have several overlapping identity positions that combine to shape their sense of self and experience in the world, and in services after an experience of violence. For example, a person who identifies as gay may have different service and support needs and experiences, and might be navigating other forms of bias and oppression.
“The social justice standpoint, that’s super-important because, oftentimes, mental health systems can be harmful if we don’t start with that person/systems assessment and advocacy, because then if the person’s not responding to the mental health treatment, the response is, “Well, maybe you are just not compliant,” when in fact, it’s like, “Well, I didn’t ask a question about their safety in terms of their partner or a trauma history that may make it really difficult for them to sit with someone.” I mean, something that comes up a lot in my world is, I’ll have students that will, really, they don’t want to sit in a room by themselves with a male identified provider.”

**CAMPUS ADVOCATE**
THE CAMPUS-BASED ADVOCACY LOGIC MODEL

Advocacy Goals, Activities and Short-Term Outcomes

Focus groups and interviews with 48 campus advocates and survivors engaged in services were conducted to understand advocacy services at colleges and universities. The Toolkit team analyzed the data from these conversations to understand how advocacy services work on their campuses.

This information was used to create a logic model. A logic model is a helpful framework for understanding a program functioning as intended, including service model and program processes. Logic models can be used as a way to build a theory of program activities, identify gaps in service provision, and highlight needed resources for implementation (CDC, Identifying the Components of a Logic Model). A logic model is a visual tool that frames theory in relation to program activities, goals, and intended outcomes (Savaya & Waysman, 2005). This diagram details the way a program should theoretically function through a series of “If, then” sequences outlined through inputs, activities, and outputs (W K Kellogg Foundation, 2004). Building a logic model is a way to map specific program activities to intended outcomes and resources the program will need to achieve them (Hernandez, 2000). This creates a clear road map for how the program should be evaluated. Logic models are essential in programmatic evaluation.

The Toolkit team used interview and focus group data, program documents, and a review of literature to create the adaptable Campus Advocacy Logic Model. Draft versions of the logic model were reviewed by campus advocates and survivors who had previously engaged in services for feedback and revision. The logic model guides evaluation approaches and tools discussed in this Toolkit.

The logic model included in this Toolkit has the following sections:

**Inputs:** Resources needed for program implementation and service. These include funds, staffing levels and specific staff expertise, space, and resources necessary for effective program implementation.

**Outputs:** The products of program activities. These include indicators such as the number of advocacy sessions completed, the number of students and campus community members reached through outreach and presentations, and the number of referrals or connections to other campus or community resources made.

**Goals:** Broad objectives and ‘why’ behind program activities.

**Activities:** Actions or steps taken by program staff or administration.

**Outcomes:** Short- and long-term results of program activities. Outcomes are used as indicators that program goals have been met.
Secondary Prevention of Violence and Harm

Campus advocacy services aim to prevent or lessen any future violence or harm to the survivor.

Activities

A. Assess needs and supports: Advocates work with survivors to identify current needs, available supports, and priorities. This includes assessment of risk and protective factors.

B. Identify immediate safety concerns. Survivors identify physical and emotional safety concerns, such as violence or threats of violence. Advocates help to uncover additional concerns through understanding survivor experiences and priorities.

C. Plan for threats to safety. Survivors and advocates work on safety planning based on active and emerging concerns related to violence victimization, such as ongoing cyber stalking and environmental safety concerns, such as a lack of safe housing or basic resources. Advocates work with survivors to make plans working towards being safer on campus and in the community.

D. Provide informed consent and ongoing communication. Advocates help facilitate safety and reduce further harm by active and transparent communication with survivors, including informed consent at every point of the advocacy interaction.

E. Linkage and support to administrative or criminal justice processes. Some survivors may choose to explore administrative or civil reporting, such as Title IX or protective orders, or reporting violence victimization to law enforcement. Other survivors may have had victimization report to university or criminal justice entities without their express consent. Advocates provide education, support and linkage to resources regarding reporting and investigation processes, and help to identify resources for survivors engaged with Title IX, civil or criminal legal processes.

“My number one goal is to make sure they’re safe. For sure. Always, no matter what.”

CAMPUS ADVOCATE
F. Create a safe, private space for advocacy. Advocates help facilitate safety and reduce risk for harm by creating a safe and often private space for advocacy services where survivors can share information confidentiality.

“...Another goal would just be for them to know that there’s a place on campus they can return to or adults on campus they can talk to that are solely there for support if and when they need it ongoing.”

CAMPUS ADVOCATE

Short-term Outcomes

1. Increased efficacy and empowerment about safety
2. Increased knowledge and access to justice systems and civil rights
3. Increased knowledge about resources and strategies for safety
4. Access to safe space for support
Survivor Agency and Empowerment

Advocates strives to increase a survivor’s control over both their experiences with services and broader life circumstances.

Activities

A. Offer choices for services. In line with a trauma-informed perspective, advocates offer a range of options for services to help meet survivor needs.

B. Engage in goal identification and planning. Survivors identify goals through working with their advocate, and make plans to work on those goals. Advocates provide information, support, and resources to reach goals.

C. Check in on goal progress on an ongoing basis. When goals are established, advocates actively work with survivors assess progress and change goals as needed.

D. Provide psychoeducation about causes and impact of unhealthy relationships, and systematic oppression and barriers. Advocates identify gaps in knowledge and provide information in multiple formats about violence victimization, consent, healthy and unhealthy relationships, and other information as needed.

“Right around the time I started seeing (advocate) was the time that I realized separately that there was stuff wrong during the relationship, so I came into it going like, “I want to figure out what happened that was wrong because I didn’t feel great about a lot of things, but I don’t know if that means that something bad happened.” It was really nice being able to have somebody help me figure out, hey, the fact that I felt bad about this means something probably wasn’t okay, and just kind of figuring that out, ‘cause the way that they talk about sexual assault and just general control and stuff and power imbalances in school is not remotely helpful. I didn’t know that 90 percent of the things that happened were even actually wrong. I thought I just was weird for feeling bad about them.”

SURVIVOR PARTICIPANT

Short-term Outcomes

1. Decreased self-blame related to victimization
2. Ability to choose service and support options of best fit
3. Survivor-identified short-term goals are met
Reduce Mental and Physical Health Consequences of Violence/Harm and the Intersection with Other Forms of Oppression

Campus advocacy aims to address the significant mental and physical impact of trauma caused and exacerbated by violence.

“She broke down like the fight-flight-freeze response for me and that made total sense. I was like, “Yes, I can attach to that.” Giving me the knowledge to identify what was happening to me was really helpful whenever I was using a terminology that was not problem—I don’t know how to describe it. Not problematic, but not just a healthy term for something.”

SURVIVOR PARTICIPANT

Activities

A. Provide information about impact of trauma. Advocates help address mental and physical health impacts by providing information about trauma symptoms, and normalizing experiences that may occur after violence victimization.

B. Link to formal and informal support. Support helps survivors address needs after experiences of violence and subsequent trauma, especially when survivors have experienced other forms of oppression. Advocates encourage and make linkages to both formal and informal sources of support to help address mental and physical health impacts.

C. Use active, non-judgmental listening. Active, or engaged listening, is signaled by close attention to the survivor, use of verbal and non-verbal, and an open and accepting demeanor. Importantly, active listening should be coupled with non-judgmental responses to minimize blame and avoid re-traumatization through seeking services.

D. Address coping strategies. Advocates help to reframe survivor coping strategies from “good” or “bad” to short-term and long-term, with an emphasis on identifying, encouraging and building use of coping skills that facilitate quality mental and physical health.
Short-term Outcomes

1. Access to mental and physical health services
2. Increased hope
3. Knowledge of the impact of trauma
4. Stabilization

“If they’re a long-term client, then we hope that they get to a point where they’re stable. They’re doing better. They’re comfortable. They’re never gonna get over whatever has happened to them. It’s not really an option. Get them to the point where they feel like they’re successful, and they feel empowered. Step one: Compassion. Step two: Resources. Step three: Empowerment.”

CAMPUS ADVOCATE
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CAMPUS-BASED ADVOCACY EVALUATION TOOLKIT

Resource and Information Access

Campus advocacy increases knowledge of and access to basic needs, criminal and civil legal systems and health and psychological services on and off campus.

“Seeking help from (advocacy program) is the reason I passed that semester. Honestly, I think I got through that semester because of it and because they referred me, and I managed to continue going for therapy sessions, that I'd be able to manage my academics.”

SURVIVOR PARTICIPANT

Activities

A. Refer to community resources. Advocates provide referrals to quality, accessible community resources to help survivors increase safety, meet needs, and accomplish goals.

B. Refer to campus resources. Advocates provide referrals to quality, accessible campus resources to help survivors increase safety, meet needs, and accomplish goals.

C. Navigate other support and service use. Survivors work with advocates to identify other helping sources, navigate multiple providers, and find the best fit for services. Advocates provide information and experience about other support systems to help with decision making. Advocates may also offer insight on the realities of working with support systems and manage expectations so survivors are prepared for delays or challenges.

D. Provide specific supports available through the office (e.g., program specific housing options, emergency funds, clothing, etc.). Advocacy program provide direct assistance to survivors through the provision of housing, emergency funds, and material goods. Direct assistance is essential to meet survivor pressing needs so they can focus on health, mental health, and academics.

Short-term outcomes

1. Increased knowledge of campus and community resources
2. Basic needs are addressed (e.g. food, shelter, medical)
3. Referrals are utilized as needed
Connection and Social Support

Campus advocacy strives to support, build, and repair formal and information social support on and off campus.

Activities

A. Engage in rapport and trust building. Advocates use direct and supportive communication skills to learn about survivor needs and build trust through safety, privacy and information. Building rapport and trust are the first steps to building connection.

B. Outreach to clients to check in on needs. Campus advocates increase connection and rapport by reaching out to survivors to assess ongoing needs, answer questions and provide support. This active outreach should be done with survivor consent, and provides a caring connection and sense of community.

C. Assess and facilitate building formal and informal support networks. Survivors and advocates work to assess potential sources of formal (other service providers, faculty and staff) support and informal (peer and family) support.

D. Facilitate timely survivor access to advocacy services. Advocacy programs facilitate rapport and connection when survivors can quickly access services without delay. On-call, emergency, same-day and mobile advocacy appointments help address immediate support needs and a strong connection for ongoing work as needed.

E. Accompany students to other appointments and services. Advocates can offer to join students on appointments and help-seeking activities on and off campus to provide support and information when working with other systems. Advocates may also directly advocate for survivor needs when accompanying students.

“People have started coming up and like saying things, showing more of true side of them, I think. My friend groups have changed as well as a result. I’ve been able to actually—I can recognize who’s really a friend, who’s not a friend. In that way personally, I think it’s changed my circle”
SURVIVOR PARTICIPANT

“That feeling of not being alone anymore. Also, you really see like, “Hey, there’s a whole office for this. You’re not alone. There’s people in this.” It makes you feel not so—not, I don’t wanna say, “weird” but—“different”
SURVIVOR PARTICIPANT

Short-term outcomes

1. Increased knowledge of campus and community resources
2. Increased sense of support from peer networks
3. Reduced isolation
Academic Support

Campus advocates help survivors with academic safety planning and support to address the education consequences and impact of experiencing violence victimization. See section on Academic Safety Planning and Accommodations below.

Activities

A. Collaborate to provide academic accommodations. Advocates work with survivors to understand academic needs and barriers created by violence victimization and related impacts, and collaborate to identify and secure accommodations to meet education goals.

B. Provide academic safety planning. Advocates modify existing safety planning skills for the college campus context by working with survivors to use existing tools and resources to feel safer on campus.

C. Connect professors and students. Advocates provide or work with other campus actors to communicate with faculty about accommodations and survivor needs in a safe, private and accessible way.

D. Broker safety needs on campus. Advocates engage with survivors on safety planning to address physical and emotional needs, but also to address concerns navigating educational experiences.

Short-term outcomes

1. Increased knowledge of campus resources for academic support
2. Increased safety in academic settings
3. Reduction of mental health symptoms negatively impacting academic work
4. Able to engage in learning opportunities
GOAL 7

Enhance Collaboration and Survivor Experience Across Campus and in the Community

Campus advocacy improves survivor outcomes by educating addressing the whole campus community to increase understanding of services and minimize harm.

Activities

A. Assess the system for improvements for survivor access. Advocates act as system assessors, reviewing and improving survivor experiences in other campus systems.

B. Collaborate with other people on campus and in the community to meet survivor needs. Advocates engage with collaborative groups on campus to more broadly advocate and address survivor needs, including the primary and secondary prevention of violence. Advocates may work with student organizations, Title IX, campus sexual assault response teams (SARTS) and coordinated community responses (CCR).

C. Educate campus community on survivor needs and impact of violence. Advocacy may provide more macro-based education to students, staff and faculty across the campus, including information about violence victimization prevention, impacts, and campus services.

D. Advocate for survivor needs with other systems. Advocates provide feedback and information to actors across the campus to increase the use of trauma-informed, survivor-centered practices.

Short-term Outcomes

1. Increased knowledge of campus resources among faculty and staff
2. Increased understanding of causes of violence and impact of violence
Potential Long Term Advocacy Outcomes

Campus advocacy goals, activities and short-term outcomes merge into shared long-term potential outcomes. These long-term outcomes occur in collaboration with shared activities and across goals. Potential long-term outcomes include:

1. Violence and risk for violence decreased
2. Increased or restored power in own life
3. Increased knowledge and access to community and campus supports
4. Reduced negative consequences of mental health symptoms
5. Survivor-identified long term goals are met
6. Increased positive coping skills to mitigate trauma and impact of violence

“When they initially come in it's like they're distraught, kinda just like have this worried face, like what am I gonna do. Afterwards it's kinda more of a lighter feel. Like their light came back. It's just like, I don't know, I tend to go by energy. It's just they feel lighter and not as heavy in a sense where they're smiling more. Their hygiene is better. They're just ready to charge the world kinda thing. Like just go get what they want. When before it's like they thought it was impossible.”

CAMPUS ADVOCATE

7. Enhanced physical well-being

“I would say really well before and even in the beginning stages, I was smoking a lot, but I was able to stop smoking and using any kind of nicotine substances just because I didn't really need them as much as coping nothing anymore.”

SURVIVOR PARTICIPANT

8. Increased sense of community

9. Increased positive social and peer support

“I think the most important thing that they have done to me is providing me with the support system. That support system has meant a lot to me. That support system is everything. You have people that are there that care.”

SURVIVOR PARTICIPANT
10. Academic goals are met

“It doesn’t have to be with our institution, but we want them to graduate. We want them to be successful in what they came here to do, which was to study, to get that degree or to get that masters. That’s with that. Increased institutional trust.”

CAMPUS ADVOCATE

11. Increased institutional trust

“I feel really good. I feel that they care. It feels good to know that that school cares about their students. Even the fact that we’re already adults, ‘cause we’re in college, most of us are adults, some come earlier to college. I feel like it’s great to know that even the fact that you’re an adult they still provide these resources to help students because they want the best for their students.”

SURVIVOR PARTICIPANT

Toolkit data collection indicates emerging evidence of the impact of campus-based advocacy in meeting short- and long-term goals, especially related to safety and empowerment. Across the board, pilot survey participants reported experiencing a decrease in violence victimization after they entered campus-based advocacy services, with between 85 & 95% of participants reporting a decrease in forms of victimization since starting services. Pilot survey data also reveals that participants felt positively about the impact of services on their ability to make decisions about their own safety.
Table 6
Survivor reported empowerment related to safety after working with campus-based advocacy programs.

<table>
<thead>
<tr>
<th>Statement</th>
<th>% indicating the statement is somewhat or very true</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can cope with whatever challenges come at me as I work to keep safe</td>
<td>87%</td>
</tr>
<tr>
<td>I know what to do in response to threats to my safety</td>
<td>84%</td>
</tr>
<tr>
<td>I have a good idea about what kinds of support for safety that I can get from people in my University community (friends, classmates, instructors, staff members)</td>
<td>89%</td>
</tr>
<tr>
<td>I feel confident in the decisions I make to keep safe</td>
<td>80%</td>
</tr>
<tr>
<td>Campus programs and services provide support I need to keep safe</td>
<td>87%</td>
</tr>
<tr>
<td>I know what options are available to support my staying in school while dealing with the risks to my safety</td>
<td>91%</td>
</tr>
<tr>
<td>I know what the next steps are in my path towards staying safe at school</td>
<td>84%</td>
</tr>
<tr>
<td>I feel comfortable asking for help addressing the academic impacts of my experience</td>
<td>73%</td>
</tr>
</tbody>
</table>

Pilot survey results indicate 86% of participants are somewhat or very satisfied with the amount of time staff spent, and 90% are somewhat or very satisfied with the amount of effort staff put in to assisting them.

Table 7
Change in violence victimization since using services at campus-based advocacy programs.

<table>
<thead>
<tr>
<th>Since using services at [program]...</th>
<th>% responding “decreased”*</th>
</tr>
</thead>
<tbody>
<tr>
<td>have the experiences of sexual harassment...</td>
<td>85%</td>
</tr>
<tr>
<td>have the experiences of dating/domestic violence...</td>
<td>85%</td>
</tr>
<tr>
<td>have the experiences of sexual assault...</td>
<td>95%</td>
</tr>
<tr>
<td>have the experiences of stalking...</td>
<td>90%</td>
</tr>
</tbody>
</table>

* [of those reporting an experience of this type of victimization]
UNIQUE ASPECTS OF CAMPUS-BASED ADVOCACY: ACADEMIC SAFETY PLANNING AND ACCOMMODATIONS

While many aspects of the adaptable campus-based advocacy logic model would look familiar to community-based advocates, there are some goals, activities, and outcomes that are unique to the university context. Two major unique components of campus-based advocacy are the role of academic safety planning and academic accommodations work.

Academic Safety Planning

Campus-based advocates use safety planning methods similar to community-based advocates, with additional skills that are unique to the context of higher education.

**Modifications of safety planning academic campuses focus on:**

- The need for academic accommodations.
- The importance of working with other campus collaborators including campus police and disability services.
- A focus on providing safe passage to students within and around physical locations in the campus.
- Supporting students to manage the impact of trauma triggers on academics.
- Providing guidance and support through complex decisions related to schooling, with an eye towards maintaining long term educational options.

These services are critical, given that the majority of participants in the pilot impact survey reported experiencing multiple academic impacts of violence within the past 6 months, including missing class, missing exams or other graded assignments, and failing or thinking about dropping out of classes.

Based on the information about survivor needs learned in the Toolkit creation process, a checklist of potential tasks for academic safety planning is available in Table 8. When these tasks are completed effectively, survivors are more likely to be able to stay in school, and therefore maintain to access a range of resources (student health, counseling, housing, advocacy) which are immediately lost upon withdrawal. Alternately, they may be able to make the choice to temporarily disengage in their educational pursuits on their own terms, increasing their sense of control and ultimately providing more options for future re-engagement with the university/college. These campus setting specific tasks can support academic success, a point of hope and pride, as well as a moment of increasing power and safety for survivors.
### TABLE 8: ACADEMIC SAFETY PLANNING CHECKLIST

<table>
<thead>
<tr>
<th>Academic Safety Domain</th>
<th>Intervention</th>
<th>Need?</th>
<th>Date Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Accommodation</td>
<td>Contact with individual professors related to missed class, late work, or trauma impacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moving course sections to address trauma triggers (including exposure to perpetrator, physical safety in location, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supporting through the withdrawal process to ensure opportunity to re-enroll</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Working with disability or other services to get specific approvals (e.g., deadline flexibility, attendance flexibility, course load reduction, priority registration)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Impacts of Trauma</td>
<td>Psychoeducation related to trauma and memory</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Linking to mental health or psychiatric services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ongoing interpersonal support related to academics</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Processing, identifying, and providing support around trauma triggers in the classroom (e.g., during national events that will be discussed, when course material may be triggering)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Sabotage</td>
<td>Address on-going abusive tactics impacting academics</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify resources to replace lost school materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Broader safety planning related to abusive relationships (outside of academics)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facilitating safe passage on (and off) campus to allow continued attendance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Accommodations

Academic accommodations are a key element of campus-based advocacy services, and part of academic safety planning. Both students and advocates view accommodations as a step toward positive academic outcomes, addressing mental health needs and safety. However, both campus advocates and students may receive varied or unhelpful responses to requests for accommodations from faculty and staff. Campus advocates can mitigate risk of negative experiences by reaching out to faculty directly with survivor permission, providing faculty and staff with information on why accommodations might be necessary for positive academic outcomes, and working with students to request specific accommodations from professors. Advocates and students reported trying to balance maintaining privacy and thinking through what to disclose while working to secure accommodations. Students need a variety of academic accommodations based on their own academic portfolio and their changing needs over time.

Advocates work with students to identify and support individual academic needs including referrals to the Students with Disabilities Office, when applicable. Below is an excerpt from the Rehabilitation Act of 1973, one of the key policy that guides academic accommodations for students that are registered with their campus students with disabilities office.

Section 504 of the Rehabilitation Act of 1973

“No otherwise qualified person with a [disability] in the United States shall, solely by reason of a [disability], be excluded from the participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving federal financial assistance.”

A person with a disability is an individual with a physical or mental impairment that substantially limits one or more major life activities. An individual is considered to be a person with a disability if he/she (1) has a disability, (2) has a history of a disability or (3) is perceived by others as having a disability.

A qualified person with a disability is defined as a person who meets the requisite academic and technical standards required for admission or participation in the post-secondary institution’s programs and activities.

Types of Accommodations

There are different types of accommodations and not all are a universal fit for students. Often students will know what they need and when for their academic life. Advocates work with students to navigate those particular needs, including through having discrete (and often ‘generic’ e-mail conversations with individual faculty members).
Examples of accommodations include:

- More time to take exams, in-class assignments
- Extended deadlines for homework, projects, and other assignments
- Excused absences
- Moving student to another course section or meeting time
- Student not working with or required to sit next to perpetrator in class
- Flexibility in grade breakdowns or allowing a student to retake an exam

Accommodations not only help students fulfill their educational goals but also help them feel a sense of control over their lives, and increase their resilience. Ultimately, academic accommodations were some of the most beneficial services students received on campuses.

Challenges

Challenges in accessing and/or providing accommodations can be frustrating to students and prevent them from seeking further help. While most faculty and staff on campuses are willing to work with student survivors on accommodations, there is still variation in faculty support and openness. Students and campus advocates both navigate differing levels of faculty/staff support. Not knowing how faculty will react is a source of stress for students. Additionally, the way faculty respond when approached by students or advocates for accommodations has an impact in overall and academic outcomes of the student. As advocacy services become more widespread in universities across Texas and the nation, continuing to educate faculty about the role of advocates and the need for accommodations can help to enhance the effectiveness of this advocacy tool.

“There have been times where professors are like, “Great, I hear you and this is the only accommodation I’m willing to provide and if the student doesn’t like it, that’s their decision.” I think sometimes that can be a little challenging and that’s something we have to talk with the students about is like hey, I’ll advocate for you and we’ll push for what you want and at the end of the day, the professor still does have some discretion about what ultimately they do and what accommodation they’ll provide.”

CAMPUS ADVOCATE

Another challenge with accommodations is privacy and disclosure. There is a balance between providing information to faculty about accommodations and maintaining the privacy of students. Advocates work with students to secure accommodations and should not share or contact anyone without the students’ consent. Students also think through what, when and how to disclose to faculty and other program staff when asking for accommodations. Many advocates have a generic e-mail they can send to faculty stating that a student is working with their office (without indicating why the student is working with them) and asking for specific accommodations (for example, excusal from class on a specific date, or additional time for an assignment or exam). Students have varied experiences with the accommodation process. Importantly, feeling flexibility and openness from faculty, professors, and instructors led to a positive experience for the student and overall improved academic outcomes.
Best practices identified from Toolkit data collection for accommodations are:

- **Educating students about accommodations.** An important advocacy skill is educating students about accommodations and how to access them. Many students do not know that accommodations are an option before they seek advocacy services.

  “I wouldn’t have known about that if I hadn’t gone and, like, use to the counseling services. I feel like it’s gotten a lot better. This semester, I haven’t been as overwhelmed. Even with the next semester, like, I’ll be taking 18 hours, but I feel like it’s actually doable because I have, like, support system, and ways to, like, get around that, and have the accommodations I need to, like, do well...”

  **SURVIVOR PARTICIPANT**

- **Assessing accommodation needs.** Assessing academic and accommodation needs is one of the first things advocates do with students. Many times this is part of the overall engagement and assessment process and sometimes it is part of the ongoing safety planning process.

  “They’re really good at kind of figuring out some of the—some ideas and options that may be amenable to that specific class. Like, if it’s more participation based, if it’s, like, a theater class or language-based class, you know, them missing the majority of their class time is a significant part of their grade that they’re not turning. Would there be a viable option for them to make that up? Could they re-weigh, maybe, some other components of the class? Again, it may not be the alternative the student wants to hear, but is it a difference of that might make or break them having to drop the class? Maybe. Hopefully.”

  **CAMPUS ADVOCATE**

- **Connecting with faculty and staff.** Both advocates, in the community and on campus, as well as students see connecting with faculty as a key step in securing accommodations. However, advocates and students prepare for and receive varied responses from faculty when accommodation requests are made.

  “We’re really trying to personalize and tell the professors, ‘Hey, this is gonna be a conversation and it’s not just gonna be like, ‘Oh, you’re gonna do this one thing and everything’s okay.’ This is gonna be a continuous conversation to get them through the semester.”

  **CAMPUS ADVOCATE**
SECTION 2: ADAPTING CAMPUS ADVOCACY FOR COMMUNITY

Advocacy Adaptations for the Campus Context
Adapting Your Program Worksheet
SECTION 2: ADAPTING CAMPUS ADVOCACY FOR COMMUNITY

The campus advocacy logic model represents a template for services that can be adapted based on setting. While many of the goals of advocacy are consistent across campuses, activities and approaches undertaken to reach those goals vary depending on setting and student population. Campus-based advocacy is occurring in a wide variety of settings, such as student services, campus law enforcement, Title IX offices, campus health and mental health services, and in standalone programs on campus. Advocacy programs are implemented in different college campuses contexts, including large flagship institutions, urban campuses with and without student housing, Hispanic-serving institutions (HSIs), historically black colleges and universities (HBCUs), community colleges, and small liberal arts colleges. Campus type, culture, student population, and program setting should be considered as campuses begin and continue the process of campus-based advocacy implementation and evaluation. Examples of such adaptations include adapting advocacy to use chat and text for online students; use of peer support models to better reach student survivors; and co-locating specialized advocacy services in an international student center.

Program Adaptation

The process of modifying an evidence-based program, while maintaining its core elements and preserving the program logic, is referred to as ‘adaptation’ (Damschroeder et al, 2009; Wingood & DiClemente, 2008). A campus-based advocacy program adapted to your setting and context should still include key identifiable goals and activities, such as those outlined in the adaptable campus-based advocacy logic model in Section 1 of this Toolkit. A well-implemented adaptation process can lead to a program that more closely aligns with the needs, values, and contexts of your campus, while maintaining the underlying logic and demonstrated efficacy of the intervention.

Replicating effective programs in diverse campus settings requires being able to maintain a core set of goals, activities and outcomes, while recognizing the need for modifications and adaptations within the ‘adaptable periphery’ of the program. The adaptable periphery are the program elements that need to be changed for advocacy to be as effective as possible on a specific campus. What changes in the ‘adaptable periphery’ will differ based on a program’s location within the campus, resources available, and the demographics and specific needs of the students, faculty, staff, and visitors who will participate in the program (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005). This section of the Toolkit provides guidance on evidence-based strategies for making modifications to the campus-based advocacy framework and logic model found in Section 1 in order to better align your campus-based advocacy program with your setting, context, and population.
ADVOCACY ADAPTATIONS FOR THE CAMPUS CONTEXT

Settings

Programs might look and function differently depending on where the program is located within the university structure. For example, a program located within a student affairs department may have different areas of focus and resources than a program located within student health services. The advocacy approach illustrated in the campus advocacy logic model may be implemented. The next section provides a few examples of such setting based adaptations.

Standalone Advocacy Center

On some campuses, campus-based advocacy services may originate from a single program entity. This model of advocacy offers a single point where student-survivors are able to access advocacy services. Standalone advocacy centers may have program administrators, faculty, advocates, and counselors on staff. These programs may have a broad range of services they are able to offer and interact with students in varying intensity. This style of advocacy program will focus on the entire spectrum of advocacy, from immediate crisis needs to long-term services. Standalone centers will focus on all 7 goals but may find that within their campus context, certain areas need more focus, such as increasing resource and information access, or advocating for survivor needs across campus. The benefits of such programs extend beyond simplified access to include independence from other department policies, and control over the consistency of their service model. However, within these programs there is a potential for delays in accessing services if the program is at capacity. Additionally, there may be increased stigma among campus populations about going to an advocacy center around violence prevention and intervention. Pivotal to this model is the cooperation between program staff and other service provision programs on campus, the relationships between programs and individual program staff must be strong.

Advocacy within a Counseling Center

Housing an advocacy program or providing advocacy services within a counseling center is also a model found on college and university campuses. Much like the standalone center, an advocacy program within a counseling center may provide services focused on all 7 goals located in the adaptable campus-based advocacy logic model, however, these types of programs may focus on reducing negative mental health impacts, as well as facilitating social connection. Potentially unlike other service provision programs on campuses, advocacy within a counseling center provides an increased sense of confidentiality and privacy afforded by policies guiding counseling. As part of a counseling center, students may able to access mental health services at the same time as advocacy services. However, there could be increased stigma around seeking out mental health services on campus in general. Additionally, there may be a limit to how many sessions student survivors have access to, and sometimes these services might be fee-based, which would be limiting to students seeking services.
Advocacy Program within Campus Law Enforcement

Just as District Attorneys or community police departments (PD) may have survivor advocates on staff, Campus PDs may house an advocacy program. Along with the activities outlined in the adaptable campus-based advocacy logic model, advocates located within a PD may have more tasks related to emergency or crisis management. For example, they may have a more prominent role during emergency events on campus and may be called out to crime scenes along with the PD, where they could attend to both bystanders and victims. This style of advocacy program may focus on immediate needs, services navigation and supporting survivor’s decision making related to reporting and referrals, rather than ongoing support. A program located in the PD, while supporting all the goals of the campus-advocacy model, may naturally focus more on the first goals of safety and survivor autonomy and may work with colleagues in other programs across campus to address academic issues.

Developmental Phase

Campus advocacy programs serve students from a wide variety of ages, but typically focus on the developmental span referred to as emerging adulthood. This life stage is distinct from adolescence and young adulthood (Arnett, 2000) and typically lasts from late teens (18) to mid-20s (24) (Schwartz, Côté, & Arnett, 2005). In high income countries, this life stage may last until the late 20s (Arnett, Žukauskiene, & Sugimura, 2014). Emerging adulthood is a culturally-constructed concept and not universally experienced in the same way by all individuals (Arnett, 2000). This is a time when individuals are not fully independent but not fully dependent on others either. They take on some responsibilities but leave others to parents, universities, or other adults (Arnett, 2000). Self-sufficiency, including financial independence, making decisions for themselves, and accepting responsibility for themselves, are all attributes emerging adults report as being markers of reaching adulthood (Arnett, 2000). Campus-based advocacy is modified from community models for emerging adults to better meet the needs of this population on a college campus.

These adaptations include:

- Increased psychoeducation about relationships, mental health and self-care
- Focus on navigating helping systems and other formal support network for the first time
- Understanding of the importance of peers through addressing disclosure experiences and building positive peer networks
- Emphasis on skills for self-care
- Support for increase autonomy and decision-making outside of family setting

Cultural Modifications

An important part of adaptation is making modifications to better align the program with the culture and student population of the university and of students, faculty and staff. The ADAPT-ITT framework for modifications can be used for this purpose, but it is important to consider some specific factors when making cultural modifications.
First, modifications should include:

- **Cultural accommodations**, which are modifications in the way a practice is delivered so that it can be utilized with a particular community (e.g., translating forms, changing language, or using interpreters), and
- **Cultural adaptations**, which are changes to the structure of a program in order to more appropriately fit the needs and preferences of a particular cultural group or community (Booth & Lazear, 2015).

To enhance cultural sensitivity and responsiveness, campus-based advocacy programs should engage in both cultural accommodation and adaptation. In all cases, engagement with the campus community throughout the adaptation process, and especially with potential service recipients, is essential to ensure that cultural needs are being met. Ongoing conversation with survivors using advocacy services, and attention to who in the campus community is not accessing services (through demographic comparisons between service users and the campus as a whole, and through on-going reflection and discussion), can point to key areas for cultural accommodation and adaptation. Example cultural accommodations and adaptations are listed in Table 9 below.

<table>
<thead>
<tr>
<th>Example Cultural Accommodations for Campus-based Advocacy</th>
<th>Example Cultural Adaptations for Campus-based Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource lists, intake, and evaluations available in the preferred language of campus stakeholders</td>
<td>Integrating cultural values like <em>personalismo</em> into the day-to-day operations of an advocacy program located in a Hispanic Serving Institution (HSI) by emphasizing the importance of warm, friendly, and personal interactions.</td>
</tr>
<tr>
<td>Arrangements in place for ASL interpretation or language-line assistance</td>
<td>Developing an intake process that includes a focus on relationship building and cultural support networks.</td>
</tr>
<tr>
<td>Ask survivors for preferred pronouns/ using gender neutral language to discuss partners and relationships</td>
<td>Recognizing the social location of the university community in the lives of older-adult students through developing processes focused on linkages outside the university to the student’s community, family, workplace, and other spaces.</td>
</tr>
</tbody>
</table>

The **ADAPT-ITT Model** (*Assessment, Decisions, Administration, Production, Topical experts, Integration, Training staff, and Testing*) provides a step-by-step guide for adapting social service and health interventions (Wingood & DiClemente, 2008). Developed to guide adaptation of HIV interventions, ADAPT-ITT has been previously used to adapt a wide range of health and social service interventions, including university-based sexual violence prevention and intervention programs (see, for example, Munro-Kramer, Rominski, Seidu, Darkeb, Huhman, & Stephenson, 2019). The ADAPT-ITT model includes eight sequential steps, which emphasize the importance of community involvement in the adaptation process. The eight steps are assessment, decision, administration, production, topical experts, integration, training, and testing. The process requires continued engagement from student survivors, program staff, university officials, local interpersonal violence service providers, and other community members to ensure that adaptations enhance the applicability and acceptability of advocacy within the unique university context. The steps of ADAPT-ITT, with accompanying notes specific to campus-based advocacy, are provided in Table 10. The ADAPT-ITT Model is geared towards new programs and program implementation. However, it may also be adapted for use in established programs. An adaptation example based on a campus police advocacy program is outlined below in Table 11.
**TABLE 10**
The ADAPT-ITT program adaptation model and steps for adapting campus-based advocacy interventions

<table>
<thead>
<tr>
<th>ADAPT-ITT Phase</th>
<th>Definition</th>
<th>Steps to Aid Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td>Understanding the priorities of the population(s) being considered for the campus-based advocacy intervention: What are their goals for this work?</td>
<td>Conduct focus groups with survivors aimed at understanding cultural and contextual factors related to help-seeking and needs, desires for services. Conduct focus groups with university officials, student life staff, campus PD, faculty aimed at understanding needs, resource and constraints. Engage with existing campus groups (student and non-student led) and community-based providers to understand what services are available and what gaps exist.</td>
</tr>
<tr>
<td><strong>Decisions</strong></td>
<td>Is campus-based advocacy what we want? Are there other existing programs that would be a better fit? What parts of the campus-based advocacy model need to be adapted to fit our campus?</td>
<td>Do we want to move forward with campus-based advocacy programming? Based on focus group feedback, where are key modifications needed? Are there cultural or contextual alternations that would enhance the relevance for this campus? Where is an appropriate institutional place for a program to be located?</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td>Begin providing services (‘pre-testing’) to a targeted audience. Focus on obtaining feedback on the format, content, and experience with the campus-based advocacy program.</td>
<td>This initial implementation includes collecting data: interviews with service participants, and fidelity checklists (see Section 3), and written feedback forms should all be collected and analyzed, with an aim of identifying additional needed adaptations.</td>
</tr>
<tr>
<td><strong>Production</strong></td>
<td>Creating needed materials (program manuals, forms, evaluations, fidelity tools, etc.) based on adaptation needs.</td>
<td>Many of the tools included in section 3 of this Toolkit can be used, or modified to fit the adaptations that you have made at your university.</td>
</tr>
<tr>
<td><strong>Topical Experts</strong></td>
<td>Share tools and results of the ADAPT-ITT phases with topical experts who can provide feedback on format, content, and materials, acting as an outside check on the validity of the adaption process.</td>
<td>Student-survivors should be consulted during the phases of adaptation, along with programmatic experts. In a best case scenario, topical expertise should come from students inside the university and ‘formal experts’ in and outside of your university. Consulting with community-based advocates can help build connections and enhance the work.</td>
</tr>
<tr>
<td><strong>Integration</strong></td>
<td>Integrate feedback from the topical experts into the adapted intervention, creating an adapted program suitable for implementation</td>
<td>At the end of this phase, you should have a fully realized and tested adapted version of campus advocacy program that is specific to your campus context and setting.</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>Training of program staff (advocates)</td>
<td>Ensure advocates have the training and resources to implement the program as adapted, and that others within the university that work with student-survivors understand the role and tasks of campus-based advocates. This phase should also include a focus on disseminating information about the program throughout the University so that survivors have the best chance of getting connected to services, and so that others in the University understand what the program does.</td>
</tr>
<tr>
<td><strong>Testing</strong></td>
<td>On-going evaluation to ensure continued efficacy of the adapted intervention.</td>
<td>The tools provided in this Toolkit have been tested and validated with Texan college students, and are a free resources available to all campus-based advocacy programs to use for evaluation and testing.</td>
</tr>
</tbody>
</table>
## TABLE 11
Adaptation Example: Campus Police Advocacy Program

<table>
<thead>
<tr>
<th>Program Goals</th>
<th>Program Activities</th>
<th>Adaptation for On-Scene Police Campus Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary prevention of violence and harm</td>
<td>Create a safe, private space for advocacy</td>
<td>Speak with victims away from other activities occurring at the crime scene;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work to attend to physical comfort and immediate physical needs of victims;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Engage in immediate crisis response- meet victims at the point of injury/violence.</td>
</tr>
<tr>
<td>Survivor agency and empowerment</td>
<td>Check in on goal progress on an ongoing basis</td>
<td>Provide 24-hour accessibility as part of police response; recognize that not all survivors desire ongoing services and assess follow-up needs mutually.</td>
</tr>
<tr>
<td>Resource and Information Access</td>
<td>Connect with on campus resources</td>
<td>Connect with off campus police departments or other law enforcement officials working with the case; engage broader community resources to support victims living off campus/in the community.</td>
</tr>
</tbody>
</table>
## ADAPTING YOUR PROGRAM WORKSHEET

<table>
<thead>
<tr>
<th>Program Goal</th>
<th>Activity</th>
<th>Needed Adaptation</th>
<th>Plan for Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask: Are goals consistent with the advocacy model, or are there unique goals in our setting?</td>
<td>Ask: What do we need to do to meet our unique goals?</td>
<td>Ask: Why is the adaptation needed? Who/what does it serve?</td>
<td>Ask: Who is responsible? How will our program logic model look?</td>
</tr>
<tr>
<td></td>
<td>Are there other activities that will help us meet the advocacy framework goals on our unique campus?</td>
<td></td>
<td>What changes in evaluation approach are needed to match this change in program logic or functioning?</td>
</tr>
</tbody>
</table>
SECTION 3:
HOW DO YOU EVALUATE CAMPUS-BASED ADVOCACY EFFORTS?

Why Conduct a Program Evaluation?
Planning the Evaluation: Campus Advocacy
Program Evaluation Steps
WHY CONDUCT A PROGRAM EVALUATION?

This section of the Toolkit will provide background on program evaluation in general, as well as specific guidance related to conducting ethical evaluations with survivors of IPV and SA. This section of the Toolkit ends with specialized evaluation guidance and tools to evaluate campus-based advocacy programs based in the logic model discussed in Section 1. The adaptable campus-based advocacy logic model can be found in Appendix A.

Program evaluation in general is a method for monitoring, assessing, and improving services. Campus-based advocacy programs may choose to evaluate their services for a wide variety of reasons, including:

- Requests from current or potential funders,
- The need to provide evidence for program efficacy and impact for justifying the existence and expansion of organizations, or
- Ongoing program improvements.

Many helping professions identify ongoing program evaluation as an ethical obligation. See, for example, the Social Work Code of Ethics, (NASW, 2017). Effective program evaluations can provide data to be used in administrative decisions, program improvement, public relations, fundraising, accountability, and advocacy. When evaluations focus on key issues of concern to stakeholders (including service recipients, program staff, organizational leaders, and community members), and when results can be presented in a user-friendly format, evaluation data can positively impact the development of key policies and new programs. However, evaluations that fail to identify how collected data relates to key program components and that are unable to reliably measure change, may not produce useful results.

For campus-based advocacy programs, program evaluations can help with:

- Including the voices and experiences of survivors who have worked with advocacy services
- Identifying service needs and gaps
- Understanding program impacts
- Identifying what staff members need to implement and adapt the model for a particular campus
- Providing evidence of program efficacy and impact to promote sustained and increased funding as well as campus and community support
- Developing a deeper understanding of the needs of IPV and SA survivors on college campuses

There is evidence documenting a strong desire among survivors to have access to campus-based advocacy programming (Sabina & Ho, 2014), but there are gaps in information about service needs and short and long-term advocacy impact. Program evaluation can begin to provide evidence for the effectiveness of campus-based advocacy programming and shed light on areas that require improvement.
In some cases, advocacy programs may choose to evaluate their program through existing research and evaluation efforts, such as a campus climate survey. In recent years, campus climate surveys related to student experiences of interpersonal violence have been growing in popularity. Campus climate surveys are frequently used to assess prevalence of IPV and SA, along with stalking and sexual harassment. Such surveys are typically used to assess student attitudes and knowledge, and outcomes associated with experiences of violence and harassment. Surveys may be administered yearly or bi-annually, typically online (Wood, Sulley, Kammer-Kerwick, Follingstad, & Busch-Armendariz, 2016). Some advocacy programs may use campus climate assessments to evaluation programming, using a modified survey design. For example, campus climate survey participants who have experienced IPV or SA can be asked follow-up questions to assess for advocacy service use and impact of experiences. Participants who have engaged in advocacy services are then routed to additional evaluation questions. Many of the items included in the advocacy brief feedback survey outlined in Appendix D could be used in this way. While this approach makes use of an existing survey, space is limited for questions and it can be more difficult to recruit participants, especially if participation is not incentivized or targeted to previous campus-based advocacy service users. A separate evaluation may better meet program needs.
PLANNING THE EVALUATION:
CAMPUS ADVOCACY PROGRAM
EVALUATION STEPS

1. Select the type of evaluation needed
2. Determine who will perform the evaluation
3. Start with ethical considerations at the forefront
4. Identify the approaches and activities that will be evaluated
5. Work with your IRB, if applicable
6. Promote the evaluation and find participants
7. Analyze and use your data

Select the type(s) of evaluation needed

Evaluation efforts can inform and improve campus-based advocacy services from the development of an initial program idea, through the adaptation process, and to the end goal of providing evidence of short- and long-term change and improvement. The primary types of evaluations are formative, process, and impact evaluations. Some forms of evaluation may also include an initial needs assessment, which is typically helpful for program planning. Needs assessments help advocates understand the challenges within systems and communities and identify potential solutions. Measures included in this Toolkit are primarily designed for process and impact evaluations, though campus-based advocacy programs can benefit from evaluation at any point in their development and implementation. Table 12 provides an overview of the different forms of evaluation, as well as specific implications for campus-based advocacy programs. Evaluation approaches can be qualitative (i.e., collected via open-ended questions and analyzed for themes), quantitative (i.e., collected in such a way as to be analyzed statistically), or mixed-methods (both qualitative and quantitative). A mixed-methods approach is often the most robust way to measure the extent to which the program is achieving target impacts, such as increasing empowerment, academic achievement, and improving mental health for survivors.
### TABLE 12
Program evaluation for campus-based advocacy programs

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Focus</th>
<th>What is identified and assessed?</th>
<th>Implications for campus-based advocacy programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative</td>
<td>Formative evaluation aims to understand the program formation and implementation, describe the program, identify program processes, and assess evaluability.</td>
<td>Program logic (goals, inputs, activities, outputs, and desired short and long-term outcomes) are identified through formative evaluation.</td>
<td>Formative evaluation of campus-based advocacy programs begin with an existing or newly created program approach illustrated in a logic model, such as the one found in the Toolkit. Programs can work with stakeholders to modify an existing logic model or create a new one to understand how the program should work. Formative evaluation activities include assessment of staff and survivor experience, initial feedback on process and procedure, review of program materials, and analysis of program data.</td>
</tr>
<tr>
<td>Process</td>
<td>Process evaluation aims to monitor program activities, assess program fidelity (i.e., the alignment of actual program activities with stated, goals or tasks), and assure program quality and positive service experience.</td>
<td>How the program operates, what tasks are being performed and by who, what client populations are being served, what services clients are receiving, and how clients experience their time in/with the program</td>
<td>Process evaluation for campus-based advocacy involves understanding service provision and experience to monitor and improve quality, and highlight programs strengths and areas for improvement. Process evaluation activities include fidelity assessments, service experience evaluation, survivor and staff listening sessions, and monitoring of programmatic data. Toolkit tools listed in Appendix B-I are helpful for process evaluations to get feedback on advocacy programs and understand emerging needs.</td>
</tr>
<tr>
<td>Impact</td>
<td>Impact evaluation aims to determine what (if any) impact the program is having on its intended short- and long-term outcomes. Impact evaluations may also provide information on who receives the most benefit from programs and barriers to maximum program impact. For a clear picture of causation, it is important to have evidence of change over time (pre/post/follow-up where possible).</td>
<td>Impact evaluation assesses short and long term outcome indicators over time, differences in program impact by population, victimization, or service experience. Some programs may use a pre-survey to assess certain information before any service use begins. Impact evaluation can also be used to compare intervention approaches, in some cases.</td>
<td>Program impact evaluation determines if campus advocacy programs are meeting short and long term intended outcomes. Impact activities include individual case indicators, one time and repeated surveys, and impact interviews. See Toolkit Appendices B-I for examples of one time or repeated surveys, impact interviews and case indicators that can be used to evaluate the impact of campus-advocacy on academic and well-being outcomes of student survivors.</td>
</tr>
</tbody>
</table>
Determine who will do the evaluation

Once a program has made the decision to conduct an evaluation, the next question is often “Who will do it?”

An evaluation can be conducted by individuals internal to the program, external to the program or a team combined of people from various locations. Internal evaluators are most often program staff, board members, or other campus personnel who are close to the program.

The advantages of having an internal evaluator include:

- Cost
- Flexibility
- Strong understanding of program operations
- A more ready access to clients and client contact information
- The ability to control the messaging and data for as long as possible

Drawbacks to internal evaluation include a lack of time from program staff to develop and carry out a scientifically valid and objective evaluation; the possibility that staff personal views on the program may influence their choices related to the evaluation questions, and, importantly, the very real possibility that survivors may feel uncomfortable sharing negative feedback with program staff, particularly with staff with whom they have worked. For programs thinking about using an internal evaluator, utilizing resources like this Toolkit that provide outside evaluation guidance can help increase the rigor and trustworthiness of study findings.

External evaluators are typically experts brought in from outside the program who have research and evaluation experience and content knowledge about advocacy services. On a university campus, this may include a faculty member or researcher with expertise in IPV and SA, trauma or violence from within the university, or it may include evaluators from outside of the university.

The advantages of an external evaluator include:

- Assistance with setting up on-going systems and identifying key evaluation needs, particularly at the outset and at moments of stress within an organization
- Expertise to build an objective evaluation approach
- Reduced burden on staff
- Fewer concerns about gathering reliable survivor feedback, since it is requested and evaluated by a third party

Bringing in outside help when problems arise, or when changes are being considered can provide important insight into program functioning and impact. Drawbacks to an external evaluator include cost, identifying an evaluation partner, and recruiting participants in confidential services without undermining survivor confidentiality.
Collaborative evaluation designs between internal and external partners, with an emphasis on survivor voice in the evaluative design, are considered best practice for violence intervention and prevention evaluation and research. Collaborative approaches like community-based participatory research (CBPR) designs emphasize shared power, resources, and decision-making (Goodman et al., 2017). Applied to campus-based advocacy, participatory evaluation means involving partners on the campus, and in the community, as well as centering survivor service experience and input in the evaluation design. Input from survivors and advocates drives the evaluation approach, dissemination of findings, and program improvements to ensure cultural sensitivity, survivor safety, and maximum evaluation benefit for the people mostly directly impacted by IPV and SA.

Evaluators bring their expertise to the collaboration. In universities, there may be experts in departments like Social Work, Psychology, Public Health, Criminal Justice or Non-profit Management who can use a CBPR approach to create a collaborative evaluative design with benefits from both an internal and external evaluation approach.

**Start with ethical considerations at the forefront**

When conducted thoughtfully and ethically, program evaluation should not re-traumatize or harm survivors using campus-based advocacy. Survivors who participate in evaluation tasks are providing crucial feedback, and risking potential discomfort, including the risk of emotional distress from reliving their traumatic experiences. Evaluators also put themselves at emotional risk in engaging with such potentially traumatic material (Silvia-Martinez, Postmus, & Stylianou, 2012). For programs that serve survivors of IPV and SA, evaluators have unique obligations and challenges when it comes to the protection of evaluation participants. Previous research with college populations has indicated that IPV and SA survivors are not harmed by participating in surveys related to violence experiences, and may receive potential benefits, especially when given private and safe spaces to provide feedback (Cook, Swartout, Goodnight, Hipp & Bellis, 2015; Edwards, Kearns, Calhoun, & Gidycz, 2009). Survivors interviewed as part of the Toolkit creation were asked about their perception on being asked to be part of an evaluation. Survivors reported being willing, and often eager, to participate in evaluation activities and share their experiences, understanding the benefit those activities would provide, especially for future survivors who seek services. Some survivors reported that initially they were apprehensive about responding to an evaluation, however, after reviewing the consent materials stating they would not be required to talk in-depth about their violence experiences, they were much more willing to participate. Survivors interviewed for the Toolkit indicated greater comfort with external evaluations teams.

The World Health Organization (WHO) (1999) has outlined guidelines for safety in research with survivors of IPV and SA, as have Sullivan and Cain (2004) and Cook et al. (2015). To minimize any discomfort, campus-based advocacy evaluators should undertake the following steps to minimize risk for harm and support participant safety.

1. **Informed Consent.** All invitations to participate in research should include informed consent documents so potential participants are able to make a real choice about whether to participate. Informed consent documents should include the study purpose and aims, information on how the data will be managed and used, the privacy measures employed in data collection, information on who is in charge of the study, and most importantly, exactly what will be asked of participants. A sample informed consent document can be found in Appendix H.
2. **Voluntary.** All research and evaluation should be voluntary. For program evaluation, it is essential to let potential participants know that the quality and availability of their services will not be impacted by feedback they provide in the evaluation. Individual questions, both through interviews and online questionnaires, can be skipped at any time.

3. **Emphasis on safety and privacy.** Concern for the physical and emotional safety of program participants should guide decisions around the timing and methods of evaluation work. All data should be collected with careful attention to the safety of participants. For longitudinal evaluations, tracking and communicating with participants over time must be undertaken with caution, as survivors may choose not to disclose their services engagement with others in their life, and reminder phone calls, texts, or e-mails could pose a direct threat to the safety of the participant.

4. **Confidentiality.** Evaluators must realize the importance of maintaining data confidentiality, especially regarding traumatic experiences. Protecting confidentiality is essential to ensure both survivor safety and data quality. Survivors should have opportunities to anonymously participate in an evaluation without fear that service providers will know what they have shared.

5. **Questions are focused.** Program evaluation should be focused on survivors’ experiences with the program. Although some basic information about a survivor’s experience of violence might help inform findings, in-depth investigation or questions about a survivor’s history of violence is typically unnecessary.

6. **Training of research staff.** Research staff should have significant training in IPV and SA, including research methods and interviewing skills. Further, interviewers and others who interact with evaluation participants should be able to identify signs of distress and be knowledgeable regarding local services available to support survivors. Evaluation efforts should be led by individuals who understand the needs of survivors as well as the dynamics of the program being evaluated. They should have access to resources from scientific experts as well as the support of their institution. The voice of program participants (survivors) should be solicited and centered wherever possible.

7. **Resource provision.** Interviewers should be knowledgeable regarding local services available to support survivors. When web-based surveys are used, lists of community and campus-based resources should be provided to all participants. Evaluations should provide information on available resources, including linkage back to the program being evaluated and information on other resources on campus or in the local community.

8. **Plan for the data.** Evaluation should be conducted with a transparent plan for data use. This includes a plan for program improvement and sharing of the evaluation results with key stakeholders.

Planning an evaluation can be overwhelming, especially for survivor advocates who worry about the impact of participation on their clients. Advocates may be concerned that survivors are already asked to talk to many campus officials about their trauma, and that asking them to participate in the evaluation is an additional burden. However, it is important to reassure advocates that the evaluations proposed in this Toolkit do not include detailed questions about their traumatic experiences, but rather are focused on their experiences with advocacy services and their current well-being. Advocates may also express concern that participating in a survey, interview, or listening session may be distressing for survivors. It can be helpful to share that...
data suggest that participating in research related to experiences of victimization does not generally cause undue distress, and can in fact be empowering and valuable for survivors, as many participants want to share their experiences and be part of creating effective systems for future survivors (Cook, Swartout, Goodnight, Hipp & Bellis, 2015; Edwards, Kearns, Calhoun, & Gidycz, 2009). Survivors who receive the invitation to participate may find it a helpful reminder of the program’s support, and availability, and the invitation may prompt them to reengage with services.

**Identify the approaches and activities that will be evaluated**

The logic model or programmatic guide of goals, activities and outcomes, is typically the basis of design for program evaluation. The logic model provides a road map for understanding what program experiences and outcomes to assess, and which people involved in the program can provide feedback. Activities for campus-based advocacy program evaluation are outlined below.

**Approaches for Formative and Process Evaluation**

Formative and process evaluation assist with establishing and refining program activities and improving staff and survivor experiences. These activities include listening sessions, fidelity checklists, feedback surveys, and programmatic data. The data gathered through formative and process evaluation demonstrate what services are occurring, and how they are being experienced or perceived by users and providers.

**LISTENING SESSIONS**

**What is it:** A listening session is like a focus group, and involves having a conversation with people who are knowledgeable about service provision. Listening sessions can be used to gather feedback on a new program, for guidance about serving a specific population, and for assessing unmet needs. Listening sessions can be conducted with staff and people engaging in advocacy services as well as prospective clients. Listening sessions may be conducted by program staff or an external partner. The focus on listening sessions for formative and process evaluation is to understand experiences in services, including any strengths, needed areas of improvement and gaps in service provision. Listening sessions provide in-depth feedback and present an opportunity to ask further questions if trends are identified within fidelity checklists or program data that need further exploration. Listening sessions are also an important strategy for capturing and integrating survivor voices into the iterative program planning process. Listening sessions can help identify changes in the larger campus culture or conditions that may require modifications or adaptations of the program in order to maintain effective services.

**Ways to conduct a listening session:** Listening sessions can be conducted periodically (yearly, bi-yearly, or when changes in outcome or fidelity data suggest additional information is needed). Leaders may be a third party (outside of the program or university) or an internal staff member. Working with an
external leader may help get more feedback, while an internal staff member would have more familiarity with program practices and may pick up on specific references or practices more easily. Listening sessions should be guided by a set of open-ended questions with follow-up prompts. Plan ahead for data collection (e.g., audio recording, note taking, or other group processing strategies) and ensure that findings are de-identified and summarized for key stakeholders.

More on this: An example of listening session questions for campus-based advocacy programs can be found in Appendix B.

FIDELITY CHECKLISTS OR QUESTIONNAIRES

What is it: Fidelity checklists ask clients and/or staff to record the actions taken and goals addressed during advocacy sessions, with the aim of understanding how program activities are being implemented and if program goals are achieved. Paired designs ask clients and staff to both indicate what was accomplished in a session and over a series of sessions, so that comparisons may be drawn between client and staff perspectives. For example, a yellow flag of caution may be raised if staff indicate that a set of goals have been attended to and a survivor does not identify those goals as part of their service experience. This feedback can be used to guide future work with specific clients, to shape programs and services, for supervision with staff, and to identify program goals or activities that are being frequently missed. Alternately, surveys may be completed by only staff or only survivors, to gather data related to perceived activities and goals of advocacy sessions.

Ways to implement a fidelity checklist or questionnaire: A fidelity checklist can be administered after an advocacy session via online questions or in paper form. Programs may choose to send one after each session or after a set number of sessions. The tool may be sent via email or text to be completed at the participant’s time of choice, or given to the participant on a tablet, computer or paper directly after a session. Advocates may complete the checklist via paper or electronically after each advocacy session, or during the same session as clients, for comparison.

More on this: Examples of paired student and advocate questionnaires can be found in Appendix C.

FEEDBACK SURVEYS

Brief feedback surveys, sometimes called “customer satisfaction” surveys, can be used to assess experiences in the program, to determine adherence to the programmatic logic model, and to get rapid feedback for program improvement. These types of surveys typically are used for gathering both positive and negative feedback in order to guide service provision, but are limited in obtaining detailed information related to specific program components or activities. Feedback surveys can be a useful on-going evaluative tool to pair with more extensive (and time-consuming) evaluations on a periodic basis.

Ways to conduct a feedback survey: A feedback survey can be administered after an advocacy session via online questions or in paper form. Programs may choose to send one after each session, periodically to those who have recently engaged in services, annually or at timed intervals. The survey may be sent via email or text to be completed at the participants’ time of choice, or given to the participant on a tablet, computer or paper directly after a session. It is recommended that surveys be anonymous, when possible,
and confidential if anonymity is not possible. Paper surveys should be submitted to a feedback box or neutral party and not to the advocates themselves. Advocates should not watch or guide participants when they are taking the survey. The results can go to a central recipient, who could be a staff member or a contracted external evaluator who provides periodic updates on results and trends.

More on this: An example of a brief feedback survey can be found in Appendix D.

PROGRAMMATIC DATA

Ways to use existing program data: Programs may be required to collect data on the number of clients served, types of victimization experienced, services provided, resources distributed, presentations or outreach events led, reports made, or dollars spent on advocacy. Tracking these data semester-to-semester or academic year-to-academic year can help identify changes in program outputs, shifts in campus trends, and areas needing additional attention. Along with statutory and funding requirements, the “inputs” section of the Campus-based Advocacy Logic Model can help guide types of data which might be tracked. This kind of programmatic data can be coupled with other forms of evaluation to understand a broader picture of what the program is doing, with whom the program is working, and emerging needs on a campus. Existing program data can be compared with evaluation data to understand who might be missing from the evaluation process.

Key considerations: One benefit of working with a robust program logic model is it can help articulate the connection between key program data (like funds spent, hours of advocacy delivered, and number of clients seen) and a template for data collection. Programmatic data tracking designed from the logic model, funders, and demonstrated university needs can support evaluative efforts.

Approaches for Impact Evaluation: Impact evaluations measure program outcomes and provide evidence for the effectiveness of campus-based advocacy programs in meeting their stated goals and objectives. To truly establish efficacy, data over time is needed to demonstrate trends in survivor outcomes and campus level indicators.

INDIVIDUAL CASE INDICATORS

Tracking outcomes of individual clients by using standardized checklists, including some of those provided in the Toolkit, can point to changes for clients and identify areas for continued work. Tracking outcomes on an individual basis can also help illustrate for the individual survivor how far they have come in services since they began working with the program. As an example, for a survivor who cites academic support as a primary need, using the academic outcomes tool at each advocacy session to track stabilization or improvement could provide evidence of success with that survivor, or suggest the need for increased support if negative changes in the outcome are reported. Clinicians providing advocacy services may use mental health screening tools to assess for other negative outcomes like depression and PTSD.

Ways to collect individual case indicators: Talking with individual survivors about their key goals and then employing a short standardized measure at specific intervals (every few weeks, at each session, or every set number of session) can provide data to quantitatively understand changes in that outcome.
More on this: Reviewing the survey measure chart in Appendix G could help identify specific measures to track closely with clients. For example, when a survivor shares that a major goal is to address concerns related to depression/mental health, using the PHQ-9 found in the survey at set intervals can help track progress toward that goal.

IMPACT INTERVIEWS

Semi-structured (qualitative) interviews of open-ended questions with program clients can provide important insight into survivors’ outcomes and the mechanisms that clients think support those outcomes (i.e., what specific activities or tasks helped the survivor reach those outcomes).

Conducting individual interviews: Individual interviews can be conducted periodically (yearly, bi-yearly, or when changes in quantitative outcome data suggest additional information is needed). Interviewers may be a third party (outside of the program or university) or an internal staff member. All interview staff should be trained and have experience working with survivors. Programs may consider asking non-program affiliated individuals (for example, community-based advocates or university faculty with expertise in violence or trauma) to conduct these conversations so that survivors feel as comfortable as possible sharing honest perceptions and opinions. Interviews should be conducted in a private location and guided by a set of open-ended questions focused on the outcomes of the survivor and their perceptions of the cause of those outcomes. Strategies for collecting the interview data could include audio recording or note taking, and all data should be de-identified prior to being shared with others.

More on this: Impact interviews are not designed to gather data on the survivor’s victimization experience, and should only briefly touch on the experiences that brought them into advocacy services. Instead, the focus is on services provided and the impact they have had on the survivor’s outcomes. An example survivor impact interview guide is provided in Appendix E. When sharing interview findings with others (stakeholders, funders, or internal staff), ensure that quotations or descriptions of participants do not accidentally identify the survivor who made the statement. This may require redacting more than their name, such as unique aspects of their story or demographic factors.

IMPACT SURVEYS

Impact surveys are usually comprised of standardized quantitative scales and brief questions that correspond to key program outcomes from the model of service. Impact surveys are used to track client outcomes over time. They are a critical component of long-term evaluation and can be collected longitudinally (i.e., at multiple data collection time points, allowing for a view of change over time). Impact surveys provide some of the best indicators of how well your program is doing in meeting its stated short-term (and some long-term) outcomes. In some cases, programs may survey participants at the outset of service use to establish a baseline or a starting point. Others may begin impact surveys after the first service session or the conclusion of services.

Ways to conduct an impact survey: An impact survey can be administered via online questions or in paper form. Programs may choose to send one on a rotating or scheduled basis to recent service users, annually at specific points in the academic year, or at timed intervals. The survey may be sent via email or text to be completed at the participant’s time of choice, or given to the participant on a tablet, computer
or paper directly after a session. If possible, employing a system for tracking responses over time (i.e., be able to link the data provided by a survivor in the fall semester to the data provided by the same survivor the next spring semester) allows the program to demonstrate change and improvement over time, as well as the continuation of positive impacts. Advocates should not watch or guide participants when they take the survey.

**Key considerations:** An example impact survey for campus-based advocacy using the Toolkit logic model can be found in Appendix F. A portion of the survey was adapted from the CAP fidelity survey (Sullivan, 2016). The tools provided in this example have been pilot-tested with campus-based advocacy service recipients and found to have acceptable psychometric properties in this population. You can learn more about the scoring and psychometric (e.g., scale qualities) properties of each included scale in Appendix G. They have been also compared with other measures of similar constructs to establish convergent validity; that is, measures work as you would expect them to and so a measure of depression, for example, is appropriately correlated with a measure of PTSD. If your program has adapted the logic model to include additional goals and outcomes, you may want to consider adapting the sample impact survey to better align with your specific context. While it is easiest to collect outcomes data from participants once, and that can provide some helpful information related to the experiences and ultimate trajectories of clients (e.g., did they persist in school, do they feel safer after participating in services), collecting repeated measures can provide the data needed to establish a causal link between a survivor’s outcome and their engagement in advocacy services. As such, programs might consider occasionally (for example, every few years), focusing on collecting repeated measures data as part of their overall evaluation approach. Evaluating when during the academic year would work best to conduct impact surveys may help increase the response rate and validity of survey findings. For example, sending surveys towards the end of a semester is likely to capture students before they graduate and leave the community. Conversely, sending surveys during the summer may not be as successful, depending on your student population, as students may not track their campus e-mail closely over the summer.

The impact survey in Appendix F evaluates service experience, satisfaction and outcomes associated with the advocacy approach outlined in the campus-based advocacy logic model.

**The main survey areas include:**

- Demographic information
- Physical and mental health
- Academic performance and engagement
- Service use
- Service experience
- Safety and violence
FOCUS GROUPS

Focus groups involve having a conversation with a group of survivors about their experiences and perceived outcomes. Much of the benefit of focus groups comes from the discussion between group members and the ability of the group to communally identify key outcomes and impacts. Focus groups can be conducted by program staff or an external partner. Impact-related focus groups assess participant views regarding the ways that programs have helped them, and the specific mechanisms that led to those outcomes. They can provide in-depth feedback and may present an opportunity to ask further questions and clarify trends or observations from ongoing quantitative impact evaluations.

Ways to conduct focus groups: Focus groups can be conducted periodically (yearly, bi-yearly, or when changes in quantitative outcome data suggest additional information is needed). Interviewers may be a third party (outside of the program or university) or an internal staff member. You may consider asking non-program affiliated individuals (for example, community-based advocates or university faculty with expertise in violence or trauma) to conduct these conversations so that survivors feel as comfortable as possible sharing honest perceptions and opinions. Group members should know beforehand that they will be with others who have also received services, and they should receive information about confidentiality and how the data will be used prior to the start of the group. Focus groups could be audio recorded, or a note taker could document conversations and themes, and all data should be de-identified prior to being shared with others.

Key considerations: When sharing interview findings with others (stakeholders, funders, or internal staff), ensure that quotations or descriptions of participants do not accidentally identify the survivor or staff member who made the statement.

Working with your Institutional Review Board (IRB)

Anytime you embark on an evaluation project, it is a good idea to check in with your university Intuitional Review Board (IRB) officials. The job of the IRB is to ensure that research happening at your university protects human subjects and meets ethical guidelines. Some program evaluations do not require IRB oversight and the IRB can tell you if your project is exempt from their monitoring process. If your project is determined to require IRB oversight, you will need to follow their guidance to meet requirements. If you hope to publish the results of your evaluation in academic venues, you will need to consult with your campus IRB before you begin the process of recruiting participants, and obtain appropriate permissions. When in doubt, it is always a good idea to check-in with IRB officials, who are able to help you think through the specifics of your project. Many university IRBs have office hours or have staff who are available via phone or e-mail for quick consultation questions. Regardless of the ‘official’ IRB status of your project, ethical evaluation practice requires ensuring that participation is voluntary and requires providing potential evaluation participants with enough information that they can make an informed decision on whether to participate. Example language you can use to help participants make this informed decision can be found in the consent documents used for the pilot study, found in Appendix H.
Promote the Evaluation and Find Participants

Once programs have staff and advocate buy-in for the importance of evaluation in supporting survivor centered advocacy services, the next step is to identify strategies for letting potential evaluation participants (i.e., program service users) know about the opportunities to share their experiences. Sharing with participants that their voices are important in program improvement, letting them know that their feedback can help future students, and making a small incentive for participation available (small gift cards, entry into incentive drawings, tickets to campus events, parking passes, or similar) can all help increase participation rates. Using a range of strategies for letting survivors know about the opportunity can help increase the diversity and size of your evaluation sample and thus the representativeness and helpfulness of your data. Advocates should verbally notify survivors who use services of the potential for an invitation to participate in an evaluation.

Promotion and Recruitment strategies could include:

- Sending targeted emails, secure messages or texts to people who have formerly or are currently using services with an invitation to participate.
- Social media “blasts” from the program or from the university about evaluation opportunities, including an online survey link. If the advocacy program has a Facebook, Instagram or Twitter account, this is a good place to post.
- Providing survivors with information on evaluation participation opportunities at the end of face-to-face sessions. This could be via a flyer or postcard with further information.
- Hanging posters or flyers in program waiting rooms or in shared communal spaces on campus.
- Including a permanent link to an outcome or fidelity survey on the program website.

Example recruitment and promotion materials that were used for the pilot study to create the Toolkit are available for modification in Appendix I.

Analyze and Use your Data

Once you have collected your evaluation data, you can use it to highlight your successes and identify areas that require attention and improvement. Quantitative and qualitative analysis methods (such as reviewing interviews and focus groups for themes) and statistical analysis with quantitative data can be used to understand data. Tracking findings over time can allow program leaders and advocates to identify trends, both in the process of advocacy and the outcomes of advocacy. When major changes in outcomes are observed, the program has an opportunity to stop and reflect on potential practices or broader university or social dynamics that may be leading to the observed change. Including ongoing evaluation into services-as-usual within your program will provide enhanced insight into program successes, and decrease the panic that comes when a funder or university official asks for evaluation data with a short timeframe for response. Sharing evaluation results with program staff, and potentially a select group of survivor-service recipients, can help make sense of findings and draw conclusions and formulate next steps from the results.

When disseminating data, it is important to remove any information that could identify an individual participant.
In conducting program evaluation, findings may indicate that things are not working as well as you would like. This can be hard for advocates and staff members to hear, because they work hard and are dedicated to their jobs and the survivors they serve. Thinking about results as a guide for future improvement, and as a recognition of the challenging circumstances of survivor and advocates, can help frame a discussion of neutral or negative findings. Sharing critical feedback, as well as a positive plan of action for addressing areas for growth, can energize teams for future work. It is also very important to be able to share with program participants both what the evaluation found and what the plan is for building on the findings. For example, a one-page handout with key findings and plans for addressing them, an e-mail ‘thank you for participating’ with a statement of the plan going forward, or a more in-depth document available on the program’s website, are all ways to share findings with survivors and the community. Figure 1 below details the implementation of the evaluation process.

**FIGURE 1: SAMPLE IMPLEMENTATION AND EVALUATION PROCESS FOR CAMPUS ADVOCACY**
SECTION 4: ADDITIONAL RESOURCES
**SECTION 4:** ADDITIONAL RESOURCES

For Advocates

**American Association of University Women: Campus Sexual Assault Toolkit**

https://www.aauw.org/resource/campus-sexual-assault-tool-kit/

Toolkit for faculty, staff, student, and advocates at IHEs. Toolkit elements include ways to take against sexual assault, reducing violence on campus, Title IX best practices, and communication tools around sexual assault.

**Campus Advocacy and Prevention Professionals Association (CAPPA)**

http://www.nationalcappa.org/

Network for campus advocacy and prevention professionals working to end dating/domestic violence, sexual assault and harassment, and stalking.

**Futures without Violence**

https://www.futureswithoutviolence.org

Resources for advocates on ending violence against women and children including specific resources of college and universities. Futures without Violence works on policy advocacy, student activities, survivors and campus administrators to address campus sexual assault.

**NASPA: Student Affairs Administrators in High Education**

https://www.naspa.org/

Membership organization for student affairs professionals that offers professional development opportunities, research and policy guidance, and resources for professionals.

**Prevent Connect**

http://www.preventconnect.org/

National project of the California Coalition Against Sexual Assault, U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, and RALIANCE to advance prevention efforts around sexual assault and relationships violence.

**Title IX Resources**

**Know your Title IX**

https://www.knowyourix.org/college-resources/title-ix/

Survivor-led aimed at youth advocates and empower them to end sexual and dating violence in their schools. They provide training to college and high school students on Title IX and gender-based harms, provide training and support to student-survivor activists, and advocate for policy change at the campus, state, and federal levels.
U.S. Department of Education: Office for Civil Rights
https://www2.ed.gov/about/offices/list/ocr/docs/tix_dis.html
Resources on Title IX and sex discrimination policies and information on the enforcement of statues. Website also includes contact information and information on Title IX and civil rights-related assistance.

Evaluation

American Evaluation Association
https://www.eval.org/
Professional association for program, personnel, technology, and other forms of evaluation. AEA offers professional development opportunities, an eLibrary of evaluation resources, and publications/journals on program evaluation.

Community-based Participatory Research (CBPR) for IPV and SA
https://cbprtoolkit.org/
Toolkit for domestic violence research across disciplines and social locations. Toolkit is aimed at emerging researchers and advocates seeking to evaluate and review service provision programs. Toolkit sections include an overview of CBPR, preparation and planning, and values and best practices.

Domestic Violence Evidence Project
https://www.dv evidenc eproject.org/
Repository of research, evaluation, and evidence-based practices for domestic violence advocates. Aimed at state coalitions, local domestic violence programs, researchers, and other advocates and a program of the National Resource Center on Domestic Violence (NRCDV).

Resources for Cultural Adaptation of Evidence-based Practices

Adaptation Guidelines for Serving Latino Children and Families Affected by Trauma
https://safehousingpartnerships.org/

Toolkit for Modifying Evidence Based Practices to Increase Cultural Competence
Trauma-Informed Care

SAMHSA: Concept of Trauma and Guidance for a Trauma-Informed Approach


Best practices for Trauma-Informed service provision including for purpose and approach, background on trauma, key assumptions and principles, and implementation guidance.

SAMHSA-HRSA Center for Integrative Health Solutions: Trauma-Informed Practice

https://www.integration.samhsa.gov/clinical-practice/trauma-informed

Overview of trauma, Adverse Childhood Experiences (ACEs), and resources for clinicians and advocacy staff. Resources include information on substance use and trauma, Post-Traumatic Stress Disorder (PTSD), and at-risk populations.

National Resources

Love is Respect

www.loveisrespect.org

Hotline: 1-866-331-9474
TTY: 1-866-331-8453
Text: lovesis to 22522
Services available in Spanish.

Hotline where young people have access to information and get help. Love is Respect also provides support to concerned family and friends, teachers, counselors, services providers, and members of law enforcement.

National Domestic Violence Hotline

https://www.thehotline.org/

Hotline Number: 1-800-799-SAFE (7233) or 1-800-787-3224

National Human Trafficking Resource Center and Hotline

https://humantraffickinghotline.org/

Hotline: 1-888-373-7888

National Network to End Domestic Violence (NNEDV)

https://nnedv.org/

Organization that works to end domestic violence with a focus on cross-sector collaborations on the international, national, state and local levels. The Safety Net Technology Project is a program of NNEDV and helps advocates and survivors maintain safety, privacy, and remain connected to their support networks. Toolkits on Technology Safety & Privacy, transitional housing, as well as DV and HIV are available on their website.

RAINN Hotline

https://www.rainn.org/

Hotline: 800.656.HOPE (4673)
Section 4: Additional Resources

SAMHSA helpline
https://www.samhsa.gov/find-help/national-helpline
Hotline: 1-800-662-HELP (4357)
Free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

Stalking Prevention Awareness and Resource Center (SPARC)
https://www.stalkingawareness.org/
Resources for professionals and survivors to help identify and respond to stalking. Website includes a victim resources page, training modules for professionals and advocates.

Suicide Prevention Hotline
https://suicidepreventionlifeline.org/
Hotline: 1-800-273-8255

LGBTQ+ Resources

Trevor Project
https://www.thetrevorproject.org/
Hotline: 1-866-488-7386
Crisis intervention and suicide prevention services to LGBT+ individuals under 25.

Texas Resources

Legal Aid for Survivors of Sexual Assault (LASSA)
http://www.legalaidforsurvivors.org/
Call: 1-800-991-5153
Free legal assistance for survivors of sexual assault.

SAFEline
https://www.safaustin.org/safeline-lets-chat/
Hotline: 512-267-SAFE (7233)
Text: 737-888-7233
Chat: https://www.safaustin.org/safeline-lets-chat/
Chat is available from 12:30 p.m. to midnight CST on Monday through Friday and 10 a.m. to 8 p.m. CST on Saturday and Sunday.
Texas 211
https://www.211texas.org/
**Call:** 2-1-1 or 877-541-7905
A program of the Texas Health and Human Services Commission and provides information on state and local health and human services resources.

Texas Advocacy Project (TAP)
https://www.texasadvocacyproject.org/
**Hotline:** 800-374-HOPE
Legal advocacy for survivors of domestic violence. TAP provides advice over the phone, support with legal filing processes and complete client representation. Services are completely free.

Texas Association Against Sexual Assault (TAASA)
http://taasa.org/
Membership organization committed to ending sexual violence in Texas through training of sexual assault issues and public policy advocacy. Resource on community education and engagement, survivor support, advocacy, and primary prevention are available on their website.

Texas Council on Family Violence (TCFV)
https://tcfv.org/about-tcfv/
Texas-based organization focused on policy advocacy, training service providers on intervention and prevention strategies to end family violence in Texas.
REFERENCES


Rivas, C., Ramsay, J., Sadowski, L., Davidson, L. L., Dunne, D., Eldridge, S., Feder, G. (2015, December 3). Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. *Cochrane Database of Systematic Reviews*. John Wiley and Sons Ltd. [https://doi.org/10.1002/14651858.CD005043.pub3](https://doi.org/10.1002/14651858.CD005043.pub3)


APPENDIX A: ADAPTABLE CAMPUS-BASED ADVOCACY LOGIC MODEL

**PROGRAM INPUTS**

- **RESOURCES & FUNDING**
  - University
  - Grants and contracts
  - Student fees
  - Donors
  - Faculty/Staff time

- **STAFFING**
  - Administration/Leadership (University)
  - Advocates
  - Counselors
  - Program Director/Leadership
  - Communication and education program staff
  - Administrative support
  - Triage staff
  - Interns/Student workers

- **SPACE**
  - Accessible and private office space
  - Emergency housing
  - Digital/Online presence

- **TOOLS**
  - Print and digital educational materials
  - Program promotional items
  - Communications technology
  - Transportation
  - Emergency funds
  - Evaluation measures

- **POLICY**
  - Civil and criminal legal
  - Title IX of the Education Amendments of 1972
  - Family Educational Rights and Privacy Act
  - Health Insurance Portability and Accountability Act (HIPPA)
  - University and program policy

**PROGRAM OUTPUTS**

- **ADVOCACY SERVICES**
  - One-time sessions
  - Accompaniment
  - Counseling advocacy hybrid sessions
  - Peer support sessions

- **OUTREACH WITH FORMER & CURRENT CLIENTS**
  - Text
  - Email/Secure message
  - Phone calls

- **REFERRALS**
  - Community resources
  - Campus resources

- **COUNSELING SESSIONS**
  - Individual
  - Group

- **EDUCATION & TRAINING**
  - Outreach efforts
  - Promotional materials distribution
  - Cross-training with other campus and community officials
  - Training faculty and other staff
  - Collaborative planning with other campus and community officials
  - Awareness and prevention education training
  - Emergency management (criminal, crisis, situations)

- **RESOURCES**
  - Nights of emergency housing
  - Amount of emergency funding
  - Other direct resources provided (food, gift cards)
Appendix A: Adaptable Campus-Based Advocacy Logic Model

<table>
<thead>
<tr>
<th>Program Goals</th>
<th>Program Activities</th>
<th>Short Term Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Secondary prevention of violence and harm: <strong>No more violence</strong>&lt;br&gt;a. Short-term crisis stabilization&lt;br&gt;b. Moving towards a safer life</td>
<td>A. Assess needs and supports&lt;br&gt;Identify immediate safety concerns&lt;br&gt;B. Plan for threats to safety&lt;br&gt;C. Provide informed consent and ongoing communication&lt;br&gt;D. Linkage and support to administrative or criminal justice processes&lt;br&gt;E. Create a safe, private space for advocacy</td>
<td>A. Increased efficacy and empowerment about safety&lt;br&gt;B. Increased knowledge and access to justice systems and civil rights&lt;br&gt;C. Increased knowledge about resources and strategies for safety&lt;br&gt;D. Access to safe space for support</td>
<td>A. Violence and risk for violence decreased&lt;br&gt;B. Increased or restored power in own life&lt;br&gt;C. Increased knowledge and access to community and campus supports</td>
</tr>
<tr>
<td><strong>2</strong> Survivor agency and empowerment: <strong>Gaining control</strong></td>
<td>A. Offer choices for services&lt;br&gt;B. Engage in goal identification and planning&lt;br&gt;C. Check in on goal progress on an ongoing basis&lt;br&gt;D. Provide psychoeducation about causes and impact of unhealthy relationships, and systematic oppression and barriers</td>
<td>A. Decreased self-blame related to victimization&lt;br&gt;B. Ability to choose service and support options of best fit&lt;br&gt;C. Survivor-identified short-term goals are met</td>
<td>A. Increased or restored power in own life&lt;br&gt;B. Reduced negative consequences of mental health symptoms&lt;br&gt;C. Survivor-identified long term goals are met</td>
</tr>
<tr>
<td><strong>3</strong> Reduce mental and physical health consequences of violence/harm and their intersection with other forms of oppression: <strong>Restoration and Resilience</strong></td>
<td>A. Provide information about impact of trauma&lt;br&gt;B. Link to formal and informal support&lt;br&gt;C. Use active, non-judgmental listening&lt;br&gt;D. Address coping strategies</td>
<td>A. Access to mental and physical health services&lt;br&gt;B. Increased hope&lt;br&gt;C. Knowledge of the impact of trauma&lt;br&gt;D. Stabilization</td>
<td>A. Increased positive coping skills to mitigate trauma and impact of violence&lt;br&gt;B. Reduced negative consequences of mental health symptoms&lt;br&gt;C. Enhanced physical well-being&lt;br&gt;D. Increased or restored power in own life</td>
</tr>
<tr>
<td><strong>4</strong> Resource and Information access: <strong>Get what you need</strong></td>
<td>A. Refer to community resources&lt;br&gt;B. Refer to campus resources&lt;br&gt;C. Navigate other support and service use&lt;br&gt;D. Provide specific supports available through the office (e.g., program specific housing options, emergency funds, clothing, etc.)</td>
<td>A. Increased knowledge of campus and community resources&lt;br&gt;B. Basic needs are addressed (e.g. food, shelter, medical)&lt;br&gt;C. Referrals are utilized as needed</td>
<td>A. Increased knowledge and access to community and campus supports&lt;br&gt;B. Survivor-identified long term goals are met&lt;br&gt;C. Increased sense of community&lt;br&gt;D. Enhanced physical well-being</td>
</tr>
</tbody>
</table>

**Theoretical Assumptions:** Campus advocacy services are trauma-informed, survivor (student) led, and focus on connection and social support. Choice and empowerment are most central to this model. Campus advocates approach their work within a social justice framework that acknowledges the impact of survivors’ intersecting identities.
## Appendix A: Adaptable Campus-Based Advocacy Logic Model

### Program Goals

<table>
<thead>
<tr>
<th>Program Goals</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>5</strong> Connection and Social Support: Facilitating social connection</td>
<td>A. Engage in rapport and trust building</td>
<td>A. Increased sense of support from peer networks</td>
<td>A. Increased positive social and peer support</td>
</tr>
<tr>
<td></td>
<td>B. Outreach to clients to check in on needs</td>
<td>B. Reduced isolation</td>
<td>B. Increased sense of community</td>
</tr>
<tr>
<td></td>
<td>C. Assess and facilitate building formal and informal support networks</td>
<td></td>
<td>C. Increased positive coping skills to mitigate trauma and impact of violence</td>
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<td></td>
<td>D. Facilitate timely survivor access to advocacy services</td>
<td></td>
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<tr>
<td></td>
<td>E. Accompany students to other appointments and services</td>
<td></td>
<td></td>
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<tr>
<td><strong>6</strong> Academic Support: Help fulfill educational goals</td>
<td>A. Collaborate to provide academic accommodations</td>
<td>A. Increased knowledge of campus resources for academic support</td>
<td>A. Academic goals are met</td>
</tr>
<tr>
<td></td>
<td>B. Provide academic safety planning</td>
<td>B. Able to engage in learning opportunities</td>
<td>B. Increased institutional trust</td>
</tr>
<tr>
<td></td>
<td>C. Connect professors and students</td>
<td>C. Increased safety in academic settings</td>
<td>C. Increased sense of community</td>
</tr>
<tr>
<td></td>
<td>D. Broker safety needs on campus</td>
<td>D. Reduction of mental health symptoms negatively impacting academic work</td>
<td>D. Increased or restored power in own life</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E. Able to engage in learning opportunities</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> Enhance collaboration and survivor experience across campus and in the community: Advocating for survivors</td>
<td>A. Assess the system for improvements for survivor access</td>
<td>A. Increased knowledge of campus resources among faculty and staff</td>
<td>A. Strengthened institutional courage and decreased victim blaming</td>
</tr>
<tr>
<td></td>
<td>B. Collaborate with other people on campus and in the community to meet survivor needs</td>
<td>B. Increased understanding of causes of violence and impact of violence</td>
<td>B. Strengthened trauma-informed campus environment</td>
</tr>
<tr>
<td></td>
<td>C. Educate campus community on survivor needs and impact of violence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Theoretical Assumptions:
Campus advocacy services are trauma-informed, survivor (student) led, and focus on connection and social support. Choice and empowerment are most central to this model. Campus advocates approach their work within a social justice framework that acknowledges the impact of survivors’ intersecting identities.
APPENDIX B: CAMPUS-BASED ADVOCACY LISTENING SESSION WITH SURVIVORS

Leader Guide

Before the Listening Session:

- Invite people who have participated in advocacy services.
- Identify a discussion leader (preferably not a program staff member).
- You may not have enough time to ask all questions – select the ones that are most important for your evaluation.
- Recruit participants from people who have recently engaged in advocacy services. (Provide enough information about the listening session work and what questions will be asked to help them make an informed decision about participation, including who will be there, what are expectations about confidentiality, how long will it run, will there be food, etc. A sample consent form is available in Appendix H.)
- Designate a recorder or record keeping strategy (note taker, audio recording) and let participants know that recording is occurring.
- Consider having food, drinks and a small incentive for participants.

After the Listening Session:

- Review the recording, transcripts, and notes for themes about how strengths and needed improvements of advocacy programs.
- Have a third party (possible task for a member of a program advisory committee or community based advocacy partner) review de-identified documentation (listen to audio, review notes, etc.) and prepare a blinded (i.e., no names or identifying information included) written summary of the discussion and conclusions.
- Share summary document with all participants, invite their feedback of the summary document.
- Use results to improve programs.
Listening Session Guide:

Introduction:

We are interested in your experiences with campus-based relationship and sexual violence advocacy. I will be asking you questions about your experiences with, and recommendations for, advocacy services here at [University]. We want your opinions about what [the University] gets right about advocacy, and what still needs more work. Thank you for the time you are committing to help make services better here at [University].

Everyone here today has agreed to participate, and we ask that you respect each other by not talking about what you discuss here with anyone else. This conversation will be [audio-recorded or detailed in notes] and the conversation will then be summarized by [third party] without your names or identifying information attached. That summary will be provided to the program[s] here at [University] to help them identify what is going well and what could be improved.

Answering all/any of these questions is completely voluntary, and we can stop at any time. Please let me know if you would like to take a break, or if we can help you in any way. This listening session should last no more than 1 hour. Do you have any questions before we begin?

Begin Structured Listening Session:

1. **What happened the first time you got help from [Program]?**
   A. Why did you seek services?
   B. What was most helpful?
   C. What was least helpful?
   D. Is there anything you would change about your first experience with [Program]?

2. **What has happened since the first time you got help from [Program]?**
   A. How/Have you stayed in touch?
   B. What supports have you been provided?

3. **What has it been like working with advocacy services at [Program]?**
   A. Have you had enough time with staff from [program]?
   B. Have staff from [program] been able to meet the needs you came to the program with?
      What have your main needs been?
   C. What could staff have done to meet your needs more quickly or more completely?

4. **Now we are going to list some of the potential goals you might have for working with advocacy services. Please let us know if this was a goal that was important to you.**
   A. Preventing future violence
   B. Increasing personal control
   C. Addressing mental or physical health impacts of violence
   D. Getting resources or information
   E. Connecting to social support
   F. Help meeting educational goals
   G. Other goals (Please share);__________
5. For each goal you had, how did your advocate work with you?
   A. What steps did they take to work towards the goal with you?
   B. What else could have been done to help you reach the goal?
   C. For each goal, consider using the ‘program activities’ list in the logic model to ask about the implementation and effectiveness of specific activities. (e.g., did your advocate help identify immediate safety needs? How?)

6. What else could advocacy services at [Program] do to support survivors like you?
   What could the campus and community do to better support survivors?

   Concluded with a summary of the conversation, solicit feedback from the group on the summary
APPENDIX C: CAMPUS ADVOCACY FIDELITY CHECKLISTS

Before You Use Fidelity Checklists

- Fidelity checklists help monitor how faithfully programs adhere to the service or logic models, and help identify areas of strength and improvement. Fidelity measures can be used as part of an evaluation, for supervision purposes, or when model changes occur. It is a checklist of skills on the adaptable campus-based advocacy logic model.

- There are two different campus advocacy toolkit fidelity checklists in this Toolkit: one to be filled out by advocates, and one to be filled out by survivors using services. Advocate checklists help understand the service provider perspective, and the student survivor check list offers the perspective of the person engaged in service use. Both perspectives are powerful on their own, and taken together offer a round understanding of services in progress.

- The advocate checklist is best used immediately following a session. It can be programmed electronically or done by paper. Caution should be used to protect confidentiality and documentation best practices with violence survivors.

- The student checklist is for following a session. It is best to be completed the same day, but up to a week after may still yield valuable information. The student checklist should be programmed electronically or given by paper with a safe, neutral party to return it to after completion. Students should be assure the results will not impact future services. Programs should avoid asking students in active crisis to complete the checklist.

- Programs can start with the advocate checklist as a way to improve program fidelity before introducing the one for student-survivors.

- Results can be reviewed to understand how faithfully the model of service is being used and program barriers and strengths. In some cases, the advocate and student results may be compared to understand any differences in perception of services.

- Fidelity measures are generally not needed for every session for evaluation. An amount of sessions can be selected over a timeframe as a sample of sessions. For example, advocates may complete a checklist on every client for a week, or every 10th client over a month.
# Campus Advocacy Fidelity Checklist: Advocate Checklist for Student Meeting

This checklist is to be used by Advocates for student appointments and walk-ins.

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>Date: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name/ID: __________________</td>
<td></td>
</tr>
</tbody>
</table>

**Walk-in or Scheduled?**  
- [ ] Walk-in  
- [ ] Scheduled

**How was the Client Meeting Scheduled?**  
- [ ] Advocate initiated  
- [ ] Student initiated  
- [ ] Both initiated

## Student concerns today:

*Check all that apply.*

- [ ] Academics
- [ ] Health/Mental Health
- [ ] Financial Aid
- [ ] Income/Employment
- [ ] Social Support
- [ ] Safety
- [ ] Basic Needs
- [ ] Legal Needs
- [ ] Housing
- [ ] Other (fill in): __________________________

## Student identified goals for this session:

1. 
2. 
3. 
## Advocacy skills used in this session:

*Check all that apply. Please provide specifics where possible.*

<table>
<thead>
<tr>
<th>Skill</th>
<th>To where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to Campus Resources</td>
<td></td>
</tr>
<tr>
<td>Referral to Community Resources</td>
<td></td>
</tr>
<tr>
<td>Safety planning</td>
<td></td>
</tr>
<tr>
<td>Academic safety planning</td>
<td></td>
</tr>
<tr>
<td>Accommodations</td>
<td></td>
</tr>
<tr>
<td>Basic needs (e.g. Food)</td>
<td></td>
</tr>
<tr>
<td>Help with health/mental health needs</td>
<td></td>
</tr>
<tr>
<td>Identifying goals and goal progress</td>
<td></td>
</tr>
<tr>
<td>Assess needs, risks and protective factors</td>
<td></td>
</tr>
<tr>
<td>Information about trauma impact, healthy and unhealthy relationships.</td>
<td></td>
</tr>
<tr>
<td>Advocate for client with another system (e.g. criminal justice)</td>
<td></td>
</tr>
<tr>
<td>Engaged listening</td>
<td></td>
</tr>
<tr>
<td>Link with other social support</td>
<td></td>
</tr>
<tr>
<td>Accompany client to appointment (e.g. Court)</td>
<td></td>
</tr>
</tbody>
</table>

## Resources/information given today:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Please indicate how much you agree with the below statements

I had enough time to spend with this student today.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

I had the tools to help this student with what they needed.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

The student was given choices about potential resources to help them.

- [ ] Strongly Agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly Disagree

This student feels safe at [program].

- [ ] Very True
- [ ] Somewhat True
- [ ] A Little True
- [ ] Not True

Next steps with this student?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Plan for outreach to this student? Any updates to outreach preferences?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Campus Advocacy Fidelity Checklist: Student Checklist for Client Meeting

This checklist is to be used for student appointments and walk-ins.

Name: ____________________________ Date: __________________

Advocate Name: ____________________________

Student Name/ID: ____________________________

Walk-in or Scheduled?  □ Walk-in  □ Scheduled

How was the Meeting Scheduled:  □ Advocate initiated  □ I initiated  □ Both initiated

My main concerns today:

Check all that apply.

- Academics
- Social Support
- Housing
- Health/Mental Health
- Safety
- Other (fill in):
- Financial Aid
- Basic Needs
- Income/Employment
- Legal Needs

My top goals right now are:

1

2

3
**My Advocate did the following today:**

*Check all that apply. Please provide specifics where possible.*

<table>
<thead>
<tr>
<th>Activity</th>
<th>To where?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to Campus Resources</td>
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<td></td>
</tr>
</tbody>
</table>

**Resources/information given today:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please indicate how much you agree with the below statements

My Advocate had enough time to spend with me today.

[ ] Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree

My Advocate had the tools to help me with what I needed.

[ ] Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree

I was given choices about potential resources to help me.

[ ] Strongly Agree [ ] Agree [ ] Disagree [ ] Strongly Disagree

I feel more knowledgeable about the services available on campus to help me.

[ ] Very True [ ] Somewhat True [ ] A Little True [ ] Not True

I feel safe at [Program].

[ ] Very True [ ] Somewhat True [ ] A Little True [ ] Not True
APPENDIX D: CAMPUS ADVOCACY BRIEF FEEDBACK SURVEY

Instructions

• The brief survey can be taken after a session, or sent periodically to survivors engaged in advocacy services.

• Survivors engaging in advocacy services should be given advance notice that they may receive a survey asking them about their experiences.

• The survey can be given in paper format. A private space, such as box or envelope should be used so that the survey is not given directly to a staff member.

• The survey can also be programmed in a survey platform like Qualtrics or Survey Monkey and send via email or text.

• Surveys should be anonymous or confidential.

• After the survey is distributed, programs may send a reminder to students after a few days or a week reminding them of the opportunity to participate.

• Once surveys are returned, results from students can be analyzed for frequency of responses.

• Data from multiple student surveys should be analyzed and presented together to minimize risk of identifying a potential student, particularly on small campuses.
Brief Survey

We would like to survey you about our program. All questions are voluntary and anonymous. Your feedback helps us improve our program.

Date:

1. What is your age in years?

2. What is your current gender identity? (Select all that apply.)
   A. Male
   B. Female
   C. Transgender male/Trans man
   D. Transgender female/Trans woman
   E. Gender queer/Gender non-conforming
   F. Nonbinary
   G. Different Identity (Please state):______________________
   H. Prefer not to answer

3. What is your race/ethnicity (as you define it)? (Select all that apply.)
   A. White or Caucasian-Non Hispanic
   B. Hispanic or Latino/a
   C. Black of African American
   D. American Indian or Alaskan Native
   E. Asian
   F. Pacific Islander
   G. Multiracial (Please specify):______________________

4. What is your sexual orientation? (Select all that apply.)
   A. Gay
   B. Lesbian
   C. Bisexual
   D. Pansexual
   E. Asexual
   F. Heterosexual/Straight
   G. Queer
   H. A sexual orientation not listed
   I. Unsure
   J. Other, please fill in:______________________
5. **How many times have you used services at [Program]?**
   A. Once
   B. Twice
   C. 3-4
   D. 5 or more times

6. **What was your primary goal in contacting [Program]?**
   A. Help with abuse/violence
   B. Help with counseling or support
   C. Help with resources
   D. Support needs
   E. Help a friend experiencing violence or abuse
   F. Other, please fill in: ________________

7. **During your time working with staff at [Program] did they provide any of the following?**
   (Select all that apply.)
   A. Help with safety needs
   B. Help with managing classes and coursework (letters to professors, plans to finish semester)
   C. Information about the impact of trauma/violence
   D. Counseling/Emotional Support
   E. Education about healthy and unhealthy relationships
   F. Information on drug or alcohol use
   G. Help finding additional support
   H. Referrals to other resources
   I. Other, please fill in: ________________

8. **The staff members at [Program] were knowledgeable about resources.**
   A. Strongly Agree
   B. Agree
   C. Disagree
   D. Strongly Disagree

9. **The staff people at [Program] were available when I needed them.**
   A. Strongly Agree
   B. Agree
   C. Disagree
   D. Strongly Disagree
10. Overall, how satisfied are you with the amount of effort staff at [Program] put in assisting you?
   A. Very dissatisfied
   B. Somewhat dissatisfied
   C. Somewhat satisfied
   D. Very satisfied

11. I learned more about keeping safe from my interaction with [Program].
   A. Strongly Agree
   B. Agree
   C. Disagree
   D. Strongly Disagree

12. Since I started working with [Program], my physical health has: (Check one.)
   A. Improved
   B. Declined
   C. Stayed the Same

13. Since I started working with [Program], my mental health has: (Check one.)
   A. Improved
   B. Declined
   C. Stayed the Same

14. Since I started working with [Program], violence, abuse or harassment in my life has:
   A. Increased
   B. Decreased
   C. Stayed the same
   D. Never experienced
   E. Declined to answer

15. Is there anything else you would like to tell us about your experience at [Program]?

16. What would you recommend to improve [Program]?
APPENDIX E: IMPACT INTERVIEW: CAMPUS ADVOCACY EVALUATION

Impact Interview Guide

Before the interview:
- Work with your IRB on human subjects protection.
- Invite people who have participated in advocacy services.
- Identify a neutral, qualified interviewer who has experience working with survivors.
- You may not have enough time to ask all questions—select the ones that are most important for your evaluation.
- Recruit participants from recent service users.
  (Provide enough information about interview to help them make an informed decision about participation, including who will be there, what are expectations about confidentiality, how long will it run, will there be food, etc.)
- Ask for permission to take notes or audio record.
- Secure a private location.
- Consider having food, drinks and a small incentive for participants.

After the Interview:
- Offer the participant follow-up information, such as resources.
- Have audio files transcribed by a confidential third party. Destroy original sound files.
- Work with an external or internal evaluation team to remove identifying information from notes and transcriptions.
- Work with the evaluation team to analyze de-identified data for major themes on program impact and experience. If you do not have an evaluation team to work with, a third party (possible task for a member of a program advisory committee or community-based advocacy partner) with a signed confidentiality agreement can offer more objective perspective.
- Prepare a blinded (i.e., no names or identifying information included) written summary of interviews, with recommendations.
- Use results to improve programs.
Impact Interview Guide

Introduction:

We are interested in your experiences with, and your perceptions of, campus-based advocacy services. Campus advocates assist people who have experiences with violence, harassment, abuse, or unwanted contact. I will be asking you questions about your experiences with and recommendations for advocacy services here at [University]. I will also be asking you about the impact of these services in your life. We want your opinions about what [the University] gets right about advocacy, and what still needs more work. Thank you for the time you are committing to help make services better here at [University]. This conversation is confidential.

Demographic and Background Questions:

1. Have you participated in advocacy services?
   A. Yes
   B. No
   C. Unsure
   If Unsure, can you describe the services you have participated in through [list campus services for this campus]?

2. What is the name of the campus advocacy program you participated in?

3. What is your age?

4. Are you currently enrolled at [University]?
   A. Yes
   B. No
   If no, how are you affiliated with [University]?

5. What is your enrollment status at [University]?
   A. Enrolled full time (12 or more credit hours)
   B. Enrolled part time
   C. Not enrolled at UT Austin – enrolled at another school
   D. Not enrolled at UT Austin or any other school

6. What is your current gender identity? (Select all that apply.)
   A. Male
   B. Female
   C. Transgender male/Trans man
   D. Transgender female/Trans woman
   E. Gender queer/Gender non-conforming/Nonbinary
   F. Different Identity (Please state):______________________
7. **What is your race/ethnicity (as you define it)?**
   - A. White or Caucasian-Non Hispanic
   - B. Hispanic or Latino/a
   - C. Black of African American
   - D. American Indian or Alaskan Native
   - E. Asian
   - F. Pacific Islander
   - G. Multiracial (Please specify): ________________

8. **What is your sexual orientation?**
   - A. Gay
   - B. Lesbian
   - C. Bisexual
   - D. Pansexual
   - E. Asexual
   - F. Heterosexual / straight
   - G. Queer
   - H. A sexual orientation not listed
   - I. Unsure

## Accessing Advocacy Services

9. **How long have you been using [Campus] advocacy services?**

10. **How did you find out about [Campus] advocacy services?**

11. **Did you use any services in the community outside of campus?**

   11a. Did you use services at a community rape crisis center/domestic violence agency?

12. **Was there any particular event or concern that led you to seek [Campus] advocacy services?**

   Potential Prompts *(To be asked if needed)*
   - 12a. If so, what was it?
   - 12b. How did you get to (find) this particular service?
Describing Advocacy Services

13. What has it been like working with advocacy services at [Program]?

*Please think of the main staff member you worked with. I am going to ask you some questions about your work with that person.*

14. Overall, how satisfied have you been with the amount of time this staff member put in toward working with you?

15. Overall, how satisfied are you with the amount of effort this staff member put in toward working on things with you?

16. *Between you and this staff member, who decided what you worked on?*

17. How connected did you feel to your advocate during the program? By connected I mean feeling like there was a bond between the two of you?

18. Did the two of you work together well? In what ways? Did the two of you have challenges? In what ways?

Impact of Advocacy Services

19. How did advocacy services impact your academic experience?

20. How did advocacy services impact your mental and physical health?

21. How did advocacy services impact your ability to meet personal goals?

22. What are the most important services or help you received from [Campus] advocacy service?

23. What was the least important service you received from [Campus] advocacy services?

24. What would you tell a new advocate working on campus about doing their job well?

25. If a friend was thinking about using advocacy services on this campus, what would you tell them about it? What advice would you give them?

26. Did the advocacy services impact your perception or experience of this campus?
**APPENDIX F: IMPACT SURVEY: CAMPUS ADVOCACY EVALUATION**

**Instructions:**

- The outcome survey can be administered once after advocacy services or as a part of a longitudinal effort to understand the impact of services over time.

- Survivors engaging in advocacy services should be given advance notice that they may receive a survey asking them about their experiences.

- The survey can be given in paper format. A private space, such as box or envelope should be used so that the survey is not given directly to a staff member.

- The survey can also be programmed in a survey platform like Qualtrics or Survey Monkey and send via email or text.

- Surveys should be anonymous or confidential.

- Consider offering an incentive to participants, like a gift card, to increase response rates.

- After the survey is distributed, programs may send a reminder to students after a few days or a week reminding them of the opportunity to participate.

- Once surveys are returned, results from students can be analyzed for frequency of responses.

- Data from multiple student surveys should be analyzed and presented together to minimize risk of identifying a potential student, particularly on small campuses.

- The impact survey evaluates service experience, satisfaction and outcomes associated with the advocacy approach outlined in the campus-based advocacy logic model. The main survey areas include:

  1. Demographic Information
  2. Physical and Mental health
  3. Academic Performance and Engagement
  4. Service Use
  5. Service Experience
  6. Safety and Violence
Impact Survey: Campus Advocacy Evaluation

Prompt:
Thanks for taking the time to participate in this survey. The survey starts with a few demographic questions. Just a reminder that answers are confidential and your specific information will not be shared.

Section 1: Demographics

1a. What is your age? *(If less than 18, end survey.)*
   A. Under 18
   B. Over 18
   C. Please enter your age in years: ___________

1b. Have you used advocacy, case management or counseling (supportive services after an unhealthy relationship, dating violence, or sexual violence to help with academic and life needs) or campus individual or group counseling services at [Campus] in the last 6 months? This may include: [Campus-specific programs being evaluated].
   A. Yes
   B. No *(If no, end survey.)*

2. Are you currently enrolled at [Campus] or have you been enrolled in the last 6 months?
   A. Yes
   B. No
   If no, ask this question: How are you affiliated with [Campus]?
   A. Faculty
   B. Staff
   C. Campus Visitor
   D. Other *(Please specify):______________*

3. What is your current classification?
   A. Freshman
   B. Sophomore
   C. Junior
   D. Senior
   E. Graduate Student
   F. Other *(Please specify):______________*

---

1 See measurement chart in Appendix G for citations for measures included in this survey.
4a. If Question 3 response is undergraduate, what is your enrollment status at [University]?
   A. Enrolled full time (12 or more credit hours)
   B. Enrolled part time (less than 12 credit hours)
   C. Not enrolled at [Campus] – enrolled at another school
   D. Currently withdrawn but reenrolling
   E. Not enrolled at [Campus] or any other school

4b. If Question 3 response is graduate, what is your enrollment status at [University]?
   A. Enrolled full time (9 or more credit hours)
   B. Enrolled part time (less than 9 credit hours)
   C. Not enrolled at [Campus] – enrolled at another school

4c. For this or the most recent semester, which of the following best describes the type of classes you are taking?
   A. Only in-person classes
   B. Both online and in-person classes
   C. Only online classes

5. If Question 2 response is YES, what is your current living situation?
   A. Dorms/On campus in campus-owned housing
   B. Off campus in campus-owned housing
   C. Off campus in my own home/apt.
   D. Off campus with my parents or guardians
   E. Staying with friends (couch surfing)
   F. Living in a vehicle
   G. Emergency shelter or transitional housing
   H. Other (Please specify): ________________________

6. What is your current gender identity? (Select all that apply.)
   A. Male
   B. Female
   C. Transgender male/Trans man
   D. Transgender female/Trans woman
   E. Gender queer/Gender non-conforming
   F. Nonbinary
   G. Different Identity (Please state): ________________________
   H. Prefer not to answer
7. What is your race/ethnicity (as you define it)? (Select all that apply.)
   A. White or Caucasian-Non Hispanic
   B. Hispanic or Latino/a
   C. Black of African American
   D. American Indian or Alaskan Native
   E. Asian
   F. Pacific Islander
   G. Multiracial (Please specify):__________________
   H. Other, please fill in:__________________

8. What is your sexual orientation? (Select all that apply.)
   A. Gay
   B. Lesbian
   C. Bisexual
   D. Pansexual
   E. Asexual
   F. Heterosexual/Straight
   G. Queer
   H. A sexual orientation not listed
   I. Unsure
   J. Other (write in):__________________

9. What is your personal monthly income earned from working? Please do not include family or parents’, partner’s, or roommate’s income. Please do not include any income from grants, loans, trusts, or other sources of income other than work.
   A. $0 / I don’t work for pay
   B. $1 - $500
   C. $501-$1000
   D. $1001 - $1500
   E. $1501 - $2000
   F. $2000-$2500
   G. $2501-$3000
   H. $3001-$3500
   I. $3501-$4000
Section 2: General Health

Prompt:
The next set of questions will ask you about your general health and how the violence, harassment, and or abuse you have experienced has impacted your general health.

10. Would you say that your general physical health is:
   A. Excellent
   B. Very good
   C. Good
   D. Fair
   E. Poor
   F. Don’t know/Not sure

11. Have you been diagnosed with any disability or impairment?
   A. Yes
   B. No
   If YES, ask this question: Which of the following has been diagnosed? (Select all that apply.)
   A. A sensory impairment
   B. A mobility impairment
   C. A learning disability (e.g. ADHD, dyslexia)
   D. A mental health disorder
   E. A disability or impairment not listed above

12. What is your estimated current overall GPA for this semester?
   A. A (3.34 - 4.00)
   B. B (2.34 - 3.33)
   C. C (1.34 - 2.33)
   D. D (0.67 - 1.33)
   E. F (0.00 - 0.66)
   F. I did not receive grades in my course(s)

13. Is this GPA higher, lower, or about the same as the last semester you were enrolled in courses?
   A. Higher
   B. Lower
   C. About the same
   D. Unsure
   E. This is my first semester of college
14. Are you on scholastic/academic probation?
   A. Yes
   B. No

15. Are you on financial aid probation?
   A. Yes
   B. No

Just a reminder that all question are voluntary and all answers are confidential. You may stop taking the survey at any time.

Section 3: Service Use

Prompt:
For the next session, questions will cover what campus advocacy services you used at [Campus].

16. Have you used services from any of the following at [Campus]? (Select all that apply.)
   A. [Insert services being evaluated.]
   B. Other: [Short Answer]
   C. No (End survey.)

17. Have you ever tried to use services on campus because of an experience of violence or harm, and not been able to access services?
   A. Yes
   B. No

18. Can you tell us more about that?

19. What events brought you to services at [Insert selected service, will repeat for each service selected]?
   (Short answer fill in.)

Prompt:
Now we are going to ask you some questions about your service experience at [Program being evaluated].

20. Which services did you use at [Program being evaluated]? [Add or remove services, as needed]
   (Select all that apply.)
   A. Advocacy/case management [supportive services after an unhealthy relationship, dating violence, or sexual violence to help with academic and life needs. May include crisis counseling, safety planning and referrals]
   B. Support group
   C. Prevention and education event
   D. Other: [Short Answer]
21. What month and year did you begin using these services at [Program]? (Month/Year)

22. When was the last time you used services at [Program]? (Month/Date)

23. How did you learn about [Program]? (Select all that apply.)
   A. Friend or classmate told me about it
   B. Faculty or Staff Member told me about it
   C. Website
   D. Referred from Title IX office
   E. Referred from Counseling and Psychological Services
   F. Referred from Health Services
   G. Referred from Police Crime Victim Advocates
   H. Flyer or poster around campus
   I. Saw a presentation, table, or booth around campus
   J. Other [Campus] Office (Please fill in): _______________________
   K. Can’t remember
   L. Other: [Short Answer]

24. If participant has received services from [Program], what did you need help with when you began services with [Program]? (Select all that apply.)
   A. Help getting safe
   B. Medical help
   C. Transportation
   D. Housing
   E. Emotional support/Counseling
   F. Information about reporting to law enforcemen
   G. Information about reporting to Title IX
   H. Help with alcohol or drug use
   I. Financial needs (If financial needs is selected, what about the specific items below.)
      i. Tuition
      ii. Medical bills
      iii. Food
      iv. Other bills (Please specify): _______________________
      v. Rent or other housing costs
   J. Academic accommodations (dealing with coursework; managing academically; working with faculty)
      i. Missed classes
      ii. Missed exams
      iii. Missing Classwork
      iv. Other academic accommodations
   K. Other (Fill in): _______________________
25. How much did [Program] services help with the following [items endorsed above]? (List whatever need is endorsed. Repeat for each item endorsed.)
(1 = not at all, 2 = a little, 3 = somewhat, 4 = a lot)
Scale Item 1:

26. Since you started working with [Program], how many times did you meet with staff in person?
A. 0-1 Times
B. 2-3 Times
C. 4-5 Times
D. 6-7 Times
E. 8+ Times

27. Since you started working [Program], how many times did you communicate with staff over phone/text/email or secure message? (Pull down menu.)
A. 0-1 Times
B. 2-3 Times
C. 4-5 Times
D. 6-7 Times
E. 8+ Times

28. During your time working with staff at [Program] did they provide any of the following? (Select all that apply.)
A. Help with safety needs
B. Help with managing classes and coursework (letters to professors, plans to finish semester)
C. Information about the impact of trauma/violence
D. Counseling/Emotional Support
E. Education about healthy and unhealthy relationships
F. Information on drug or alcohol use
G. Help finding additional support
H. Referrals to other resources
I. Other: ____________________

---

2 See measurement chart in Appendix G for citation.
If referral is checked:

29. The person I worked with at [Program] referred me to the following: (Select all that apply.)
   A. [Campus] Police Department
   B. Student Health Services
   C. Student Legal Services
   D. Dean of Students (including legal services for students and student conduct)
   E. Counseling and Psychological Services
   F. Title IX Office
   G. Services for Students with Disabilities
   H. Drugs and Alcohol Counseling
   I. Off Campus – Community-based therapy or counseling
   J. Off Campus – Community Dating Violence and Sexual Assault Center
   K. Other (fill in): ____________________

For all endorsed answers: Follow up with these questions if used this resource.

30. Overall, how satisfied have you been with the amount of time staff at [Program] put in assisting you?
   A. Very dissatisfied
   B. Somewhat dissatisfied
   C. Somewhat satisfied
   D. Very satisfied
   E. Not applicable
   F. Declined to answer

31. Overall, how satisfied are you with the amount of effort staff at [Program] put in assisting you?
   A. Very dissatisfied
   B. Somewhat dissatisfied
   C. Somewhat satisfied
   D. Very satisfied
   E. Not applicable
   F. Declined to answer

32. Between you and staff members at [Program] who decided what you worked on?
   A. I did, completely
   B. I did, mostly
   C. We did, equally
   D. The staff person did, mostly
   E. The staff person did, completely
   F. Declined to answer
Appendix F: Impact Survey: Campus Advocacy Evaluation

33. The staff person at [Program] was available when I needed them.
   A. Strongly Agree
   B. Agree
   C. Disagree
   D. Strongly Disagree

34. People’s cultural backgrounds are respected at [Program].
   A. Not at all true
   B. A little true
   C. Somewhat true
   D. Very True
   E. I don’t know

35. Staff at [Program] understand how discrimination impacts peoples’ everyday experiences
   A. Not at all true
   B. A little true
   C. Somewhat true
   D. Very True
   E. I don’t know

36. Is there anything else you would like to tell me about your experience at [Program]? (Open ended, write in.)

   Just a reminder that all question are voluntary and all answers are confidential.
   You may stop taking the survey at any time.

Prompt:
Now we have some questions about whether the harm you experienced got worse or better since you starting getting help at [Campus].

37. Since using services at [Campus] have the experiences of sexual harassment...
   A. Increased
   B. Decreased
   C. Stayed the same
   D. Never experienced
   E. Declined to answer
38. Since using services at [Campus] have the experiences of dating/domestic violence...
   A. Increased
   B. Decreased
   C. Stayed the same
   D. Never experienced
   E. Declined to answer

39. Since using services at [Campus] have the experiences of sexual assault...
   A. Increased
   B. Decreased
   C. Stayed the same
   D. Never experienced
   E. Declined to answer

40. Since using services at [Campus] have the experiences of stalking...
   A. Increased
   B. Decreased
   C. Stayed the same
   D. Never experienced
   E. Declined to answer

41. Since using services at [Campus] have the experiences of family violence...
   A. Increased
   B. Decreased
   C. Stayed the same
   D. Never experienced
   E. Declined to answer

42. Since using services at [Campus] have the experiences of hate/bias crime...
   A. Increased
   B. Decreased
   C. Stayed the same
   D. Never experienced
   E. Declined to answer

43. Since using services at [Campus] have the experiences of property crime...
   A. Increased
   B. Decreased
   C. Stayed the same
   D. Never experienced
   E. Declined to answer
44. Since using services at [Campus] have the experiences of any other harm or violence...
   A. Increased
   B. Decreased
   C. Stayed the same
   D. Never experienced
   E. Declined to answer

45. For these next questions, we would like to know how you have been feeling over the past two weeks. In the past two weeks, how often have you felt?¹

<table>
<thead>
<tr>
<th>How often have you felt the following over the last 2 weeks?</th>
<th>Not at All</th>
<th>Several Days</th>
<th>More than Half the Days</th>
<th>Nearly Everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. Feeling bad about yourself or that you are a failure or have let yourself or your family down</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. Trouble concentrating on things such as reading the newspaper or watching television</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

46. The next questions ask about how the violence or trauma you experienced has been affecting you in the past month. In that last month, have you:¹

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? (SMW12_31)</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3. Been constantly on guard, watchful, or easily startled?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4. Felt numb or detached from people, activities, or your surroundings?</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

¹ * See measurement chart in Appendix G for citation.
47. How many times have you done the following over the last 6 months? Did any staff or faculty/professor/TAs at your campus help you address this issue? *(Use table to answer)*

<table>
<thead>
<tr>
<th>How many times have you done the following over the last 6 months?</th>
<th>Never</th>
<th>Rarely</th>
<th>Some of the Time</th>
<th>Most of the Time</th>
<th>Always</th>
<th>Did any staff or faculty/professor/TAs at your campus help you address this issue?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed Class (because of abuse, violence, or harassment experiences and not prior SSD accommodations.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Was unable to attend class due to safety concerns.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Was unable to attend class due to mental health symptoms.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Missed an exam, quiz, or other graded assignment.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Was late for class.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Turned in poor school work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Attended class intoxicated or “high”.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Slept in class.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Failed a class.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Thoughts about dropping a class.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Actually dropped a class.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Thought about quitting school.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Turned in homework/an assignment late or not at all.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Survivor Defined Practice Scale (SDPS)\(^5\)

48. The following questions are about your interactions with staff and service providers you worked with after experiences of violence and harassment (for example, advocates or counselors). We want your honest opinion, whether positive or negative. Please fill in the circle that best reflects whether you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel respected by staff at this University</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Staff at this University help me to shape goals that work for me.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. Staff at this University support my decisions.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. Staff at this University do not expect me to be perfect.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. Staff at this University support me even when things are not going well.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. Staff at this University make sure that services are right for what I need.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. Staff at this University offer choices.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. Staff at this University believe that decisions about my life are mine to make.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>9. Staff at this University respect the way I deal with things, whether or not they agree with it.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

49. What recommendations do you have to improve services to survivors of violence, abuse and harassment on [Campus]?
Thank you so much for taking this survey. Resources are listed below if you need more information or someone to talk to. [Add or remove resources, as needed]

**Resources for Every Version**

**The National Sexual Assault Hotline**
1-800-656-HOPE

**The National Domestic Violence Hotline**
1-800-799-7233 | 1-800-787-3224 (TTY)

**National Suicide Prevention Lifeline**
1-800-273-8255

211-Texas – Connecting people and services
https://www.211texas.org/

**Substance Abuse and Mental Health Services Administration Hotline**
1-800-662-4357

**Texas Advocacy Project**
https://www.texasadvocacyproject.org/

**Final Screen:**

Thank you for participating in the survey. We appreciate your time and expertise.

Preferred Email: ____________________________

Would you be willing to be contacted in the future for more voluntary surveys or interviews to further evaluate the campus services asked about today? If so, please enter your preferred email address and phone number below:

Email Address: ____________________________

Phone Number: ____________________________
## Appendix G: Measures Chart

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Information</td>
<td>Population demographics of those taking the survey.</td>
<td>Helps to evaluate the efficacy of all 7 goals. Ensures that program goals are achieved across campus populations.</td>
<td>Frequency Tables</td>
<td>See Table 3</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>---------------------------------</td>
<td>------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td><strong>PHQ-9 Depression Scale</strong></td>
<td>Self-administered depression rating scale</td>
<td>Reduce mental and physical impact of violence</td>
<td><strong>Total Score</strong></td>
<td><strong>Alpha</strong>: .84</td>
<td><strong>Mean</strong>: 16.4 <strong>SD</strong>: 5.02 <strong>Range</strong>: 8-29</td>
</tr>
<tr>
<td>Kroenke, K., &amp; Spitzer, R. L. (2002)</td>
<td></td>
<td></td>
<td><strong>1-4</strong>: Minimal depression</td>
<td><strong>Interitem Covariance = .33</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>5-9</strong>: Mild depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>10-14</strong>: Moderate depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>15-19</strong>: Moderately severe depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>20-27</strong>: Severe depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PTSD Checklist for DSM-5 (PCL-5)</strong></td>
<td>Self-administered symptom scale for PTSD</td>
<td>Reduce mental and physical impact of violence</td>
<td><strong>Yes to any 3 items is optimally sensitive to probable PTSD, use as a 5 item scale to monitor change.</strong></td>
<td><strong>Alpha</strong>: .71 <strong>Interitem covariance</strong>: .08</td>
<td><strong>Mean</strong>: 3.1 <strong>SD</strong>: 1.7 <strong>Range</strong>: 0-5</td>
</tr>
<tr>
<td>Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., &amp; Schnurr, P. P. (2013)</td>
<td></td>
<td></td>
<td></td>
<td>63.6% at or above cutoff for PTSD</td>
<td></td>
</tr>
<tr>
<td><strong>The Multidimensional Scale of Perceived Social Support</strong></td>
<td>Social support Connection and Social Support</td>
<td>12-items rated on a 7-point Likert scale ranging from 1 “very strongly disagree” to 7 “very strongly agree”. Scale is divided into 3 subscales: family, friends, and significant other with each consisting of 4 items. Scale reports three subscale scores and overall total score.</td>
<td><strong>Significant other support subscale</strong>: alpha .93</td>
<td><strong>Significant Other Social Support</strong>: <strong>Mean</strong>: 4.5 <strong>SD</strong>: 1.5 <strong>Range</strong>: 1-6</td>
<td><strong>Mean</strong>: 3.5 <strong>SD</strong>: 1.1 <strong>Range</strong>: 1-6</td>
</tr>
<tr>
<td>Zimet, G. D., Dahlem, N. W., Zimet, S. G., &amp; Farley, G. K. (1988)</td>
<td></td>
<td></td>
<td><strong>Family support subscale</strong>: alpha .75</td>
<td><strong>Family Support</strong>: <strong>Mean</strong>: 3.8 <strong>SD</strong>: 1.3 <strong>Range</strong>: 2-6</td>
<td></td>
</tr>
<tr>
<td>The Journal of Personality Assessment, 52(1), 30-41. <a href="https://doi.org/10.1207/s15327752jpaa5201_2">https://doi.org/10.1207/s15327752jpaa5201_2</a></td>
<td></td>
<td></td>
<td><strong>Friends support subscale</strong>: alpha .90</td>
<td><strong>Friend Support</strong>: <strong>Mean</strong>: 3.8 <strong>SD</strong>: 1.3 <strong>Range</strong>: 2-6</td>
<td></td>
</tr>
<tr>
<td><strong>Survivor Defined Practice Scale (SDPS)</strong></td>
<td>Survivor-defined service models, including feelings of empowerment and well-being.</td>
<td>Survivor agency and empowerment</td>
<td><strong>Single factor scale with responses from strongly disagree (1) to strongly agree (4) higher scores indicate greater alignment with survivor driven modes of practice.</strong></td>
<td><strong>Alpha</strong>: .93 <strong>Interitem Covariance</strong>: .21</td>
<td><strong>Mean</strong>: 29.0 <strong>SD</strong>: 4.2 <strong>Range</strong>: 21-36</td>
</tr>
</tbody>
</table>
APPENDIX H: SAMPLE CONSENT LANGUAGE FOR OUTCOMES EVALUATION SURVEY

Invitation to be Part of a Research Study

You are invited to be part of a program evaluation. This consent form will help you choose whether or not to participate in the evaluation.

Things you should know:

• The purpose of the evaluation is to increase our understanding of former and current students’ experiences participating in advocacy services related to a sexual assault, or dating violence experience.

• In order to participate, you must be 18 years old or older, be a current or former [Campus] student, and have had any interaction with advocacy, or support services, any time in the [Insert Time Frame] at [Campus].

• If you choose to participate, you will be asked to participate in an online survey. You will be asked questions about your experiences with advocacy services; your perception of service impact; and areas for service improvement.

• The survey typically takes between 15-20 minutes. All questions are optional and can be skipped.

• Risks involved in this study are not greater than everyday life.

• There is no direct benefit for participating in this study.

• Taking part in this research study is voluntary and confidential. You do not have to participate, and you can stop at any time. Your information will be kept confidential.

• You will be asked if you are willing to be surveyed again in several months about your experiences.

• More detailed information may be described later in this form. Please take time to read this entire form and ask questions before deciding whether to take part in this research study.
What will happen if you take part in this evaluation?

If you agree to participate in this study, you will be asked questions related to: Your experiences with advocacy (supportive) services on campus. Accessing advocacy services on campus. Your met and unmet needs participating in services at [Campus]. Your perception of the impact of advocacy services on campus. Your perception of advocacy service improvements on campus.

How long will you be in this study and how many people will be in the study?

The survey should take between 15-20 minutes and will ask you questions and record the answers in Qualtrics survey software. We may ask you at the end of this survey for permission to contact you for an additional interview or survey, if needed. You will have the option to indicate you are willing to be contacted again at the end of the survey. It is estimated that no participant will be interviewed or surveyed more than 3 times.

What risks and discomforts might you experience from being in this study?

There are some risks you might experience from being in this study. One potential risk is discomfort answering questions about sexual assault, dating/domestic violence, stalking or sexual harassment-related experiences or other stressful events you have experienced. Some people may have an emotional reaction to answering certain questions, especially those who may have experienced violence at some point in their lives. Information on how to get help, if you need it, appears on this form and at the survey conclusion. If you need to talk to someone about an experience of violence, or you need help for a friend, please contact:

[Insert resources and contact info.]

How will we protect your information?

Your privacy and the confidentiality of your data will be protected. All survey data will be stored on a password protected computer using the secure software, UT Box. The survey responses are confidential and private, therefore, disclosure of unreported adult experiences of violence during college will not be report to Title IX or Law enforcement in identifiable form. Your privacy and the confidentiality of your data will be protected by storing all information collected in secured locations, either physical or online. Any identifying information (such as an email to schedule an interview or send a survey) will be stored separately from data collected in your responses. Only research personnel will have access to identifiable data. Information will only be reported to officials at [Campus] and other institutions in aggregate – no identifying information will be reported unless required by law.
What will happen to the information we collect about you after the study is over?

Your name and other information that can directly identify you will be deleted from the research data collected as part of the project. Emails related to scheduling interviews will be deleted after the study is over.

Your Participation in this Study is Voluntary

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. If you choose to participate, we encourage you to answer every question to the best of your ability based on your experiences. However, you do not have to answer any questions you do not want to answer. Your decision to participate will not affect your relationship with [Campus] or any other entity. You will not lose any benefits or rights you already had if you decide not to participate. Withdrawal from this survey will not have any consequences for you in any way.

Contact Information for the Study Team

If you have any questions about this research, you may contact:

[Insert contact information.]

Your Consent

By clicking yes below, you are agreeing to be in this study. We encourage you to print a copy of this consent form screen for your records. You may also contact the study team for a copy.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study.

☐ Yes

☐ No
APPENDIX I: SAMPLE RECRUITMENT EMAIL FOR OUTCOMES EVALUATION SURVEY

Hello [student group/name/mascot],

This email is to notify you of the opportunity to participate in an evaluation [Program Name] services. You are receiving this email because you may have engaged in campus based advocacy services or participated in a previous interview about that experience with our team in [time period]. We are inviting you to participate in a [survey/interview/focus group] to review and evaluate [Program Name] services. As a reminder, advocacy services are supportive services that may include emotional support, referrals to resources, planning for safety, and academic accommodations related to experiences of violence and/or harassment. You may have participated in these services at [Campus] and [Program Name(s)].

[Program Name(s)] are evaluating their campus advocacy services for survivors of intimate and interpersonal violence, such as sexual assault, sexual harassment, stalking and dating violence at [Campus]. The goal is to understand more about the best ways to support current and former college students who have experienced intimate and interpersonal violence.

You are eligible to complete this survey if you have participated in services in [time period]. We invite you to complete this survey [link] about your experiences. During the survey, you will be asked about your perception of campus supports and ideas for improving advocacy services. The survey will be open for four weeks or until there has been sufficient participation.

This confidential survey will help improve advocacy services here at [Campus/Program Name].

You can be assured that your decision to participate in this study will have no impact on your relationship with the [Campus] or any service you may be participating in currently or in the future at [Campus], or elsewhere. Officials at [Campus] will not receive any identifying information about interview contents or participants. If you agree to participate, the [evaluation tool] should take approximately [X-XX] minutes to complete.

If you are willing to participate in this study please use the link above to access the survey. If you have further questions, please e-mail [contact name and email address]. Thank you for your time and consideration,

Signed,
Campus Advocacy recruitment via Social Media

Facebook Recruitment Announcement

Have you used services at [Program] in the last [evaluation time frame] and want to share your opinion? [Campus] is excited to announce the launch of the Campus advocacy services evaluation survey! The survey is for anyone who has used advocacy or support services at [Campus] in [time period]. The goal of the survey is to understand more about the best ways to support college students who have experienced intimate and interpersonal violence. The survey should take about [XX-XX] minutes to complete.* Help us improve advocacy services at [Campus]. Your participation is confidential and completely voluntary.

Please click on the following link to the survey: [Link]

Twitter Recruitment Announcement

Tweet 1: Please help us improve our advocacy services by participating in the #CampusAdvocacySurvey!
[Link]

Website Recruitment Announcement

We are excited to announce the launch of the Campus advocacy services evaluation survey. The goal of the study is to understand more about the best ways to support current and former college students who have experienced intimate and interpersonal violence. Have you used advocacy services in [time period]? We need your participation! The survey should take about 15-20 minutes to complete. Your participation is confidential and completely voluntary.

Please click on the following link to the survey: [Link]

* Time frame and survey/interview duration will changes based on what is being evaluated and how many questions are included.