THE CAMPUS-BASED ADVOCACY TOOLKIT: IMPLEMENTATION AND EVALUATION

Leila Wood, Ph.D.

Principal Investigator
The University of Texas Medical Branch
Center for Violence Prevention

Rachel Voth Schrag, LCSW, Ph.D.

Co-Principal Investigator
The University of Texas Arlington
School of Social Work

Dixie Hairston, LMSW

The University of Texas Medical Branch
Project Director

Elizabeth Baumler, Ph.D.

The University of Texas Medical Branch
Center for Violence Prevention
Co-Investigator

Maggy McGiffert, MA

The University of Texas Medical Branch
Senior Research Associate

Cynthia Jones, Ph.D.

The University of Texas Rio Grande Valley
Professor, Department of Philosophy
Director, Office for Advocacy & Violence Prevention

For questions, comments or additional information, please contact **Leila Wood**, *Associate Professor at The University of Texas Medical Branch*, leiwood@utmb.edu

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Introduction to the Toolkit

Welcome to the Revised Campus-Based Advocacy Toolkit

Thank you for reading the Campus-Based Advocacy Toolkit (or "the toolkit") for the implementation and evaluation of supportive programs for survivors of violence on college campuses. Advocacy is a powerful tool for addressing and mitigating the effects of violence victimization. Violence victimization includes survivors of intimate partner violence (IPV)/dating violence and sexual assault, as well as survivors of experiences such as stalking, harassment, bias or hate crimes, robbery, assault, or violence by a family member. Community-based advocacy models, such as those in IPV shelters and non-residential centers, have strong evidence of improving outcomes for survivors. These models have been growing in use on college campuses, but with little assessment or implementation best practices available. Such guidance can support campus-based advocacy programs to improve services for survivors, highlight advocate and survivor strengths, increase accessibility of services, and provide evidence of the beneficial impact of programs. This toolkit provides implementation and evaluation guidance for campus-based advocacy programs for collegiate crime victims to assist programs with formation, fidelity, quality improvement and outcome assessment.

To develop this guidance, we studied seven campus-based advocacy programs on five campuses in Texas. The toolkit team worked with campus and community advocates, engaged with statewide coalitions, studied articles and program materials, and conducted interviews and longitudinal impact surveys with student service users and advocacy staff in order to better understand campus-based advocacy and its' impact on students. We approached this project collaboratively with partner sites, focusing on the safety of research participants and the importance of amplifying the voices of traditionally 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 most heavily on advocacy for IPV and sexual assault survivors, the toolkit team recognizes that many colleges and universities provide supportive services to survivors of the other forms of violence victimization, including stalking, harassment, bias or hate crimes, robbery, assault, or violence by a family member, and that often survivors experience multiple forms of violence which can be intersecting and interconnected. To that end, we have revised the toolkit to reflect practices for these service users[1]. We also have included additional information about virtual service provision, which expanded rapidly in campus-based advocacy programs during the COVID-19 pandemic. Additions in the revised toolkit based on expanded evaluation findings include:

- Revised logic model for campus-based advocacy

- Revised impact survey, brief survey, and fidelity tools

- Enhanced guidance on population-based adaptations

- Research findings on campus-based advocacy program outcomes

- Guidance for working with survivors of stalking, harassment, bias or hate crimes, robbery, assault, or violence by a family member

- Information on virtual service provision

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[1] This toolkit will use the terms service user and survivor interchangeably to describe individuals who use campus-based advocacy services.

The toolkit may be used by campus-based advocates and administrators, campuses interested in initiating advocacy services, research and evaluations teams, and anyone looking to improve campus-based 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 and implement programming for your unique campus.

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. These tools have been tested for their validity and appropriateness in measuring key areas of program impact within a diverse sample of campus-based advocacy service users at five unique campuses. In other words, they have been demonstrated to be appropriate to assess key program impacts and outcomes, and valid to be used in a wide variety of campus settings. The logic model of campus-based advocacy programming that guides the evaluation approach was constructed with guidance from 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 1). trauma-informed; 2). survivor (student)-centered, and 3). social justice-oriented. The toolkit and evaluation approach are adaptable, recognizing that colleges and universities exist in many shapes and sizes, and that to be effective, campus-based advocacy must reflect the needs, culture, and structure of the home college or university.

Acknowledgements

Glossary of Terms Used in the Toolkit

Intimate Partner Violence or IPV is defined by the Center for Disease Control and Prevention (CDC) as violence from a current or former romantic or sexual partner including spouses, boyfriends, girlfriends, people with whom they dated, were seeing, or 'hooked up' (2020). The abuse experience can include various physical and non-physical violent behaviors such as stalking, physical and sexual violence, emotional/psychological abuse, and economic abuse (Amar & Gennaro, 2005; Smith et al. 2018). It can also include coercive control, a pattern of behavior that established dominance over another person through intimidation, isolation, violence, or threats of violence (Dichter et al., 2018). The term 'dating violence' is also 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 et al., 2018; Murray & Kardatzke, 2007). Intimate Partner Violence or IPV will be used in the toolkit to address all these forms of abuse in the context of a romantic or sexual relationship.

Sexual assault is defined by the CDC as unwanted sexual touching, sexual coercion, rape, including being forced to penetrate someone else (Smith et al. 2018). This includes actions that occur without the consent of an individual, or when the person is unable to consent or refuse for 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 violence is another term used to describe sexual assault and is inclusive of all forms non-consensual touching. The toolkit will use the term sexual assault to broadly describe all these forms of sexual violence and misconduct.

Stalking is defined by the CDC as repeated harassment or threats from one individual to another that causes fear or safety concerns (CDC, 2021). Physical stalking can include approaching a person or showing up unwanted at an individual's home, workplace, or school; leaving strange or potentially threatening items for an individual to find; and sneaking into an individual's home or car (CDC, 2021). Technology-facilitated stalking includes unwanted phone calls, unwanted emails, instant messages, text messages, voicemails, or social media messages that cause fear or safety concerns (CDC, 2021). It can also include GPS monitoring in cars or phone, tracking computer and phone use, and other forms of tracking individuals using technology. The toolkit will use the term stalking to broadly describe both physical and technology-facilitated stalking behaviors defined in this section.

Sexual Harassment is defined by the U.S. Department of Health and Human Services (HHS) under Title IX of the Educational Amendments of 1972 as "unwelcome conduct of a sexual nature" including "sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature" (HHS, Office for Civil Rights, 2020) including sexist and gender harassment. The toolkit will use the term sexual harassment to broadly describe all these behaviors.

Family Violence includes a broad range of acts including emotional, financial, physical, and sexual abuse by a member of a family or household against another member, excluding the reasonable discipline of a child (Department of Justice, 2020). The toolkit will use the term family violence to broadly describe violence that occurs within a household or family unit from one member to another member, excluding an intimate or sexual partner.

Hate Crimes are defined by the U.S. Department of Justice (2021) as a crime motivated by bias against race, color, religion, national origin, sexual orientation, gender, gender identity, or disability. A bias or hate incident is defined as an act of prejudice that is not criminal and does not involve violence, threats, or property damage. The toolkit will use the term hate/bias crime to describe incidences that fall under these two definitions.

Property Crimes are defined by the National Institute of Justice (n.d.) as crimes when property is stolen or destroyed without the use or threat of force against the victim. Property crimes include burglary, theft, vandalism, and arson. This toolkit will use the term property crimes to describe robbery, theft, burglary, vandalism, and/or arson committed against a person.

Survivor or Service User are two ways to identify people who have experienced violence victimization and who have also used services. People who have experienced violence victimization may be referred to as a victim or survivor interchangeably to acknowledge their lived experience. In the toolkit, the term survivor or service user are both used to describe the population of students who experienced victimization and who received services from a campus-based advocacy or support program.

Toolkit Project Goals and Activities

The toolkit is divided into six sections:

- **Section 1** describes advocacy services for survivors of violence in the community and on college-campuses.
- **Section 2** provides skills and strategies for implementing advocacy services on campuses, and details the Campus-based Advocacy Logic Model.
- **Section 3** offers suggestions for potential adaptations of campus-based advocacy for diverse university settings.
- **Section 4** details the impact of campus-based advocacy services based on our evaluation of seven programs.
- **Section 5** outlines evaluation guidance for campus-based advocacy programs.
- **Section 6** includes additional resources for programs, services, and evaluation.

Campus-based Advocacy Evaluation Project Overview

This toolkit provides actionable information to campus-based advocacy programs for their continued implementation of services, monitoring, evaluation, and improvement. To create the toolkit, the team studied seven campus-based advocacy programs at five Texas universities. The advocacy programs at the partner sites are located in diverse settings within their institutions, including standalone advocacy centers, programs embedded in counseling, student affairs, and campus law enforcement, and programs linked to student health services. The model of advocacy and the evaluation approach presented in the toolkit are developed from our research at these five campuses.

The goal of the toolkit is to provide evidence-informed, community-oriented guidance for the implementation and evaluation of high quality, effective, and inclusive campus-based advocacy services.

Toolkit objectives include:

A. Provide an adaptable, evidence-informed program model for campus-based advocacy services that can be implemented in diverse campus settings to address a range of violence and harm experiences.

B. Strengthen program quality and support impact evaluation by providing a modifiable, valid, and reliable community-grounded evaluation approach.

C. Promote survivor and advocacy staff expertise, voice, and choice through empirical and inclusive practices.

D. Strengthen the role of college campuses in meeting the needs of survivors of violence.

Activities to Create the Toolkit

In collaboration with partner sites, five primary evaluation activities were used to study the programs, build the adaptable campus-based advocacy logic model, and create the toolkit. These activities 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 peer-reviewed articles, campus climate survey reports, technical and professional documents, books, and electronic media from experts in the field. Over 200 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 five partner campuses and additional sites when available, including intake forms, statements of purpose, psychoeducational materials, and program promotional documents.

3. **Surveys, interviews, and focus groups with campus-based advocacy and other university staff:** The evaluation team conducted 28 interviews with campus-based advocates and university staff from each of the five partner site campuses across the three-year project. Interviews explored survivor needs, program goals and outcomes, staff experiences, possible adaptations by setting, and experiences during COVID-19. The study was promoted to advocates through the evaluation team and by snowball sampling. Confidential interviews were conducted by the evaluation team, and lasted on average 45-60 minutes. Follow-up interviews were conducted to review an updated campus-based advocacy logic model. Interviews were recorded with permission and the sound files transcribed by a professional transcription service. 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 create the campus-based advocacy logic model and evaluation tools. We also conducted a survey with campus advocates across the state to verify and expand on interview themes. See Appendix B for campus-based advocacy logic model and Appendices D-K for evaluation tools.

4. **Interviews with survivors who accessed campus-based advocacy services:** A total of 60 former and current students that have accessed advocacy services at the five partner campuses were interviewed. Interviews with service users explored how they accessed services, service experience, and impact. Participants were also asked about their experiences and service needs during COVID-19. The interviews were promoted in collaboration with partner sites. All interviews were confidential and conducted by the evaluation team in a private physical virtual location. Participants were provided an incentive for participation. Interviews were voluntary and confidential and recorded with permission. The interview protocol was adapted in part from the CAP fidelity evaluation (Sullivan, 2016). Verbatim transcripts from the interviews and focus groups were analyzed using thematic analysis (Braun & Clarke, 2006). Major themes helped created the adaptable campus-based advocacy logic model and evaluation tools. See Appendix B for the campus-based advocacy logic model and Appendices D-K for evaluation tools.

5. **Longitudinal Impact Survey:** Following a pilot of the impact survey in the first phase of this project, the evaluation team updated the impact survey tool to assess the impact of campus-based advocacy services based on outcomes detailed in logic model. 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 promotional email with the survey link was sent to eligible participants through participating campus-based advocacy programs. This survey was web-based and confidential. Of the 63 students that participated in the pilot survey, 37 agreed to be contacted again for surveys every three months for up to a year. An additional 95 participants enrolled in the longitudinal evaluation during three waves of first impact surveys, for a total of 134 longitudinal study participants. Participants were surveyed at 6-months post-first impact to assess campus-based advocacy program impacts. The survey asked questions on the following: participant demographic information, victimization experiences, service use and experience, Title IX experiences, academic outcomes, health, and recommendations. See Appendix I for a table of impact survey measures and Appendix H for template impact survey for adaptation for your campus.

SECTION 1:
ADVOCACY FOR SURVIVORS OF VIOLENCE: AN OVERVIEW

Violence in the Lives of College Students

Services After Violence

What is Advocacy?

What is Campus-Based Advocacy?

Approach to Campus-Based Advocacy

VIOLENCE IN THE LIVES OF COLLEGE STUDENTS

Sexual assault and IPV are public health and safety concerns for communities across the United States, including college campuses. While incidents of violence can happen anywhere, numerous studies have shown that IPV and sexual assault are particularly pervasive problems in college and university settings and among emerging adult (age 18-25) populations. The Association of American Universities (AAU) surveyed over 180,000 students at 33 colleges and universities, and found that 13% of respondents experienced sexual assault and 10% experienced IPV since enrolling in college/university (Cantor et al., 2020). Incidents of sexual assault and IPV in the college setting are under-reported (Cantor et al., 2020), and services designed to mitigate the impact of violence on campus do not always reach those who need them (Holland et al., 2020). 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 et al., 2019). As such, prevention and mitigation programs to address violence have increased in use and scope on college campuses. One type of intervention that has increased in use is campus-based advocacy, or supportive services, for survivors of interpersonal violence, modified from community advocacy models. Despite an increase in availability and use, there has been very little evaluation of campus-based advocacy services (Javorka & Campbell, 2019; Wood et al., 2020b). The toolkit describes these campus-based advocacy services.

Texas college students experience high rates of interpersonal violence. 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. Further, 13% of students reported experiencing stalking, 25% reported experiencing student-perpetrated sexual harassment, and 25% reported experiencing faculty/staff-perpetrated sexual harassment (Busch-Armendariz et al., 2017). These numbers clearly demonstrate a need for both prevention and intervention response efforts housed within Texas colleges and universities to address the specific needs of survivors.

Students who experience interpersonal violence face unique challenges and experience identifiable impacts. Survivors may experience housing disruption, difficulties engaging with their peers, and mental and physical health challenges (Artime, et al., 2019; Banyard et al., 2020; Wood et al., 2020a), including post-traumatic stress disorder (PTDS, depression, and substance use) (Øverup et al., 2015; Zinzow et al., 2010). Survivors may also experience major challenges engaging in and completing their schoolwork and their degrees, as well as an increased risk of dropping out (Jordan et al., 2014; Mengo & Black, 2016; Voth Schrag et al., 2019; Wood et al., 2020a).

The potential impact of experiences of violence with college student 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

Interpersonal violence 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 experience impacts and need access to advocacy services.

Students who may be at higher risk for violence victimization include:

- **Undergraduate women of all races and ethnicities:** Studies find around 25% of college undergraduate women experience sexual violence during their time in college. (Cantor et al., 2020; Krebs et al., 2016). The most recent AAU Climate Survey found that women undergraduates are 3 times more likely to experience nonconsensual sexual contact than graduate or professional women (Cantor et al., 2020). This study also found that 59.2% of undergraduate women reported experiencing at least one sexually harassing behavior since enrolling in college/university (Cantor et al., 2020).

- **Latinx female students:** 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 a study conducted with 149 Mexican American college women, 12% reported experiencing dating or partner violence in the last year, 12% were stalked, and 9.1% were psychologically abused (Coker et al., 2008). Previous research has found that Latinx women report lower rates of sexual harassment but more severe experiences of harassment (Moylan & Wood, 2016).

- **Black, Indigenous, People of Color (BIPOC):** In general, students who are BIPOC are at increased risk for IPV and sexual assault. 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%). In another study, BIPOC medical students had higher risk of experiencing sexual harassment (McClain et al., 2021).

- **International students:** International students may be disproportionately impacted by experiences of IPV and sexual assault due to language difficulties and homesickness (Robertson et al., 2000) as well as the absence of a local social support system (Hechanova-Alampay et al., 2002), and different cultural perspectives of violence (Lee et al., 2005; Yamawaki, et al., 2009).

- **Lesbian, Gay, Bi-sexual, Transgender, Queer (LGBTQ+) students:** There is strong evidence that LGBTQ+ students face unique risk for interpersonal violence victimization (Kammer-Kerwick et al., 2019). Among transgender, gender queer and non-binary students (TGQN), 22.8% of undergraduates and 14.5% of graduate and professional student reported sexual assault (Cantor et al., 2020). This study also found that 65% of TGQN students experienced at least one sexually harassing behavior (Cantor et al., 2020). LGBTQ+ students are at higher risk for sexual assault than their cis-gender, heterosexual peers (Cantor et al., 2020; Coulter et al., 2017; Kammer-Kerwick et al., 2019; Krebs, et al., 2016) 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). Individuals with gender minority and sexual minority identities are at an increased risk for both peer and faculty/staff harassment (Wood et al., 2021).

These additional risk factors indicate campus-based advocacy services should target populations that have historically faced significant barriers, inequities or challenges in accessing services for IPV and sexual assault and other violence victimization, as well as evaluate services among different populations for efficacy and cultural competence (Bonistall Postel, 2017).

SERVICES AFTER VIOLENCE

Many universities have implemented service models to address the specific needs of students experiencing IPV, sexual assault, and other types of violence and harm. However, barriers to accessing these services remain, and few students disclose their experiences with violence to others. Disclosure of violence victimization to formal resources continues to be low (Graham et al., 2019; Krebs et al., 2016; Mitra, et al., 2021). 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). One study found that 97% of surveyed victims of unwanted sexual contact did not use any available services (Walsh et al., 2010). In the wake of a sexual assault, survivors may employ various routes to find support or assistance, both formally, through campus-based services, and informally, via their networks of family and friends (Deloveh & Cattaneo, 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). 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 (Mitra et al., 2021; Spencer et al., 2017). Further, not understanding campus confidentiality policies or a lack of confidential services available to students has been identified as significant barriers to seeking services on campus as well (Dunlap et al., 2018; Javorka & Campbell, 2019).

Research has shown that the typical services provided to survivors include on-campus counseling, campus police services, and advocacy and support services, while other services, such as financial assistance and housing, remain rare (Graham et al., 2020; Sabina et al., 2017). Supportive services are critical for collegiate survivors. Women on campuses that have strong sexual assault and IPV response and resources have been shown to have significantly better emotional health than women on campuses with less robust programming (Graham et al., 2020). This includes fewer incidents of Post-Traumatic Stress Disorder (PTSD), depression, and anxiety (Eisenberg et al., 2016; Sabina & Ho, 2014). Campus-based advocacy represents a way to better meet the needs of survivors on college campuses.

WHAT IS ADVOCACY?

Advocacy is a form of direct service provision for survivors that is typically built on an empowerment model emphasizing individual choice, safety, and support to promote healing (Wood, 2014). The goals of community advocacy include improving access to services, increasing safety, preventing future violence, facilitating empowerment, and enhancing the mental health and physical well-being of survivors (Rivas et al, 2015; Sullivan,

2016; Sullivan & Goodman, 2019). This service approach can be understood through the lens of Conservation of Resources (COR) theory, which posits that after an experience of trauma, survivors face secondary losses, such as loss of material resources (e.g., loss of housing or economic support), loss of health (physical and mental health impacts), and loss of social support. These losses in the wake of trauma can either continue to spiral, with losses begetting additional losses, or can be immediately mitigated through informal or formal supportive mechanisms, or gains, like survivor advocacy (Sullivan & Goodman, 2019). Such support can minimize long-term trauma impacts and disrupt patterns of further loss (Hobfoll, 2001; Sullivan et al., 2019). Advocates work for and with survivors to increase social support, provide and connect to resources, safety plan, and aid in complex legal and court systems (Bennett, et al., 2004; Black, 2003; Constantino et al., 2005; Haj-Yahia & Cohen, 2009; Lyon et al., 2008; Sullivan & Bybee, 1999; Tiwari et al., 2010; Wood, 2014; Zosky, 2011). For survivors of interpersonal violence, the empirically demonstrated impact of advocacy includes a reduction in physical violence, greater use of resources, more supportive connections, reduced depression symptomology and reductions in other negative mental health impacts (Bennett et al., 2004; Ramsey et al., 2009; Rivas et al, 2015; Sullivan, 2016; Sullivan & Bybee, 1999; Sullivan et al., 2018; Wathen & MacMillian, 2003).

Advocacy increases social and emotional wellbeing for survivors by:

- **Providing options & support:** Advocates support survivors by providing information on formal support systems (mental and physical health services, law enforcement [if safe for the survivor], and campus-based and legal reporting systems), psychoeducation on the impact of violence and trauma, and help identifying sources of informal support (friends, family, peer support networks) and examining their options based on needs.

  Example: Helping survivors think through economic and housing needs and options after leaving a violent relationship.

- **Addressing Health and Mental Health Needs:** Advocates work with service users to address the significant mental and physical impacts of trauma caused by and/or exacerbated by the violence they have experienced.

  Example: Facilitating access to physical and mental health care.

- **Safety planning:** Advocates assist survivors in strategizing around emergencies, anticipating risks and options, addressing gaps and barriers to meeting 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 impacting safety.

  Example: Working with survivors to identify pertinent risk factors for technology-based abuse and making a plan to increase safer access to electronic communication.

WHAT IS CAMPUS-BASED ADVOCACY?

Campus-based advocacy models are adapted from community advocacy models typically used in IPV- and sexual assault-focused nonprofits. In recent years, colleges and universities have been encouraged to develop advocacy and crisis intervention services, in addition to clinical (counseling) support, for IPV and sexual assault survivors (Holland, 2020; Wood et al., 2020b). Advocacy approaches on campuses involve case management activities, coordination of care for survivors, psychoeducation, resources and referrals, and empathic listening (Wood et al., 2020b).

Universities typically offer services to violence survivors, particularly those who have experienced violence/harm like IPV and sexual assault, in existing student health centers or sometimes in settings specialized to interpersonal violence (Artime & Buchhloz, 2016; Brubaker & Keegan, 2017; Javorka & Campbell, 2019; Wood et al., 2020b). Much like services provided in the community, campus-based services can be provided in many settings, such as campus counseling centers, within student affairs or university police departments, or as standalone units within the university built for the specific purpose of addressing violence on campus. Survivors report strong interest in access to campus-based advocacy programming (Sabina & Ho, 2014).

Campus-based advocacy services differ from counseling, in that they are intended to focus on addressing not only the mental health concerns of survivors, but also resource, material, and academic needs. Campus-based advocacy is 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; Wood et al., 2020b). Responsible employee reporting requirements are determined by the U.S. Department of Education and are codified in Texas law under the Texas Education Code (51.252). In the University of Texas system, these policies define which university faculty and staff that are required to report any instances of sexual harassment, sexual assault, IPV, or stalking that they witness or receive information regarding instances committed by or against a student or employee of the university (University of Texas at Austin, Title IX, 2021).

Campus-based advocacy services can include referrals, safety planning, formal support in navigating the university's response procedures, housing/financial assistance, counseling, and education and training to the broader university community (McMahon & Stepleton 2018; Walsh et al., 2010; Wood et al., 2020b). Importantly, while often aimed at students, many campus-based advocacy models can equally serve students, faculty, staff, and other community members effectively.

Not all campuses designate advocates within campus-based advocacy programs as "confidential" or "private," with regard to reporting identifiable student information to their Title IX offices (Engle, 2015; Holland, 2020). However, there is strong evidence that having a confidential designation for advocates can be a critical component within a trauma-informed and survivor-centered model of services (Brubaker & Keegan, 2018; Cole, 2011; Javorka & Campbell, 2019; Moylan & Wood, 2016). 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 (Burton & Guidry, 2021). 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 (Engle, 2015). Emphasizing survivor choice and privacy are critical components to an empowerment-based service model. Providing access to services that are expressly confidential and do not involve mandated reporting can reduce risk for institutional betrayal (Javorka & Campbell, 2019; Wood et al, 2020b). 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). Evidence also points to risks of negative survivor outcomes due to mandatory or "responsible employee" reporting requirements in campus-based services for survivors of sexual assault (Javaorka & Campbell, 2019). Data underscore the importance of transparency and trust and also suggest that the location of an advocacy program within the institutional structure (e.g., located with other confidential services such as campus mental health, or other student group services such as LGBTQ student centers) could help ameliorate or exacerbate this challenge. In addition, data highlight the benefits of having access to private and confidential resources to learn about reporting options can minimize the potential harms of mandated reporting (Wood et al, 2020b).

APPROACH TO CAMPUS-BASED ADVOCACY

When students present for advocacy services, they have needs including access to information, support, medical and mental health services, housing, food, financial assistance, and academic accommodations and support. Survivors initially engage in services with a wide range of presenting issues, with the most frequently expressed initial needs being academic accommodations, information about other services, and help getting safe (Wood et al 2020b). Advocacy approaches are informed by these immediate student needs, as well as by advocates' knowledge of needs survivors may have further in the future.

Campus-based advocacy approaches are guided by many of the same theories and practice orientations that guide community advocacy models, primarily survivor (student)-centered and trauma-informed care approaches. Many campus-based advocates also approach their work with a social justice-oriented framework focused on intersectionality, and with an understanding of the potential for specific power dynamics within a close community context that can influence survivors' experiences of violence and help seeking. Shifts from the community approach to advocacy involve enhancing alignment of advocacy to the campus context, including adaptations for the developmental phase of many college students, emerging adulthood (ages 18-25), the university campus culture and community, and attention to the institutional and policy landscape.

Trauma-Informed

The trauma-informed care (TIC) model of services also guides campus-based advocacy programming. TIC is rooted in trauma theory, and promotes a paradigm shift from "what is wrong with you?" to "what happened to you?" (Wilson et al., 2015). 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 (Substance Abuse and Mental Health Services Administration, 2014; Smith & Freyd, 2014). The 6 core principles of TIC are **empowerment, collaboration, safety, peer support, trustworthiness and transparency and attention to cultural, historical and gender issues** (SAMSHA, 2014).

Trauma-informed care and services build an understanding of how trauma impacts one's ability to regulate emotion and process the cues and information in one's environment- both of which can be critical meeting academic goals. For service providers, a trauma-informed lens helps them respond effectively to survivors for whom trust is a critical issue (Warshaw, 2014). The TIC approach is inherently student-centered because it focuses on individual needs and experiences, choice, and collaboration. Campus-based advocates interviewed for the toolkit describe TIC as a foundation of their work and use the core principles of TIC in their advocacy approach.

Principles of Trauma-Informed Care applied to Campus-based Advocacy

1. **Empowerment.** The empowerment principle aims to undo to the loss of power that survivors of violence have experienced by centering their choice, expertise, and agency. Empowerment-based advocacy facilitates student autonomy and decision-making by offering choices and soliciting input

   > "Tell them that it was not their fault and tell them not to shame themselves. Because that's what helped me. I mean, telling myself that all the time. You mentioned it, direct your anger not at yourself. Taking matter into your hands, and do what I did, because that seemed to work. It has worked so far."
   >
   > **CAMPUS-BASED ADVOCACY SERVICE USER**

2. **Collaboration.** Campus-based 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.

3. **Safety.** Advocates create safe conditions for support and resources through the physical environment and advocacy activities. Services are best provided in a private physical space where the built environment attends to lighting, appearance and accessibility that promotes inclusion and safety, or via secure and accessible virtual platforms. The philosophy that the advocacy experience should be built on safety is embodied in values of privacy and creation of an "unconditional space." Advocates also supporter safer physical and emotional structures for survivors across the community.

   > "I think <advocacy program> did a really good job of offering multiple ways to get in contact with me. Whether it was like phone call, or Zoom, or email, or text, my advocate was open to whatever I felt comfortable with and whatever worked for me. Even in my intake and stuff, they asked me is this a safe number to call you at? Is this a safe address? You know, stuff like that. I really appreciated that."
   >
   > **CAMPUS-BASED ADVOCACY SERVICE USER**

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

> "The other component that I always ask is their support system. Do they have a support system with them and who they are and how I identify them and be a little bit more conscientious as to how can we support you in this process."
>
> **CAMPUS-BASED ADVOCATE**

5. **Trustworthiness and Transparency.** Advocates provide information, psychoeducation, and connection to resources. A crucial element of the TIC approach within campus-based advocacy is the use of transparency and systems education to build trust, manage expectations, and provide information about criminal justice and Title IX processes.

6. **Attention to Cultural, Historical and Gender issues.** The TIC approach takes into consideration the broader environment that victimization occurs in, including historical (to the person and to the context) and ongoing forms of oppression and bias. Advocates can illustrate their attention to these issues through their use of inclusive language, staff diversity, representation of diverse identities within the advocacy space, and collaboration with campus partners such as gender and sexuality centers, international student groups, and cultural centers on campus.

> "Of course, we really want to be inclusive, so being connected with the LGBTQ+ community is something that we really strive for because it does impact. They see a higher percentage of victimization, so we do want to make sure that our doors are open to them, and that they know."
>
> **CAMPUS-BASED ADVOCATE**

Survivor (Student)-Centered

A key tenant guiding campus-based advocacy for students who experience violence is the survivor or student-centered approach. The survivor- (sometimes called victim, student, service user, or client) centered approach is used in community interpersonal violence advocacy models and focuses on prioritizing the expressed needs and goals of the survivor in the advocacy interaction, rather than emphasizing the (pre-established) aims 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. Advocates and survivors work together to address specific risks and challenges created by an experience of violence, as well as other life generated challenges and risks that may significantly shape how a survivor navigates helping systems, experiences violence, or assesses their own risks (for example, health challenges, discrimination, or caregiving responsibilities) (Davies & Lyon, 2014). Survivors and advocates shape services based on their own goals, with an emphasis on partnership between the survivor and advocate (Goodman et al., 2016). Other key components of survivor-centered practice include advocates working with survivors to build partnerships and identify options based

on relevant priorities, decisions, and dangers (Davies & Lyon, 2014; Goodman, et al., 2016). In college campus settings, this 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 directs the content, pace, and focus of advocacy work.

A student-centered model is one in which:

1. **All services are voluntary:** Students are not compelled or coerced to speak with an advocate or engage in advocacy services in order to receive any other form of support or reward within the university, nor are there sanctions from the university or program for choosing not to participate in advocacy services. Students can choose the level and extent of their participation, with an a la carte/mix and match approach to advocacy activities so that each student can blend services to best fit their needs.

2. **Advocates collaboratively assess student needs to determine the course of services:** Rather than assuming needs are consistent across survivors or based on experiences of violence, advocates and students work together to identify areas of need for each survivor. While advocates bring their knowledge and skills gained from working with other survivors to each new interaction, they also approach each survivor situation as unique and in need of new assessment.

3. **Service approach, resources, and referrals are determined by the student needs and goals:** The expressed needs and goals of students drive the advocacy choices made by program staff, with referrals, support, and style of engagement (e.g., in person or virtual, on-going or single session) driven by the student's wishes and preferences.

4. **There is frequent check-in or outreach to assess evolving needs, experiences, and changes in advocacy approach:** In line with student wishes, advocates use frequent check-ins with students to assess changes in the student's needs, preferences, or risks, and make adjustments to the advocacy approach based on this feedback.

There are some unique challenges that can be created for advocates and survivors working by a survivor centered framework in the university setting. Loss of control in the form of mandatory Title IX reporting rules, or institutional pressures related to retention and graduation, for example, may require special negotiation and communication on the part of the advocate and survivor together. On-going, accurate, and transparent communication regarding institutional policies, the obligations of the campus-based advocate, and evolving institutional practices can reduce the negative impact of disruptions in the survivor-advocacy alliance in these cases.

The survivor-student centered model was consistently highlighted as central to the campus-based advocacy model in programs evaluated for this toolkit. In our longitudinal impact survey, over 71% of service users reported that their service decisions were guided wholly by them, or by them in partnership with their advocate. In qualitative interviews, service user direction of advocacy sessions led to feeling heard, understood, and empowered to guide their process, resulting in satisfaction with services.

> "I think really listening to the person and not telling them what direction to go in how they're feeling and speaking but guiding them. I think that's a very important tool that made me feel more comfortable in opening up about what I was going through."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

Social Justice Oriented

A social justice perspective, focused on intersectionality, guides campus-based advocacy interactions in several important ways. The first is attention to dynamics of power, privilege, 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, n.d.). 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 the intersection of violence and harm with other types of bias and discrimination, such as racism, homophobia, transphobia, ableism and sexism (Crenshaw, 2018; Kulkarni, 2019). 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 (Burton & Guidry, 2021; Sabri et al, 2018).

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 (Kulkarni, 2019). A social justice perspective to violence, harm and service provision is complemented by an intersectional lens to advocacy (Kulkarni, 2019). Intersectionality in advocacy practice acknowledges that both service participants and providers have several overlapping identity positions that combine to shape how they are impacted by power, privilege, discrimination, and disadvantage, which in turn influences their sense of self and their experiences 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.

> "They would ask me about my culture, and they would want to learn about it to better understand how to navigate through this process with me. That was really nice."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "We are planning something for the LGBTQ+ community because we want to make sure that that awareness is there. We want to make sure that all of our student body knows that we are inclusive, and I know there's little things here and there that we can do that we overlook sometimes. Having our pronouns right now on the Zoom, having that can definitely open that door to a student that maybe before felt like I don't know if I'm able to really express myself or if I have maybe a male coming in, and want to speak about sexual assault, and he doesn't know — he doesn't know if we're going to be accepting of that, just being able to open those doors, and show that we are inclusive. At the university level, it can be very helpful for them to feel like they are, like we are someone that they can approach."
>
> **CAMPUS-BASED ADVOCATE**

SECTION 2:
IMPLEMENTING ADVOCACY: CONSIDERATIONS, SKILLS, AND STRATEGIES

Advocacy Services on Your Campus: Starting Points

Unique Aspects of Campus-Based Advocacy

The Campus-Based Advocacy Logic Model

ADVOCACY SERVICES ON YOUR CAMPUS: STARTING POINTS

If your campus is new to offering advocacy services, or considering major changes to current programing, there are several structural factors to consider that will shape the nature and success of your program moving forward. These include 1). the setting of the program within the larger institutional structure, 2). program access (i.e., how students access services, the process of engaging and welcoming survivors into advocacy), and 3). the development of collaborative partners on and off campus.

Advocacy Program Setting

Programs can look and function differently depending on where the program is located within the university structure. 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-based advocacy logic model (more information can be found later in Section 2 and in Appendix B) can be implemented in a range of institutional locations, but the emphasis and activities in certain areas may be increased or decreased based on the constraints and opportunities provide by those contexts.

Standalone Advocacy Center

On some campuses, campus-based advocacy services originate from one program entity which is independent of other campus structures. This model of advocacy offers a single point where survivors are able to access advocacy services. Standalone centers are more similar to community-based IPV and sexual assault programs than those located within other campus entities. Standalone advocacy centers may have program administrators, faculty, advocates, and counselors on staff, and typically have a broad range of services they are able to offer students. Standalone programs will focus on the entire spectrum of advocacy, from immediate crisis needs to long-term services and focus on all 7 goals in the campus-based advocacy logic model. The benefits of such standalone centers include simplified service access, 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 and/or under-resourced. Additionally, there may be increased stigma among campus populations about accessing violence-related services. Pivotal to this model is the cooperation between program staff and other service partners on campus and the community, such as financial aid, student health services, and community-based service agencies.

Advocacy within a Student Counseling Center or Student Health Center

Advocacy programs are also housed within campus counseling or student health centers. Much like the standalone center, an advocacy program within a student health center may provide services focused on all 7 goals located in the adaptable campus-based advocacy logic model, however, these types of programs may particularly focus on reducing negative mental and physical health impacts, and 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 services, such as the Health Insurance Portability and Accountability Act (HIPPA). As part of a counseling center, students may 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. Advocacy in counseling or health centers may lack focus on or access to material resources needed by survivors (e.g., food, housing, financial support). Additionally, being affiliated with campus health services could lead to actual or survivor-perceived session limits or service access fees, all of which have been shown to reduce both access and efficacy of advocacy services.

Advocacy Program within Campus Law Enforcement

Just as District Attorneys or community police departments (PDs) may have 'victim 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 university PD may focus more on tasks related to emergency or crisis management and immediate response. For example, they may be called out to crime scenes along with the PD, where they may attend to needs of 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, with less emphasis on ongoing support. Advocacy programs within a PD may feel less accessible or unsafe for survivors who have been traditionally mistreated or oppressed by the police, or who are using drugs or other substances to cope with trauma impacts.

Other advocacy setting options referenced in toolkit data collection include student affairs, advocacy within Title IX offices, advocacy within culturally specific or identity supporting programs, and advocacy for students co-located with community-based violence services.

When considering the institutional location of your program, key factors include:

- **Maximizing privacy and autonomy for survivors:** Where can confidential services be offered?
- **Staff training and preparation:** Who can implement and maintain a survivor-centered, trauma-informed, social justice-oriented model?
- **Accessibility:** What setting will be most low barrier for students to access?
- **Resource availability:** Is there quick access to medical and financial resources?
- **Collaboration capacity:** Does the setting allow for cross-campus collaboration to meet survivor needs?.

Service Access: Finding Advocacy Services

Demographic factors including gender, sexual orientation, and race/ethnicity may influence how, when, and if students seek help from formal channels (Brubaker et al., 2017; Cho and Huang, 2017; Walsh et al., 2010), with survivors with multiple marginalized identities facing additional barriers to help-seeking (Calton et al., 2016). Effective campus-based advocacy can be an important route for reducing risks for institutional betrayal, rebuilding connections, and reducing the impact of violence. However, this only occurs if students access and engage in advocacy services. As such, considering how students access services, and building as many effective 'front doors' to services as possible, is a critical step in building an effective program.

During toolkit data collection, students discussed their process of engaging in advocacy services on campuses after an experience of harm or violence. Participants reported a range of violence experiences, including rape, physical IPV, robbery, and sexual harassment. Violence and harm often occurred during their time in college, however, in some cases, violence had occurred before coming to college and was interfering with academic and personal life. Participants frequently 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 a reaction to violence and harm that has occurred in the past. Survivors 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:** Students shared about being linked to advocacy from another on campus service provider or university official. This may include a faculty member, law enforcement, or counselor, as well as learning about advocacy services through trainings offered by the program, through information shared at orientation events, and through tabling or other awareness raising or prevention efforts of the program.

- **Self-referral:** Some students self-referred to services based their knowledge of campus-based advocacy programs. Self-referrals were frequently facilitated by the internet ("Googling") and other forms of technology. Students reported reviewing websites and social media to determine if their experiences were applicable for advocacy services, to see which services were available, and to assess if the program seemed like a 'fit' for them and their needs.

Participant feedback for the toolkit indicates that having a visible physical and web-based presence on campus is critical to building an accessible campus-based advocacy program. This includes using tech-based strategies for both raising awareness and actual engagement in services, and close connections to other campus entities including multicultural affairs programs, other offices focused on specific student populations (e.g., commuter students, international students, veterans) and student life.

Community Collaboration

Off-Campus Collaborations

Campus-based advocacy programs collaborate with supportive programs on and off campus to most effectively meet the needs of individual survivors. As such, a clear understanding of the services being offered on campus and in the community, including the eligibility requirements and access procedures, is a critical starting point for building effective and non-duplicative services. Depending on the scope and need for campus-based advocacy services, and ability to provide confidential services, partnering with the community-based programs can be fruitful to better meet survivor needs.

For some campuses, advocacy services may be more effectively or realistically be provided by advocates employed in community-based programs, with strong memorandums of understanding (MOU) in place outlining the roles and responsibilities, including those related to federal and state reporting policies. In these cases, community-based programs may choose to implement additional staff training related to campus-specific issues (e.g., academic safety planning, developmental stage issues), and on-going methods for communication and collaboration. Collaboration approaches include inclusion of community-based program personnel on key campus task forces or committees, and/or the placement of student interns or peer support advocates at the community agency.

Community collaboration connections for campus-based advocates include:

- Local IPV and sexual assault-focused agencies
- Legal aid programs
- Housing and homelessness resources
- Health services
- Community mental health services
- Racial justice organizations
- LGBTQ+ support networks
- Police departments
- District Attorney
- Faith communities
- Disability services

On-Campus Collaborations

Partnering with other resources on campus is critical to implementing advocacy services. An assessment of services available on campus is an important jumping off point to building partnerships. This includes identifying departments, units, and programs which serve specific student populations (e.g., international students, Greek life), developing key points of contact in each program, and learning about on-going and emerging student

support initiatives. Collaboration facilitates effective referrals for support as well as expands the knowledge of program staff related to other avenues for support on campus.

Campus-based collaboration connections for campus-based advocates include:

- Financial aid office, to address survivor material and resource needs.

- Student disability services, to address academic accommodations related to trauma experiences.

- Culturally specific groups, to connect survivors to support networks and improve service provision.

- Student health and mental health services to expand options for meeting student needs.

- Disability services.

- Title IX office to connect survivors to formal and informal reporting systems and assist survivors through the process.

Regardless of the exact institutional location and collaboration approach, the campus-based advocacy logic model outlines key activities, skills, and outcomes shared by programs operating from a trauma-informed, survivor-centered, and social justice-oriented approach.

UNIQUE ASPECTS OF CAMPUS-BASED ADVOCACY

While many aspects of the adaptable campus-based advocacy logic model would look familiar to community-based advocates, there are some programs aspects that are unique to the university context, including 1). the developmental stage of most college students; 2) the unique role of the academic setting, and 3). the institutional polices used by universities (Wood et al., 2020).

Campus-based Advocacy Program Aspect 1: Developmental Age and Stage of [many] College Students

Individuals of many ages and life stages attend colleges and universities and therefore, campus-based advocacy programs adapt their programs to serve students across many developmental stages. However, programs typically focus on individuals in their late teens (18) to mid-20s that are in the developmental stage referred to as emerging adulthood (Schwartz et al., 2005). This stage occurs after adolescence, in early adulthood. (Arnett, 2000). This developmental stage is especially present in high-income countries (Arnett et al., 2014; Arnett, 2000; Perez & Landreman, 2018). Individuals gain some self-sufficiency when they attend college or university including making financial and other decisions for themselves as well as accepting more responsibility for themselves (Arnett, 2000; Brown et al., 2020; Jensen & Arnett, 2012). Campus-based advocacy models can be adapted to meet the specific needs of this population (Wood et al., 2020b) recognizing that individuals in this developmental

state have taken on some responsibilities but might still be dependent on parents, institutions, or other adults for some responsibilities as well. Research is also showing that, while not all young adults are afforded the privilege of being in an emerging adult stage of life, all emerging adults are still experiencing extensive brain development and brain maturation during this life stage (Hochberg & Konner, 2020; Perez & Landreman, 2018).

Adaptations for the context of emerging adulthood include:

- Increased psychoeducation about relationships, mental health, and self-care.

> "Also too, it's about an opportunity to provide an educational opportunity 'cause a lot of students that we deal with, and unfortunately, if they're not being physically abused, they don't think that they're in an unhealthy relationship and so giving them examples and trying to explain to them, "Well, no, the things that you're experiencing are not okay."
>
> **CAMPUS-BASED ADVOCATE**

- Focus on navigating helping systems and other formal support network for the first time.

> "I had an incident of harassment over (holiday). When I got back, I really didn't know what to do as far as police reports and how to go about doing that so I had trouble getting ahold of the [police department] and they helped and was even willing to go with me to the department if I needed it. I did and I did everything over the phone and stuff, but it made me feel very cared for."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

- 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.

> "She [A campus-based advocacy service user] said, "I come from a family with money and that's affluent. When I told my parents that this happened, they immediately hired attorneys and they got me into therapy and I had forensic interviews and interviews with police and all that." She said, "You are the first adult in my entire life that has ever asked me what I need." She said, "You just changed everything. You just changed everything for me." She said, "I don't know. I have a therapist." I said, well, "That being said, are you interested in some therapy of unbiased, you telling your story your way? Not your parents', but your way?"
>
> **CAMPUS-BASED ADVOCATE**

- Increased web-presence for outreach and promotion of advocacy services, including information on website and on social media accounts that are regularly updated for accuracy and relevance.

Campus-based Advocacy Program Aspect 2: Academic Safety Planning and Accommodations

Campus-based advocates use safety planning methods similar to community-based advocates, with additional skills that are unique to the context of university life, such as safety planning around academics and accommodations. Safety planning is a collaborative process in which advocates and survivors of violence work together to identify survivors' unique risks to safety and well-being and develop tailored strategies for addressing those risks. For survivors attending colleges or universities, safety planning should extend to educational goals and university experience. Campus-based advocacy should include safety planning that includes consideration and discussion of potential academic harm and implications for campus support (Voth Schrag et al., 2020).

Academic Impacts of Interpersonal Violence

Experiences of interpersonal violence can result in lasting impacts to physical, social, and emotional well-being. Survivors who are college students may face particular challenges that impact their academics, and ultimately their future career paths.

Potential Impacts include:

- Disruption to housing
- Issues socializing with peers
- Academic disengagement which includes:
  - Coming to class late
  - Coming to class intoxicated
  - Failure to complete assignments
  - Problems focusing

Academic Disengagement Impacts Include:

- Reduced GPA
- Dropping out or Unenrollment
- Not meeting educational goals

(Wood et al., 2020a; Voth Schrag et al., 2020)

Academic Safety Plan

An Academic Safety Plan (ASP) is a "personalized, practical plan that can help survivors: avoid and respond to physically and/or emotionally dangerous situations that may impact their academic achievement; disclose violence to academic representatives and engage in academic and institutional processes related to accommodations, if they choose to do so; and build or rebuild connections on campus" (Voth Schrag, et al., 2020). The development and implementation of academic safety plans with survivors of violence is a central task of campus-based advocacy.

Modifications of safety planning for campus-based advocacy focus on:

- **Assessing and addressing students physical and mental safety on campus**
    - Assess physical safety from the respondent in the dorm, classes, and extracurricular settings, as well as in other campus and community spaces
    - Identify tactics of school sabotage
    - Provide psychoeducation on the impacts of trauma on learning and the brain
    - Provide connections to mental health care
    - Help identify trauma triggers and potential impact on academics
    - Identify resources for financial needs or school materials loss

- **Advocating for academic accommodations**
    - Contact faculty to facilitate course specific support
    - Facilitate a survivor moving between sections to reduce exposure to trauma triggers
    - Support decisions to withdraw and ensure opportunity to re-enroll
    - Work with other services ore departments to facilitate access to accommodations

- **(Re)building trust between the survivor and the institution or peer group**
    - Support student choices and provide information and support through institutional processes
    - Support student choices to withdraw, ensure the continued opportunity to re-enroll
    - Connect students with student-let networks and peer support opportunities

(Voth Schrag et al., 2020)

When ASP tasks are completed effectively, survivors are more likely to be able to stay in school, and therefore maintain access a range of resources (student health, counseling, housing, advocacy) which are immediately lost upon withdrawal. Alternately, survivors may 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. The 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.

> ## School Sabotage
>
> School Sabotage is a form of IPV in which an abusive partner uses an array of strategies to undermine the academic success of their partner. These tactics can ultimately interrupt academic goals, reduce long-term economic power, and increase a survivor's dependence on an abusive person.
>
> **Tactics of School Sabotage Include:**
>
> - The destruction of books, homework, or other course materials
> - Stealing or controlling access to educational loans or aide
> - Sabotaging childcare or transportation to undermine educational efforts
> - Harassing or belittling to student's efforts and educational goals
>
> **(Voth Schrag et al., 2020)**

Accommodations

Academic accommodations are a key element of campus-based advocacy services, and part of academic safety planning. Both survivors and advocates view accommodations as a step toward positive academic outcomes. However, both campus-based advocates and survivors may receive varied or unhelpful responses to requests for accommodations from faculty and staff. Survivors need a variety of academic accommodations based on their own academic portfolio and their changing needs over time. Challenges in accessing and/or providing accommodations can be frustrating to survivors and prevent them from seeking further help. While most faculty and staff on campuses are willing to work with survivors on accommodations, there is still variation in faculty support and openness. The way faculty respond when approached by survivors or advocates for accommodations has an impact in overall and academic outcomes of the survivor. Importantly, feeling flexibility and openness from faculty, professors, and instructors led to a positive experience for survivors and overall improved academic outcomes (Voth Schrag et al., 2020).

> "I wouldn't have known about that if I hadn't gone [to advocacy 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…. When I did that with my counselor, that's when they introduced the accommodations to me."
> **CAMPUS-BASED ADVOCACY SERVICE USER**

Advocacy work on student accommodations involves:

- **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.

- **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.

- **Working with faculty members.** Students should be invited to work with the advocate to 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).

Sample Request for Accommodations Letter

Below is sample wording for a letter to send to faculty requesting academic accommodations for a survivor adapted with permission from the University of Texas Rio Grande Valley Office for Advocacy & Violence Prevention.

Dear Professor [Name],

A student in your course *[course number, course section], [student name and ID number],* has been working with and assisted by our office *[name of advocacy program]* and may require some assistance/ accommodation on your part in order to finish the semester successfully. *[student name]* has given me their permission to contact you regarding this matter. I spoke with *[student name]* and they are requesting the following accommodations from *[date]* to *[date]* :

[Insert list needed accommodations]

I apologize for any additional burdens this may place on you. With your permission, I would like to either set up a meeting with you both or have them contact you via email. Please let me know which option works best for you.

Title IX of the Education Amendments of 1972 was clarified in 2011 by the U.S. Department of Education to include issues of sexual harassment, sexual violence, dating and domestic violence, and stalking. If you have questions about Title IX, please contact *[University Title IX contact name, email and/or phone number].*

I am available if you have questions regarding accommodations for students in general. Thank you in advance for attempting to accommodate *[student name]* as you deem appropriate. I have copied the student on this email.

Best,
[Advocate name and contact information]

Legislation Excerpt

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, a key policy that guides academic accommodations for students that are registered with their campus students with disabilities office.

Figure 1: Section 504 of the Rehabilitation Act of 1973

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

Often survivors will know what they need for their academic life and when they need it. Advocates work with students to navigate those particular needs.

Examples of accommodations include:

- More time to take exams or complete in-class assignments
- Extended deadlines for homework, projects, and other assignments
- Excused absences
- Moving student to another course section or meeting time
- Student not being required to work with or sit next to respondent in class
- Flexibility in grade breakdowns (re-weighting)
- Allowing a student to retake an exam
- Adapted assignments
- Allowing an incomplete with a plan to finalize course work within a set timeframe

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. Accommodations also demonstrate the institution's commitment to the student and their well-being. Ultimately, academic accommodations are some of the most beneficial services survivors receive on campus. 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.

Campus-based Advocacy Program Aspect 3: University Institutional Policies and Procedures

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, policies like the ones created in HB1735 and SB212, from the 86th Texas Legislative session in 2019, 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. Title IX influences how, when, where campus-based advocacy services are implemented and confidentiality and privacy protections. However, campus-based advocacy staff, advocates, and administrators must be sensitive to ongoing policy changes related to advocacy, Title IX, and interpersonal violence on campus.

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 (OCR) in the Department of Education (DoE), Title IX considers IPV, sexual assault, stalking, and sexual harassment as forms of discrimination that can hinder equitable access to education. Title IX establishes the responsibility of schools, including colleges and universities, to address gender discrimination in order to ensure that reasonably equitable access to educational programs and activities exist. Originally used to create access and address gender discrimination in sports and health programming within schools, Title IX guidance now establishes requirements to address the impacts of IPV, sexual assault, stalking and sexual harassment on students while maintaining procedures and policies that are fair and unbiased and that maintain all involved students' access to education (U.S. Department of Education, 2021).

Campuses must have conduct policies to guide students, staff, and faculty with respect to Title IX. Title IX officers are meant to be 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). Revised guidelines related to interpersonal violence were originally established in a DoE Dear Colleague Letter (DCL) in 2011, and the guidance was rescinded in 2017 after the federal administration changed leadership. More formal changes were established in 2020 when substantial changes were made into legislation, and then modified again in 2021. See section 6 for resource suggestions to monitor Title IX changes.

Mandated Reporting and Title IX

One of the primary impacts of Title IX on campus-based advocacy services comes from the "Responsible Employee" or mandated reporting guidelines. Responsible employees are university staff and faculty who 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. Some states, such as Texas, have further sanctions attached to "failures" to report outcries related to Title IX in the university setting, including mandatory dismissal for failure to comply/report and criminal penalties if the failure is proven to be malicious in intent (Texas Education Code, §51, 2019).

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. The potential for mandated reporting requirements resulting in survivor "disempowerment" may be significant, especially when survivors are not prepared to address the ramifications of an investigation or made a conscious decision to not report incident(s). If a confidential resource is involved in the process, survivors are less likely to feel as though they have no role in a process that they perceive as done to them rather than for them.

Confidential Advocacy is Survivor-centered

Toolkit data collection with advocates and survivor emphasizes the strong preference for all advocacy services to be confidential in order to best implement a trauma-informed, student-centered, social justice-oriented approach. There are numerous reasons for campus-based 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 often experience blaming responses, the negative effects of which can be particularly damaging to those who are part of marginalized communities (Campbell et al., 2001; McCauley et al., 2019). 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 (Ullman, 2010). Having a confidential or private space for supportive services, to learn about reporting options, better ensures that advocacy is survivor-centered and minimizes the risks of unwanted 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.

THE CAMPUS-BASED ADVOCACY LOGIC MODEL

A logic model is a helpful framework for understanding a program functioning as intended, including service model and program processes. Logic models are essential in programmatic evaluation. 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, n.d.). A logic model is a visual tool that frames theory in relation to program activities, goals, and intended outcomes (Savaya & Waysman, 2005). The campus-based advocacy logic model is informed by research with advocates, survivors, and others in campus and community settings. It has been validated through multiple rounds of investigation using community based participatory research principles, and reflects a wide diversity of student, advocate, and community experiences. The logic model 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.

The toolkit team used survey, interview, and focus group data, program documents, and a review of the existing literature to create the adaptable and revised Campus-Based Advocacy Logic Model. Draft versions of the logic model were reviewed by campus-based advocates and survivors who had previously engaged in services for feedback and revision. The revised logic model was validated with longitudinal assessment with service and repeated interviews with campus-based advocates, and modified for the current toolkit version 2.0. The logic model guides evaluation approaches and tools discussed in this toolkit, and can also serve as an important guide for understanding the program structure, activities, and aims of campus-based advocacy.

The revised logic model included in this toolkit has the following sections:

Inputs: Resources needed for program implementation and service. These include funds, staffing, space, and tools for program implementation.

Outputs: The products of program activities. These include indicators such as sessions, outreach, counseling, education and training, materials and resources provided by advocates and advocacy programs.

Goals: There are seven goals in the campus-based advocacy logic model that encompass the broad objectives and 'why' behind program activities.

Activities: The skills, actions, and practices taken by program staff, survivors and/or administration that operationalize goals and contribute to outcomes.

Outcomes: Short- and long-term results of program activities. Outcomes are used as indicators that program goals have been met. For the campus-based advocacy logic model, short-term outcomes are measured within about 3 months of service use, and linked to individual goals, while long-term outcome are crosscutting for all goals.

THE CAMPUS-BASED ADVOCACY LOGIC MODEL: OVERVIEW

Campus-based advocacy is guided by seven goals, with corresponding activities and short-term outcomes. Across the goals, there are 11 long-term outcomes for campus-based advocacy service users and 4 campus long-term outcomes. Goals, activities, and outcomes are discussed in more detail below.

Inputs

Funding: Sources of financial support for the advocacy program including university funding, grant and contract funding, student fees, and individual donor funds.

Staffing: Program leadership and university administration involved in the advocacy program, advocates, counselors, program directors, communication staff, prevention staff, administrative staff, triage staff, interns and students' works, peer advocates, and volunteers.

Space: All physical office space occupied by advocacy program including office space, accessible common spaces, accessible private spaces, emergency housing, and digital "office" space.

Tools: All print and digital educational materials, program promotional items, digital communications technology, access to transportation, emergency funds, evaluation measures, and social media materials.

Policy: An understanding of and compliance with all federal, state, and local laws regarding interpersonal violence as well and an understanding of civil and criminal legal processes. These policies include: Title IX of the Education Amendments Act, Family Educational Rights and Privacy Act (FERPA), Violence Against Women Act (VAWA), Jeanne Clery Act, Health Insurance Portability and Accountability Act (HIPPA).

Outputs

Advocacy Services: Both virtual and in-person services including one-time sessions, repeated sessions, accompaniment, dual counseling and advocacy sessions, peer support sessions, and chat/text/phone hotline sessions.

Outreach to and check-ins with former and current service users: Virtual and in-person text messages, emails or secure messages, phone calls, and/or video conference calls with current or former service users.

Referrals: Contact information and/or direct referrals to other campus and community resources provided by advocacy programs' staff.

Counseling Sessions: Individual and group counseling services offered by the advocacy program.

Education and Training: Advocacy program outreach efforts, promotional material distribution, cross-training with other campus and community officials, faculty and staff training, collaborative community planning, awareness education, prevention programming, and crisis and emergency management training.

Resources: All available resources provided to service users by the advocacy program including nights of emergency housing, emergency funding available for service users, food, gift cards, hygiene products, as well as faculty and staff time allocated for work within the advocacy program.

GOAL 1

Secondary Prevention of Violence and Harm

Campus-based advocacy services aim to prevent or lessen any future violence or harm to survivors through support, enhanced safety, and education.

Activities

1. **Establish safe communication.** Advocates ensure service users are safe to communicate in that particular format and assess for any pressing safety needs that would hinder communication.

2. **Provide timely and transparent education about confidentiality and reporting requirements.** Advocates provide information about the confidentiality (or lack thereof) of advocacy services before service users begin to share information. Reporting requirements related to Title IX and other provisions are reviewed and any questions are answered.

3. **Assess and plan for threats to safety (physical, emotional, digital).** 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. Survivors and advocates work on safety planning based on active and emerging concerns related to violence victimization, like ongoing cyber stalking and environmental safety concerns, such as a lack of safe housing or basic resources. Advocates works with survivors to make plans working towards being safer on campus and in the community.

4. **Engage in informed consent.** 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

5. **Educate on administrative (e.g. Title IX) or criminal justice processes.** Some survivors may choose to explore administrative reporting, such as Title IX, or civil legal protections, like protective orders. Other survivors may have had victimization experiences reported 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.

    > "If they need a protective order, explaining to them what those processes are. A lot of people unfortunately get restraining orders and protective orders, and a non-contact order on the campus. They think they're all one in the same, but they're not and trying to explain those things to students. The protective order, the restraining order is more of a civil process outside of the institution, and a non-contact order is part of the institution process, and also trying to explain to them that they can both be utilized."
    >
    > **CAMPUS-BASED ADVOCATE**

6. **Provide psychoeducation about violence and harm and the intersection with systemic 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.

7. **Create a safe, private space for advocacy.** Advocates help facilitate safety and reduce risk for harm by creating a safe and private physical or virtual space for advocacy services where survivors can share information confidentiality.

> "It was really hard for me to admit that I was living in a domestic violence situation and so that was a pretty big deal and <staff> was able to provide that insight and help me understand that what I was going through. I wasn't making it up and I wasn't exaggerating I was—these things were actually happening."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

Skill Highlight: Safety Planning

Safety planning is:
• A dynamic process that considers current situation, resources, risks, limitation, and systemic barriers.
• Inclusive of physical, emotional, digital, and social safety.
• Inclusive of survivors, any children or dependents they may have, their pets, and other individuals that are important to them.
• Safety strategies developed in collaboration with survivors and tailored to their own risk analysis and safety goals.
• A fundamental understanding that survivors hold the best knowledge about the person that used violence against them and their likely reactions to safety concerns.

Safety planning may involve physical distance strategies, like changing courses or non-contact orders, and it may involve preparation activities like making copies of important documents. Advocates work with survivors to help them identify risks created by the person using harm or abuse (violence-generated risks) and by the environment and circumstances (life generated risks).

Figure 2: Risks for Survivors of Interpersonal Violence *

Violence Generated Risks for Survivors	Life Generated Risks for Survivors
• Physical injury and mental health challenges • Isolation or loss of campus friendship groups • Destruction of homework or materials, interruption of study time • Substance use or alcohol use to cope	• Economic insecurity • Racism or other discrimination • Separation from family supports • Academic pressure/Financial aid requirements • Student Visa status challenges

* based on the framework of Davies & Lyon, 2014

> "We actually have two different safety plans that we currently use. The first one is more of in-campus and it can be — it's mainly to protect them against any potential aggressor as they might be falling a victim of stalking or if it is a domestic violence situation and they want to make sure that they — or we want to make sure that they feel safe on campus while they're here. That's one safety plan that we always do at the intake appointment. Just what is it that they can do to maintain their safety while on campus? Having contacts for either campus police or of course the county police, having assigned people that they can talk to, call if anything happens. We even ask them to assign a building, specific building that they'll be safe there, so if anything happens, they're able to go, and we always encourage them to have a plan. If something happens, what will you do, because, again, in the middle of something, we're not going to be able to process or think to ourselves, okay, this is what I was going to do if this happened, but it's easy to have it on paper."
>
> **CAMPUS-BASED ADVOCATE**

Goal 2: Provide Choices to Promote Agency

Advocates strive to increase survivors' control and sense of power over both their experiences with services and broader life circumstances by working on identified needs and offering options.

Activities

1. **Offer choices for service provision and modality.** In line with a trauma-informed perspective, advocates offer a range of service modalities to meet survivors' needs.

2. **Assess survivor-defined needs and goals.** Survivors identify goals through working with their advocates, and make plans to work on those goals. Advocates provide information, support, and resources to reach goals. When goals are established, advocates actively work with survivors assess progress and change goals as needed.

> "I think <advocacy program> did a really good job of offering multiple ways to get in contact with me. Whether it was like phone call, or Zoom, or email, or text, my advocate was open to whatever I felt comfortable with and whatever worked for me. Even in my intake and stuff, they asked me is this a safe number to call you at? Is this a safe address? You know, stuff like that. I really appreciated that."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

3. **Identify options to address needs and goals.** Based on survivor-defined goals, advocates and survivors work collaboratively to identify options in both formal and informal support systems to meet survivors' needs and work toward goal progression.

Skill Highlight: Identifying Options

- Understand and offer options based on survivors' self-identified needs and stated goals.
- A dynamic process that considers current situation, resources, risks, limitation, and systemic barriers.
- When options are not available, communicate to survivors and offer alternatives.
- Communicate all available options and ask survivors if they would like more information or have any questions about options.
- Ask survivors if they have any options/choices to offer and if so, collaborate with them to move forward with the survivor's choice.
- Reiterate to service users that advocacy is voluntary, and they may engage or not engage in any service offered.

GOAL 3

Goal 3: Reduce Mental and Physical Health Consequences of Violence/Harm and the Intersection with Other Forms of Oppression

Campus-based advocacy aims to address the significant mental and physical impact of trauma caused and exacerbated by violence and intersecting forms of oppression, such as racism, ableism, and homophobia.

Activities

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

2. **Engage in empathic, active listening.** Active, or engaged listening, is signaled by close attention to survivors, use of verbal and non-verbal indicators of listening, 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.

3. **Facilitate access, as requested, to mental and physical health services.** Advocates discuss the different systems and options available to survivors on campus and in the community to meet mental and physical health needs. This could include help-seeking support such as contact information, information on how to secure services, and/or a referral to a trusted contact within those systems, sometimes referred to as a "warm" referral.

4. **Scaffold self-care and grounding approaches.** Advocates work with survivors to acknowledge the impacts of trauma they may be experiencing, to normalize and validate feelings and experiences, and to assist the survivor in understanding and using ground techniques, exercises, and self-care strategies.

5. **Address coping strategies.** Advocates help to reduce self-blame and normalize behaviors by reframing survivors' thoughts about their coping strategies from "good strategies" or "bad strategies" to short-term coping strategies and long-term coping strategies, with an emphasis on identifying, encouraging and building use of coping skills that facilitate quality mental and physical health.

> "And then when I reached out in (month), I spoke to [counselor] and I was like, "I don't know what's going on with me, but all of a sudden can't get out bed again. I think I'm going through a crisis. This is like the middle anniversary of all these terrible things that I've been through. And I don't know what's going on. And I am trying to find a counselor outside of resources. And I just don't know how to manage all of this." And (they) had me come into his office for a meeting after a phone call and we just sat and talked about how hard anniversaries can be and how overcoming the first few years of that takes some serious work."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "A lot of times they're nervous. I tell them, "Breathe in, breathe out," and we'll do a couple of those techniques. I have them shake their hands, just make them feel comfortable through it all." –Campus-based advocate
>
> **CAMPUS-BASED ADVOCATE**

6. **Identify strengths.** Advocates use vocabulary that emphasizes individual strengths of survivors. Advocates assist survivors in identifying their own assets, resiliency, and experiences that help them manage the impacts of the violence they experienced and current challenges they may be facing.

Skill Highlight: Provide information about the health impact of trauma and oppression.

• Provide psychoeducation to help service users understand the impact of violence on their lives, including education on the neurobiology of trauma and the impact of trauma triggers on their cognition.
• Explain the cognitive (including academic), physical, emotional, and social effects of trauma.
• Understand and be able to explain to survivors, when appropriate, the way Adverse Childhood Events (ACEs) may affect survivors' further experiences of violence and their health outcomes, and to explain what strategies can help mitigate these potential negative impacts.
• Provide information on how trauma is compounded by systematic oppression, bias, and discrimination, and marginalized identities and information on culturally responsive services and resources.

GOAL 4

Goal 4: Resource/Information Access

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

Activities

1. **Identify high quality resources and referrals.** Advocates maintain knowledge of and information about resources on campus and in the community. Advocates understand the available services and collaborate with service users to discuss options that are available and what their experiences were when accessing referrals.

2. **Refer to community resources.** Advocates provide referrals to quality, accessible, community resources to help survivors increase safety, meet needs, and accomplish goals and to ask for feedback form survivors on their experiences with those referrals.

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

4. **Navigate other support and service use through help-seeking assistance.** Survivors work with advocates to identify other helping sources, navigate multiple providers, and find the best fit for services.

5. **Provide specific material supports as available.** Advocacy programs 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.

> "I think that's kind of what the day looks like and going from student to student to student connecting them to resources in the community whether it's a food pantry, whether it's legal assistance, it's immigration assistance…encouraging them to go to the hospital, and so that's typically what a day looks like."
>
> **CAMPUS-BASED ADVOCATE**

> "I got so much info on housing, on safety, transportation, financial problems. Even some number regarding [local police department]. I knew that there were numbers and offices that you could go to. But I just didn't know who to call or where to go. The advocacy group was the gateway. They basically told me, 'Okay, you need this. You can talk to them. You need that.' The presence of that, that to me was very, very useful."
>
> **CAMPUS-BASED ADVOCACY USER**

Skill Highlight: Navigate Other Support and Service Use Through Help-seeking Assistance

- Advocates provide information about and experience with other support systems to help with decision-making.
- Advocates may also offer insight on the realities of working with support systems and help manage expectations, so survivors are prepared for delays or challenges.
- Advocates scaffold the service engagement experience, so service users know what to expect.
- Advocates explain all services that are available through the advocates' agency, organization, program, or office including program-specific housing, emergency funds, as well as food and basic hygiene resources.

GOAL
5

Goal 5: Institutional and Social Support

Campus-based advocacy programs strive to support, build, and repair service users' formal and informal social support networks on and off campus.

Activities

1. **Outreach to service users to check in on needs and goal progress.** Campus-based advocates increase engagement and service benefit by reaching out to survivors to assess ongoing needs, answer questions, and provide support. This active outreach should be done with survivor consent, and can provide a caring connection and sense of community.

2. **Ensure availability of services and facilitate timely access.** 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 build a strong connection for ongoing work.

3. **Assist in identifying and building formal and informal support networks.** Survivors and advocates work to assess potential sources of formal (e.g. other service providers, faculty, and staff) support and informal (peer, family) support.

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

5. **Provide non-judgmental support.** Advocates use open, respectful communication when working with survivors to cultivate an approach based on acceptance and genuineness. Advocates work to address their own biases that come up when working with survivors through supervision and personal reflection.

6. **Provide empathy, sympathy, and validation.** Advocates use compassionate communication strategies that convey empathic connection for the survivor, acknowledging the experiences the service user has survived, and reducing blame through validation.

> "I guess the way I put it is, with my family gone, my family rejecting me because of this, I felt like my floor, you can say, where I was standing, was pulled away from me. You're falling. You're about to fall. Then, [advocacy program] was just kind of bringing the stability that I need that I lost when my family rejected me. They're not the same. Your family, they can't be replaced, but they did bring a little bit more stability into my life."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "Yeah, I think 'cause part of the advocates they support you no matter what, right. They "believe you no matter what. They fight with you, right. When you get angry, they get angry with you, which is really nice, and I definitely feel like having an advocate has helped me feel more sure of what I'm speaking about and like, "Oh, yeah." When I tell somebody, I'm like, "Well, this is my story," right, and "This is how I view it," and whether they believe it or not, that's not my fault or just telling other people, or taking care of myself."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

Skill Highlight: Assist in Building Formal and Informal Support Networks

- Identify appropriate programs/organizations/agencies on campus and in the community that may be helpful to survivors.
- Give survivors options, when available, for different formal support system that could address their immediate and/or long-term needs.
- Work with survivors to identify, build, or re-build social support networks on and off campus.
- Provide survivors with details about when, how, and where to access formal support.
- Collaborate with survivors to identify avenues in which they may strengthen their informal/social support network including friends, family, classmates, and support groups.
- Role play or support survivors in thinking through the process of sharing information about their experiences with family and friends, and support survivors who choose not to disclose certain aspects of their experiences to informal supports.

GOAL

6

Goal 6: Academic Support

Campus-based 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 on pages 32 for more information.

Activities

1. **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.

2. **Provide academic safety planning.** Advocates modify existing safety planning tools and resources for the college campus context and work with survivors to feel safer on campus.

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

4. **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.

"Honestly, I think the most helpful thing (they) did is they could send emails to professors to get you extensions and stuff. They would just send an email to all my professors and say, <Name> is dealing with a Title IX matter right now. I would really appreciate it if you could give (them) some flexibility with deadlines and attendance and stuff.'"

CAMPUS-BASED ADVOCACY SERVICE USER

"So, the first time when they reached out to me, I didn't even realize what they could do for my benefit. And I was told that they could help me communicate with my professors about lightening a workload or making sure that I was in touch with (counseling center) and things like that. And I was really, really grateful because I didn't even know that those options were available to me. And I was preparing myself to fail a semester or just skate through it."

CAMPUS-BASED ADVOCACY SERVICE USER

Skill Highlight: Collaborate to Provide Academic Accommodations

- Help survivors identify whether they would like academic accommodations and support what survivors believe would be helpful.
- In some cases, it may be helpful to discuss common or frequently used accommodations that are available to them.
- Identify the process needed to secure survivor-identified accommodations.
- Work with survivors through the complex decisions related to school/academic life and their long-term educational goals.
- Work with other campus collaborators to request identified accommodations with or on behalf of survivors (based on what survivors prefer).

GOAL 7

Goal 7: Enhance Collaboration and Survivor Experience Across Campus and in the Community

Campus-based advocacy improves service user outcomes by addressing the whole campus community to increase understanding about violence and harm, promote services, and advocate for survivor needs.

Activities

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

2. **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).

3. **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.

4. **Provide education for violence prevention and awareness.** 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.

Skill Highlight: Collaboration Example - Student Disability Services

- Understand the role campus disability and accommodation services play in helping survivors of trauma meet academic goals.
- Cultivate close working relationships, when possible, with key staff and administrators in disability services offices or student access offices.
- Educate key staff and administrators on the impacts of violence and needs of survivors, including potential health and mental health impacts which could require support from disability service offices.
- Help survivors understand the role of campus disability services and the process of working with that office to secure accommodations.

SECTION 3:
ADAPTATIONS OF CAMPUS-BASED ADVOCACY

The ADAPT-ITT Model

Adapting Campus-Based Advocacy

Adaptation Areas for Campus-Based Advocacy

The campus-based logic model provides a template for implementing services that can be modified based on individual university needs. 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 2 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 refers to 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, et al., 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 2 in order to better align your campus-based advocacy program with your setting, context, and population.

THE ADAPT-ITT MODEL

ADAPT-ITT (Assessment, Decisions, Administration, Production, Topical experts, Integration, Training staff, and Testing) Model 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 et al., 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 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 1. 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 department based advocacy program is outlined below in Table 2.

TABLE 1

The ADAPT-ITT Adaptation Model and Steps for Campus-based Advocacy

ADAPT-ITT Phase	Definition	Steps to Aid Adaptation
Assessment	Gain an understanding of the priorities of the population(s) being considered for the campus-based advocacy intervention: What are their goals for this work?	Conduct focus groups with survivors aimed at understanding cultural and contextual factors related to help-seeking, needs, and desires for services. Conduct focus groups with university officials, student life staff, campus police departments, and 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.
Decisions	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?	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 alterations that would enhance the relevance for this campus? Where is an appropriate institutional place for a program to be located?
Administration	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.	Collect initial data. Interviews with service participants, fidelity checklists, and written feedback forms should all be collected and analyzed, with an aim of identifying additional needed adaptations.
Production	Create needed materials (program manuals, forms, evaluations, fidelity tools, etc.) based on adaptation needs.	Review, use and/or modify the many tools included in section 3 of this toolkit to fit the adaptations that you have made at your university.
Topical Experts	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.	Consult survivors during the phases of adaptation, along with programmatic experts. In the 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.
Integration	Integrate feedback from the topical experts into the adapted intervention, creating an adapted program suitable for implementation.	Collect feedback from experts to help tailor the program.
Training	Train program staff (advocates) regularly and thoroughly.	Ensure advocates have the training and resources to implement the program as adapted, and that others within the university that work with 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.
Testing	Implement on-going evaluation to ensure continued efficacy of the adapted intervention.	Utilize the tools provided in this toolkit which have been tested and validated with Texan college students, and are free resources available to all campus-based advocacy programs to use for evaluation and testing.

TABLE 2

Adaptation Example: Advocacy in Campus PD Settings

Program Goals	Program Activities	Adaptation for On-Scene Police Campus Advocacy
Secondary prevention of violence and harm	Create a safe, private space for advocacy	Speak with survivors away from other activities occurring in the office. Work to attend to physical comfort and immediate needs of survivors.
Survivor agency and empowerment	Check in on goal progress on an ongoing basis	Recognize that not all survivors desire on-going services and assess follow-up needs collaboratively with the survivor.
Resource and Information Access	Connect with on campus resources	Give options and contact information for different on- and off-campus resources based on survivors stated goals and need.

ADAPTING CAMPUS-BASED ADVOCACY FOR YOUR COMMUNITY

The campus-based 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 survivors; and co-locating specialized advocacy services in an international student center.

ADAPTATION AREAS FOR CAMPUS-BASED ADVOCACY

Campus-based advocacy programs may want to shift the 'adaptable periphery' of their programming to enhance the acceptability, applicability, and fit of their services to their university culture, context, and felt needs. The following are examples of potential adaptation points, with implementation guidance to support programs.

Working with Survivors of Multiple Forms of Violence and Harm

Campus-based advocates often also serve students who experience other forms of victimization beyond IPV and sexual assault during their college experience. Advocates frequently support survivors of stalking and family violence, and may also work with victims of robbery, bias or hate crimes, and a wide range of other experiences. Toolkit data collection revealed that trauma-informed, survivor-centered and social justice-oriented advocacy works well for victims of many types of interpersonal violence beyond IPV and sexual assault, and are especially applicable in cases where service users have experienced multiple types of violence victimization across their life course. Previous research in the field has found that 25% to 40% of college students experienced some form of hate or bias crime during the last year (Perry et al., 2012). In a study conducted with 2,500 college-attending individuals in 2018, 60% of participants reported experiencing a hate or bias incident (DeKeseredy et al., 2019).

Strategies for working with survivors of multiple forms of violence and harm include:

- Assessing for a range of violence experiences along with IPV and sexual assault, and strategizing with survivors on pressing needs related to victimization experiences.

- Planning for safety based on the most salient threats to survivors, and not necessarily what appears to be the most severe or recent victimization experience.

> "...it doesn't mean that one crime or one incident is lower than the other. The impact is different and I cannot categorize the impact, but it's the approach for me. It's the same approach, the way that after I meet with a student and after I have a conversation with the student, depending on how the impact of this incident has been on the student, then at that point is where either we are a little bit more, I don't wanna use the word, but a little bit more aggressive as to you really need to do this, or how about I recommend this? There's different approaches depending on the impact of the incident that comes from the student."
>
> **CAMPUS-BASED ADVOCATE**

- Emphasizing psychoeducation about the impact of trauma in childhood and providing resources to support survivors of family violence or child abuse and neglect.

- Coordinating services with other agencies, such as campus or community police that may be the first responders on crimes like robbery.

- Collaborating with other campus entities focused on bias and discrimination to meet survivor needs.

"If we ever become familiar with a case of a racial bias and more of that nature, we definitely try to make sure that we are in fact one, familiar with all the resources in (Equity and Inclusion Office) that we have on campus and/or the organizations and people within these key departments that we can refer our students. They can reach out to great mentors or students to have these ongoing conversations."

CAMPUS-BASED ADVOCATE

Working with Faculty and Staff as Service Users

Given the high prevalence of interpersonal violence in U.S. populations, it is clear that non-student members of a campus community are also affected by violence victimization. Faculty and staff survivors may also benefit from advocacy support. Faculty and staff may also have questions about reporting to Title IX when a student outcries. Most colleges have processes in place for providing health and mental health resources and well-trained human resources (HR) staff to assist with questions. However, given the sensitive nature of violence victimization, having a confidential resource with training in the dynamics of violence and trauma on campus available to at least answer questions and direct faculty and staff to resources can be impactful.

Strategies for working with faculty and staff include:

- Planning for faculty and staff safety, using principles of academic safety planning and community-based strategies, including collaborating with community-based service providers and local law-enforcement as needed.

- Establishing partnerships with human resources and any employment assistance program (EAP) to meet mental health and resource needs of faculty and staff survivors.

- Considering power dynamics, especially when working with staff, junior, and non-tenure stream faculty.

- Offering confidential services to faculty or staff members that have questions that they want to ask "off the record", so to speak, is a way to make sure that resources are better utilized when power dynamics are at play.

- Partnering with community violence programs to provide material and legal support or provide services away from campus if request by survivors. Familiarity with off-campus resources is invaluable to working with faculty and staff, including the District Attorney's Office, local law enforcement, interpersonal violence focused agencies, and culturally specific programs.

- Including caregiver roles into considerations. Faculty and staff may be more likely than students to have children at home, it is important to be familiar with mandated reporting laws and community-based resources for children in situations of IPV when children are present in the home.

- Understanding employee protections under Title VII of the Civil Rights Act of 1964 prohibiting discrimination in employment settings, based on race, color, religion, sex, or national origin, including sexual harassment. Most colleges and universities address Title VII violations for faculty and staff through an office of Institutional Equity. In working with faculty and staff, it is important for an advocate to be cognizant of the intersecting issues of discrimination in the workplace and of their campus's sexual misconduct policy as it relates to faculty and staff.

Just as with students, it is important to assist faculty and staff who report violence victimization with managing their expectations when a campus process is initiated. It is also important to be as transparent as possible regarding the role of an advocate and what they can or cannot do. Having a designated confidential advocate for students, staff, and faculty on campus can better meet a wide variety of survivor needs.

Working with Culturally Diverse Survivors

Increasingly campus-based advocacy programs are implementing both adaptations for culturally grounded services and the social justice-oriented principles of the trauma-informed care (TIC) model.

A trauma-informed, survivor-centered, and social justice-oriented approach to campus-based advocacy means that services:

- Celebrate the intersecting identities and cultural strengths of service users and staff.

- Recognize multiple and layered forms of oppression and discrimination.

- Attend to power and privilege by seeking to address multiple layers of victimizations experienced.

- Strive to offer culturally inclusive services that are welcome to all survivors.

- Seek to empower service users based on their expressed needs, preferences, and identities.

- Represent campus diversity in staffing.

> "We want to make sure that all of our student body knows that we are inclusive, and I know there's little things here and there that we can do that we overlook sometimes. Having our pronouns right now on the Zoom, having that can definitely open that door to a student that maybe before felt like I don't know if I'm able to really express myself… At the university level, it can be very helpful for them to feel like they are, like we are someone that they can approach."
>
> **CAMPUS-BASED ADVOCATE**

An **intersectional** lens is part of a trauma-informed, social justice-oriented approach in campus-based advocacy practice. This lens acknowledges that the overlapping identities of both service users and advocates combine to shape their sense of self, the world, and their experience of services. An intersectional perspective recognizes that participants may be navigating other forms of bias and oppression as they deal with experiences of violence (Crenshaw, 2018).

> "Whenever we started our sessions, like the first few, it was me like introducing myself, and going through my background, and because I am Asian, I was telling (advocate) about certain, I guess like how my upbringing was or how I wasn't able to speak to my family about my assault and whatnot because of the way our culture is. I explained that to (advocate), and (advocate) seemed really understanding of it, and— yeah, they seemed really understanding whenever I was talking about that with them."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

To enhance cultural humility, 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 users, is essential to ensure that cultural needs are being met.

> "We definitely try to make sure that we are in fact one, familiar with all the resources in (Diversity and Inclusion Office) that we have on campus and/or the organizations and people within these key departments that we can refer our students. They can reach out to great mentors or students to have these ongoing conversations. Those are some of the resources that we definitely do provide to the students, and not only students. I would actually say that it's also for faculty and staff members, because again, there are times where as a colleague, an incoming colleague and such, that we have again, they might be from a different race, and they feel a little bit excluded. Again, diversity is key, but inclusion is one of those things that we need to make sure that we're mindful and that we are providing these resources to all community members."
>
> **CAMPUS-BASED ADVOCATE**

An important part of cultural adaptation of services is making modifications to better align the program with the culture and student population of the university and of students, faculty and staff. Ongoing conversation with survivors using advocacy services, and attention to who in the campus community are 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. The ADAPT-ITT framework for modifications can be used for this purpose. Cultural accommodations and cultural adaptations are two types of modifications that can be made to advocacy programs when working with a diverse group of students.

Cultural accommodations 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) (Booth & Lazear, 2015).

Cultural adaptations 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).

Examples of cultural accommodations and adaptations are listed in Table 3 below.

TABLE 3

Cultural Accommodations for Campus-based Advocacy

Example Cultural Accommodations for Campus-based Advocacy	Example Cultural Adaptations for Campus-based Advocacy
Create resource lists, intake, and evaluations in languages other than English, reflecting the preferred languages of campus stakeholders.	Integrate cultural values like personalismo 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.
Have a plan for making arrangements to have American Sign Language (ASL) interpretation or language-line assistance when needed.	Develop an intake process that includes a focus on relationship building and cultural support networks.
Ask survivors for preferred pronouns and use gender-neutral language to discuss partners and relationships.	Recognize 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.
Create virtual and printed promotional materials for the program and provides options for accessing services via in-person, phone, chat, or texting.	Give survivors choices to decide for themselves the best, and most safe, way to initially access services and in ongoing communicate with advocate and program office.
Assure that resource lists, intakes, and evaluations reflect the diversity of the student population and include individuals from different backgrounds, racial groups, and differing abilities.	Assure that all program and promotional materials are frequently reviewed by individuals from different perspectives and revised when needed.
Employ individuals including advocates, counselors, office staff, and administrators from diverse backgrounds and identities.	Routinely conduct open discussions with staff and volunteers about potential biases (as everyone has them) and offered resources for appreciating the unique perspectives of service users, even when the intake staff member and typical service user seem to be from a similar background. Assure that staff have access to and complete training to recognize the ways systemic oppression of racial and ethnic identities intersect and compounds trauma.
Employ staff with expertise on or provide training for staff about international student processes, procedures, and resources available both on campus and in the community.	Work with international student offices to understand available resources as well as laws and policies, such as DACA that affect international students and services users that may be undocumented.

Adaptations for Working Within a Border Community

Campus-based advocacy programs located on the U.S./Mexico border can address their context through adaptations to the service model which make their work relevant and accessible to their student population and community.

Adaptations observed in partner programs include:

Emphasis on Knowledge of Immigration Policies and Procedures

"Others can be very afraid especially our students who are international students, because of their documentation status in the US, afraid of them losing that or getting in trouble or being unfortunately deported because they can't continue doing their education here or obviously our community is majority Latinx. We have a lot of our students who are undocumented that do attend the institution, and the fear of that. 'I don't wanna make a police report, or I don't wanna get law enforcement or I don't wanna get the courts involved.'"

CAMPUS-BASED ADVOCATE

Focus on Providing Language Access

"We prepared a lot for that hearing because this would be the situation where I would be cross examining the [Responding Party], and actually, the students were international students, and they were both going to need translators, and they both spoke different dialect. They were from different countries and spoke different dialect and needed different translators."

CAMPUS-BASED ADVOCATE

Enhancing Personalismo

"I think it's a combination of everything, and like I mentioned, the experience that we have, and that we bring into the program that it makes it very unique. We understand our population, we understand most of the things that they're going for. What they need or their background where they come from, right? It's not like, okay, we have to start literally from scratch. We met them where we think they are. We still make sure that we are not biased or anything, right? Then we were able to assist at a later on start, and then having them that experience to come and help them and promote the services, the need, therapy, advocacy."

CAMPUS-BASED ADVOCATE

Adaptations for Virtual Services

In line with emerging trends in community-based survivor advocacy, campus-based services are increasingly including virtual or technology facilitated services as a programming component. Technology plays a critical role in development, relationships, and social networks of emerging adults (age 18-25) (Coyne et al., 2013; Coyne, et al., 2011; Jensen & Arnett, 2012; Rainie, 2012). Digital service provision has increased rapidly in campus-based advocacy services, especially during the COVID-19 pandemic. We sampled campus-based advocates during the summer of 2020 to understand this phenomenon, with 75% of campus-based advocates surveyed reporting using virtual platforms to connect with students, and nearly 100% of advocates reported using e-mail and/or text as a component of their work with survivors. These service modalities are uniquely appropriate for a campus setting, as emerging adults are often savvy consumers of technology and connected to a wide range of groups and services via information communication technology. Many also prefer these forms of connection, and find them more convenient to manage within their complex schedules.

Virtual services and supports can be offered in a range of formats:

- **Web-presence and website psychoeducation:** Survivors frequently use web searches and online reviews as a critical step in their decision to seek (or not seek) services. As such, web and social media platforms provide an important front door to campus-based advocacy services and also serve as a first opportunity for psychoeducation about institutional processes and policies. Survivors are eager to understand the process of advocacy, and what a visit to the program will be like. Every visit to a site is an opportunity to engage survivors in services and connect them with advocates.

- **Virtual chat and text hotline services:** Virtual hotline services, using chat and text formats, provide immediate support in crisis situations, and can serve as key supportive assistance to friends seeking to provide social support in a university context.

- **Virtual appointments (ZOOM/Doxy.me):** Survivors having the option to receive the same advocacy and counseling support via virtual platforms as they may receive in-person, leads to increased flexibility and accessibility for busy college students, who may not otherwise be on campus.

- **Technology for on-going connection (email, text, SMS):** Frequent, short check ins via text, SMS, or e-mail on specific safety or personal issues provide on-going connection and access to services..

Benefits to digital campus-based advocacy services include:

- Access from any location, including during winter and summer breaks and for online only or commuter students.

- Comfort from being in a preferred location, such as home.

- Increased access to immediate help and support with minimal or no wait.

- Greater choice in service format.

> "I have noticed that our students primarily like to communicate via email. I think it's just easier for them."
> **CAMPUS-BASED ADVOCATE**

- Reduced inhibitions for some service users who are reluctant to use in-person or phone services.

> "I love being in the comfort of my own home, because I think that gives people the opportunity to truly unwind and feel comfortable and safe, plus I'm with my cats who give me a lot of comfort and good prompts, like they make me think about things differently."
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "I think [the program] did a really good job of offering multiple ways to get in contact with me. Whether it was like phone call, or Zoom, or email, or text, my advocate was open to whatever I felt comfortable with and whatever worked for me. Even in my intake and stuff, they asked me is this a safe number to call you at? Is this a safe address? You know, stuff like that. I really appreciated that."
> **CAMPUS-BASED ADVOCACY SERVICE USER**

Best Practices for Digital Campus-Based Advocacy

- **Have a strong web presence.** Many prospective service users will seek information about services online before they reach out for support. Websites should provide educational materials, outline services types and availability, feature confidentiality guidelines, and offer information on how to reach out.

  > "Initially, I did my research online, just went through the facts and just the general information, how I can set up an appointment."
  >
  > **CAMPUS-BASED ADVOCACY SERVICE USER**

- **Assess safety.** Establishing the safety of service users' current space and preparing safety plans to address shifting circumstances during digital sessions should occur early in advocacy. This includes discussing ahead of time the proximity of potential safety concerns, like a partner who uses violence or control, and assessing the risk of being near family members who may not be aware of salient factors in a service user's life, such as LGBTQ+ people who have not chosen to 'out' themselves to their parents.

- **Make the 'virtual space' trauma-informed.** Invite service users to be in a safe and comfortable environment for them. If they have objects or pets that support well-being, encourage them to have them nearby. Consider making the visual field or background around advocates calming and neutral. Center conversation privacy for both advocates and survivors.

  > "My dog can join me...Honestly, if I'm upset, she'll come closer to me for some reason. And I did not expect that from her. So that's been really nice. To have my dog in therapy has been great. And I like that I can do it from my own home and my own space."
  >
  > **CAMPUS-BASED ADVOCACY SERVICE USER**

- **Address digital abuse and safety threats.** Provide education and safety planning related to potential digital abuse and stalking in survivors' lives that may impact their service use.

If you are considering adding chat/text services to your advocacy program, the following skills are important to consider:

- **Timely welcome and response.** Answering chat and texts quickly conveys support.

- **Concise communication.** Brief and information-rich language is useful in text-based mediums.

- **Social presence.** Emotive language, emoticons, and encouragers show personality and presence.

- **Seek clarification.** Ask questions and seek additional information when needs and tone are unclear.

Addressing Barriers to Technology-Based Services

Access issues: Slow Wi-Fi, poor internet connections, and lack of a safe, private cell phone or computer are equity and **access issues**. Advocacy programs can offer onsite spaces on campus for private virtual sessions, and resource support to secure internet and equipment for those engaged in services. Programs should consider incorporating universal design principles in their web-presence and virtual communication platforms (including the automatic use of closed captioning and image tagging) to improve accessibility for survivors with disabilities.

Privacy concerns: Threats to maintaining confidentiality of individuals using technology-based services are privacy concerns. This includes the risk of technological stalking or tech-based abuse. It also includes the risk of sensitive information being overheard by others whom the student doesn't not wish to disclose to. Advocacy programs can use technology-based service software that has security features that protect the privacy of service users.

SECTION 4:
WHAT ARE THE OUTCOMES OF CAMPUS-BASED ADVOCACY?

Short-term Outcomes

Cross-Cutting Potential Long-Term Outcomes

Campus-based advocacy goals and activities aim towards short-term and shared long-term potential outcomes. Based on the logic model presented in Section 2, these outcomes occur partly as a result of the activities and inputs across program goals. For the purpose of the toolkit, short-term outcomes are those occurred within 3-6 months of beginning services, while long-term outcomes are those that occurred typically 6-12 months after services begin. Initial outcome data is provided in this section, with evidence highlighted for both short- and long-term outcomes. Campus-based advocacy success indicators cut across goals, so this section should be read holistically as a data-driven preliminary indicator of outcomes. These data include themes and quotations from service user and campus-based advocate interviews. We have also included results from service users who completed the initial impact survey within six months of beginning campus-based advocacy services and longitudinal follow-up data with the same participants six months later, providing a longitudinal match with the same service users. For more about our evaluation approach, see appendix A.

Campus-based advocacy service users are overwhelmingly satisfied with services- **81%** of initial impact survey participants were very or somewhat satisfied with their service experience.

> "I was definitely satisfied 'cause they definitely led me to a lot of information that I wouldn't have come across on my own. It really opened, I guess you would say, new doors and boxes for me that I could mentally explore and stuff."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

SHORT-TERM OUTCOMES

Short-term Outcomes for Goal 1: Secondary Prevention of Violence and Harm

Campus-based advocacy services aim to prevent or lessen any future violence or harm to survivors through support, enhanced safety, and education.

Short-term outcomes include:

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 advocacy services.
5. Increased knowledge about relationships, violence, and harm.

Evidence from toolkit data collection showed strong support for campus-based advocacy's efficacy in supporting survivors in achieving the short-term outcomes for Goal 1. Interview themes related to Goal 1 indicated that safety planning, psychoeducation, and resources helped improve survivor safety. Initial impact survey participants reported on their perceived service impact on a scale ranging from 1=not true at all to 4= very true.

> "It definitely made me more mindful of different signs and things to look out for. Also, with processing previous incidents."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

Results indicated, after using services, participants:

1. Felt **able to cope** with challenges to address safety (average score 3.14 out of 4)
2. **Knew what to do** in response to threats to safety (3.21 out of 4)
3. **Felt confident** in their decisions to keep safe (3.20 out of 4)

Only 11.8% of initial impact survey takers said their physical safety had gotten worse since starting services, and only 26.9% reported that emotional safety was worse. **The vast majority (88.2%) reported that their physical safety got better or stayed the same, while 73.1% reported their emotional safety got better or stayed the same.**

Short-term Outcomes for Goal 2: Provide Choices to Promote Agency

Campus-based advocates strive to help increase a survivor's control and sense of power in both their experiences with services and broader life circumstances by working on identified needs and offering options. When this is done well, it should lead to survivors' experiences which reflect the following short-term outcomes:

Short-term outcomes include:

1. Choice of service and support options that are the best fit.
2. Accomplished service user-identified short-term goals.
3. Resolved needs.

Evidence demonstrates very strong support for the efficacy of campus-based advocacy services in supporting survivors to meet the short-term outcomes for Goal 2. Interview themes indicated that services users felt able to direct the course of services, to get their needs met, and to experience increased feelings of empowerment after violence/harm.

> "You can see from the time that they enter to the office and feeling lost and not knowing what to do, what's the next step. To seeing the transformation in them. To see them light and smiling and feeling relieved and feeling empowered. That transformation you can see throughout, even sometimes, even throughout the semester. The fact that they're able to do things on their own, now they're looking for their own resources, not waiting for someone to direct them."
>
> **CAMPUS-BASED ADVOCATE**

Initial impact survey data from service users indicated that 43% of those who responded reported that they led the direction of services, while 28% said that service goals were co-directed by the advocate and the service user, indicating that over 70% of service users reported feeling in control of their advocacy experience. Service users rated transportation, emotional support, medical help, and financial support as the most helpful things they got support for with advocacy services. Table 4 highlights the wide range of needs addressed by campus-based advocacy, providing evidence of the flexibility and choice built into the service model.

TABLE 4
Initial Impact Survey Needs Addressed by Advocacy Services

	n=149
Overall Needs	
Emotional support/counseling	59.1%
Academic accommodations	49.7%
Information about reporting to Title IX	47.7%
Information about the impact of trauma/violence	46.3%
Getting safe/safety needs	45.6%
Information about reporting to law enforcement	45.6%
Finding additional support/referrals to other resources	36.9%
Information about healthy or unhealthy relationships	35.6%
Financial needs	19.5%
Information on drug or alcohol use	12.8%
Medical help	10.7%
Housing	6.7%
Transportation	5.4%
Academic Needs	**n = 68**
Missed classes	17.4%
Missed exams	7.4%
Missing classwork	10.1%
Other academic accommodations	10.7%

Short-term Outcomes on Goal 3: Reduce Mental and Physical Health Consequences of Violence/Harm and the Intersection with Other Forms of Oppression

Campus-based advocacy aims to address the significant mental and physical impact of trauma, caused and exacerbated by violence and intersecting forms of oppression, by providing psychoeducation, linkage to services, and empathic support focused on self-care and grounding activities. Through these strategies, desired short-term outcomes include:

Short-term outcomes include:

1. Increased knowledge of the impact of trauma.
2. Decreased self-blame related to victimization.
3. Improved access to mental and physical health services.
4. Increased knowledge of grounding and positive coping skills.

Evidence from toolkit data collection showed support for short-term outcomes for Goal 3. Interview themes related to Goal 3 outcomes illustrated the importance of reducing mental and physical health impacts through psychoeducation about trauma reactions and recovery, mental health literacy, and identification of positive coping skills.

OF INITIAL IMPACT SURVEY PARTICIPANTS, 138 OF 181 (76%) USED COUNSELING SERVICES, INDICATING HIGH LEVELS OF SUCCESSFUL LINKAGE TO THIS SERVICE.

> "I'm learning through the therapeutic process in general to make better informed decisions."
> **CAMPUS-BASED ADVOCACY USER**

> "Most importantly is trying to help them through their mental health. We're very fortunate to have our licensed professional counselor part of our team. It's been a very crucial tool in terms of them being more proactive in their recovery, proactive in going to their appointments because they're getting that mental health assistance, they're getting that––they have that person to talk to."
> **CAMPUS-BASED ADVOCATE**

Short-term Outcomes on Goal 4: Resource/ information Access

In order to interrupt cycles of support and resource loss, campus-based advocacy increases knowledge of, and access to basic material needs, criminal and civil legal systems, if desired, and health services on and off campus.

These efforts lead to the following short-term outcomes:

1. Use of referrals, as needed.
2. Accessed information about programming in multiple formats and languages.
3. Increased knowledge of campus and community resources.
4. Accessed support for basic needs.

Evidence from toolkit data collection showed very strong support for short-term outcomes for Goal 4. Interview themes related to Goal 4 indicated that advocacy facilitates resource access through information and continued outreach to help service users access the supports they most need and want.

Initial impact interview participants reported being connected by the campus-based advocacy program with a wide range of campus and community supports. As outlined in Table 5, the most frequent connections reported on the initial impact survey included counseling or mental health services, Dean of Students/Title IX, and other campus or community-based advocacy programs.

TABLE 5

Initial Impact Survey: Referrals Given by Campus-based Advocacy Programs

	n
Counseling/Mental Health Services	78
Title IX/Dean of Students Office	49
Other Advocacy Programs (on campus or in the community)	38
Health Services	16
Police	13
Student Accessibility or Disability Services	1
Legal Services	9
Financial Aid	7
Other	5

"They <campus-based advocate> were great. They gave me all these resources. Much info. Walked me through the paperwork. The whole nine yards."

CAMPUS-BASED ADVOCACY SERVICE USER

Short-term Outcomes on Goal 5: Institutional and Social Support

Campus-based advocacy programs strive to help support, build, and repair service user formal and informal social support on and off campus. Through activities such as identifying and building formal and informal connections and ensuring on-going connection to the advocacy programs, campus-based advocacy programs seek to achieve the following short-term outcomes:

Short-term outcomes include:
1. Perception by service users that advocacy services were accessible resources.
2. Increased sense of support from peers and institution.
3. Reduced isolation.
4. Established trust and connection with advocate and advocacy program.

Evidence from toolkit data collection showed strong support for short-term outcomes for Goal 5. Interview themes from Goal 5 indicated availability, accessibility, and connection all foster strong rapport between advocates and service users, leading to increased connections and opportunities to foster positive social networks. **Over 82% of initial impact survey participants reported that they agreed/strongly agreed that their**

> "I feel like it <advocacy service> brings a sense of community of people backing me up on this. I'll say that that's the most important, right now."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

advocate was available when they needed them.

Short-term Outcomes on Goal 6: Academic Support

Campus-based advocacy recognizes the importance of academic goals in survivors' lives, and seek to address the educational consequences of experiencing violence victimization. By providing academic support, campus-based advocacy aims for the following short-term outcomes:

Short-term outcomes include:
1. Increased knowledge of campus resources for academic support.
2. Increased engagement in learning opportunities.
3. Increased knowledge of rights and available supportive measures/accommodations.
4. Increased feelings of support from faculty and staff.
5. Increased safety in academic settings.
6. Reduced mental health symptoms negatively impacting academic work.

Evidence from toolkit data collection showed strong support for short-term outcomes for Goal 6. Interview themes from Goal 6 indicated that service users were aware of campus resources for academic supports, including

accessing formal accommodations. Interview findings also demonstrated how advocates use psychoeducation about the impact of trauma on mental health and learning to validate and normalize survivors' academic experiences in the aftermath of violence and bolster their confidence in their future ability.

> "They set me up with priority registration, so that I could make sure my classes were in buildings that weren't near the place that this person was gonna be, or were, at times, that worked for my schedule and my sleep schedule, and the times that I had noticed I was feeling more alert or less alert. Set me up with excused absences and attendance flexibility and deadline flexibility, and all sorts of things that I needed."
>
> **CAMPUS-BASED ADVOCATE**

Of participants in the initial impact survey, 64% reported that their current semester GPA was the same or better than previous semesters.

Short-term Outcomes for Goal 7: Enhance Collaboration and Survivor Experience Across Campus and in the Community

Campus-based advocacy aims to improve service user outcomes partly by serving as advocates within the campus community, aiming to increase understanding about violence and harm, promote services, and advocate for survivor needs in institutional spaces. When these systems level tasks are effective, campuses may see the following outcomes.

Short-term outcomes include:

1. Increased knowledge of campus resources among faculty and staff.
2. Increased understanding of causes and impact of violence.
3. Decreased victim blaming and violence accepting attitudes.

> "The whole point is to have that ripple effect."
>
> **CAMPUS-BASED ADVOCATE**

Evidence from toolkit data collection showed support for short-term outcomes for Goal 7. Interview themes related to Goal 7 underscore the role of advocacy service in helping connect or reconnect service users with the campus as a community. Along with providing individual services, programs help make the campus more trauma-informed, survivor centered, and social justice oriented through education, awareness raising, and advocating in decision-making spaces for survivor needs. Advocating for survivors in campus spaces facilitates others in the community being aware of and supportive of survivor needs. In the initial impact survey, over 40% of students

> "These advocates, what they're advocating on behalf of is an issue that is underrepresented, and so by having all these different resources that are relatively accessible, I think that makes it more—some things more accessible than people are gonna be getting—accessing it, they're going to be talking about it, so it's just raising awareness of an issue that's already always been there."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

reported having received support from faculty or teaching assistants along with other campus resources.

CROSS-CUTTING POTENTIAL LONG-TERM OUTCOMES

Toolkit research activities found evidence for the following potential long-term outcomes of campus-based advocacy for survivors of violence. These potential outcomes are cross-cutting among advocacy goals and are shared extensions of short-term outcomes. Impact interview data, along with results from participants who took the initial impact survey, and a 6-month follow-up survey (n=115) are shared in this section.

1. Decreased violence and risks for violence.

The first cross-cutting potential long-term outcome is the reduction of violence and abuse in the lives of survivors. Results from service users found consistent evidence that participants experience a reduction in violence in the period after engaging with campus-based advocacy services (see Table 6). In particular, 115 service users were asked about their experiences of violence since enrollment at their institution and then again 6 months later at follow- up (Table 6). **People who used campus advocacy service reported substantial reductions of violence** experiences at 6 months follow up, including a 35% (percentage point) reduction in sexual assault (40.5% to 5.5%) and 40% reduction in dating violence (55.4% to 15.1%), along with reductions in stalking and school sabotage.

TABLE 6

Percentage Reporting Violence (Initial impact and at 6 month follow up surveys)

n-115[A]	% endorsing at least one behavior since enrollment at impact survey 1	% endorsing at least one behavior at 6 months post impact survey 1
Sexual Assult	40.5%	5.5%
Dating/Domestic Violence	55.4%	15.1%
School Sabotage	56.8%	17.5%
Stalking	81.5%	50.0%

[A] Among matched participants who completed the initial impact and 6 months follow-up survey.

> "I have a student that she mentioned to me, 'I'm so glad that we did this because when it actually happened, I went home, and there was a huge argument with my spouse. I didn't know what to do. I froze. I thought I knew what to do and I froze, but then I picked up my phone. I looked at the email where we had covered it, and I saw, you know what? Go for a drive. Go for a 30-minute drive. If you still feel like it might not be safe to go back, I'm gonna go to my parents' house', and that's exactly what she did. "
>
> **CAMPUS-BASED ADVOCATE**

> "I would say I'm a lot more cautious now, and I think before I put myself into situations and think ahead of time rather than—even when I do end up in a situation, I know what to do."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

2. Increased or restored power in own life

Campus-based advocacy programs aim to build students' long-term feelings of agency and efficacy, enhancing their sense of their own ability to make positive choices regarding their own life. Toolkit data collection also shows evidence of increased and/or maintained empowerment, especially effectiveness of safety strategies used. Agency and feelings of power in a survivor's life that increased initially after services began were maintained at six months following the first impact survey.

In a measure of survivors' sense of their own internal ability to make safer choices related to their experiences of violence ("internal tools"), service users maintained high mean levels of confidence at the initial impact interview and six month follow up. Similarly, service users maintained high average levels of belief in the availably and accessibly of support for their safety means ("expectations of support") and high average levels of felt agency and empowerment ("overall score"). See Table 7 for more information. See Appendix H for survey questions and measurement tool citations.

TABLE 7

Levels of Agency and Empowerment at Initial and 6-Month Impact Surveys

	Initial Impact Survey		Follow Up Survey (6 month)	
	n	Average Score	n[A]	Average Score
Internal Tools Subscale	100	16.0 (out of 20)	95	15.8 (out of 20)
Expectation of Support Subscale	105	12.8 (out of 16)	94	12.2 (out of 16)
Total Score	98	28.7 (out of 36)	92	28.2 (out of 36)

[A] There were 115 total participants surveyed at initial impact and again 6 months later. All questions were voluntary, so participants may

> "I think whenever I come across myself feeling like I'm getting into a serious situation, I feel like I have the steps now to just get out of it before it gets bad. I feel like that definitely made a difference because I've experienced feeling helpless before, and now whenever I'm in a situation that felt similar to what I've gone through, I feel like I'm in power, and I can protect myself."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "We wanna make sure that we continue to be a resource to them to provide any guidance and allow them to know the resources and other services that we have available on campus."
>
> **CAMPUS-BASED ADVOCATE**

not have answered every question.

3. Increased knowledge and access to community and campus supports

Campus-based advocacy programs seek to enhance service user knowledge of the campus and community partners to enable them to navigate help-seeking. Toolkit data collection demonstrates strong knowledge and confidence in accessing support, which is maintained six months after the initial impact survey. Service users reporting high initial average scores for understanding safety supports within the community and options for safety in school, which were maintained at the six month follow up. See appendix H for survey questions and measurement tool citations.

TABLE 8

Knowledge and Support Efficacy at Initial Impact Survey and Six Month Follow Up

	Initial Impact Survey		Follow Up Survey (6 month)	
	n	Average Score [A]	n	Average Score
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)	151	3.44	98	3.3
I know what options are available to support my staying in school while dealing with the risks to my safety	149	3.28	98	3.05

> "I think students are more appreciative of what we do. I think they have a better understanding of the importance of having these services available for them. I think also they become sort of our ambassadors, where they impart the information of what we do to their peers. I think it's more the element of them knowing that we're here, and we go above and beyond."
>
> **CAMPUS-BASED ADVOCATE**

[A] Out of 4 answer choices: not at all true, a little true, somewhat true, and very true.

4. Reduced negative consequences of mental health symptoms

Campus-based advocacy programs seek to reduce the mental health impact of trauma on survivors, with short-term gains demonstrated in knowledge related to the impacts of trauma and linkage to counseling and therapeutic support. Follow-up surveys conducted with campus-based advocacy service users found slight reductions in post-traumatic stress disorder (PTSD) symptoms. At the first impact survey, in a matched sample of 115 service users, 53.3% (57) of service users screened positively for PTSD and at the 6-month follow-up, 49.5% (50) met criteria. Depression rates were stable across impact surveys, with an average score of 10.4, indicating mild-moderate depression at the first impact survey, and an average of 10.3 at the 6-month impact survey, also indicating mild-moderate depression. There was a reduction at the 6-month impact survey in severe depression (10.1% vs. 7.9%).

> "One thing that me and my therapist had talked about that made me think about my experience really differently was that we talked about how I felt really shameful about the experience, but then we kind of worked through shifting the shame and taking that guilt off of me. That made me feel like I wasn't the one in the wrong, so that made me—I think that was one of the reasons that made me—that made it really hard for me and affected my mental health the most, so working through that had helped a lot, and it impacted everything else."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "I would say that <program> helped me a lot to become stronger mentally and acknowledge that that was abuse. I would say I'm not completely healed from that, but I am definitely so, so much stronger, and so much better off now."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

5. Accomplished service user-identified long-term goals

Taking a survivor-centered approach to services and ensuring that the individual goals of service users are met and emphasized is critical to the overall success of the campus-based advocacy program model. Long-term, this translates to service user goals being met, as evidenced by impact interviews.

> "I certainly had the goal of the Title IX case going the way that I wanted, which I eventually ended up achieving, but I think mostly I had treatment goals. I wanted to be less symptomatic for PTSD, I wanted to be able to resume my life in a normal fashion, and definitely made a lot of progress on those."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "Like I said, the people that take advantage of the resources tend to very much benefit from them as far as able to get back to a sense of normalcy, able to continue to strive towards their goal of finishing their degree or get back together with their family, or whatever their goals are."
>
> **CAMPUS-BASED ADVOCATE**

> "The most helpful thing I've done is ask the student, 'Has any of this been helpful for you?' and just staying victim-centered and asking them what do they need, what can I help them with what they need, and not being on our own timeline or agenda. You're trying to help them, meet their needs, and then at the end of your conversation, asking that question. 'Was I helpful, and did I give you the information you need? Do you need anything more?' Then following up with them, even a week later and saying, 'Is there anything more that you need?'
>
> **CAMPUS-BASED ADVOCATE**

6. Increased positive coping skills to mitigate impact of harm

Campus based advocacy programs seek to undo the long-term consequences of violence partly through supporting service users in developing positive or long-term coping skills, and identifying and discussing short-term coping skills that may interfere with student goals. In the initial impact survey, service users' average rating of their confidence in their ability to cope with safety challenges was high, and that was maintained at the 6-month follow up survey. See Table 9 for more information. See Appendix H for survey questions and measurement tool citations.

TABLE 9

Initial Impact Survey and Six Month Follow Up Survey: Coping Skills

	Initial Impact Interview		Follow Up Survey (6 month)	
	n	Average Score [A]	n	Average Score
I can cope with whatever challenges come at me as I work to keep safe	152	3.14	101	3.04

[A] Out of 4 answer choices: not at all true, a little true, somewhat true, and very true.

> "Yes. I was very anxious, so much so that, like I said, I decided to drop out. I remember [advocate] in one of my sessions, they talked to me about those grounding exercises that I can do when I'm at school when I feel like the guys are watching me again and I just wanna drop out. They helped give me techniques that I can do whenever my anxiety started to flare up so I can focus and be calm. That was very helpful."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "The other component is self-care. I always ask them about self-care specifically now. What are they doing for self-care? A lot of times, probably about 99.9% of the time. They'll tell me I don't have time for that. And I say, 'I get it, but you gotta make time.' We go through that whole spiel of things."
>
> **CAMPUS-BASED ADVOCATE**

7. Enhanced physical well-being

Along with long-term mental health, programs aim to have a positive impact on survivors' physical health. The majority of service users indicated excellent to good physical health in the initial and 6-month follow up impact surveys. Interview data illustrated how new skills and strategies helped improve physical health.

> "This semester, am in a yoga group for—yoga class for trauma...and so that's making me really more connected with my body and it's all in a positive way. I think that's the main thing. I mean, indirectly actually, I'd say, since they improved my ability to survive and thrive, I can attend to my mental health, and therefore physical health more."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "I know one student even told one of our advocates that, thanks to the <advocacy> department, they were able to sleep peacefully because they hadn't been able to have a restful night in weeks because of fear of their stalker. We've relocated the student and gave them a safe place to live for a while before we tried to find something permanent and the student said, "Oh, I could finally sleep in peace."
>
> **CAMPUS-BASED ADVOCATE**

8. Increased sense of community

Advocacy services aim to enhance students' sense of community and support within the campus and beyond. Impact interview data revealed how advocacy services facilitated a longer-term sense of community among students through additional support, stability, and care.

> "Little things, those little details really do make a difference in our students' lives and it impacts them to see, "Oh, wow. They really care for me as a person. I'm not just a number or not just—I'm gonna call it. I'm not just money for them." They actually do care for me and my wellbeing."
>
> **CAMPUS-BASED ADVOCATE**

9. Increased positive social and peer support

Social support, in the form of peer advocacy, peer support groups, and helping students identify their positive social networks, is a potential long-term outcome of advocacy. On the initial impact survey, participants scored moderately high (4.3 out of 6) on a measure of social support, and that was maintained at the 6-month follow up survey (4.4 out of 6). Service users discussed how advocacy helped them navigate changes in their relationships because of the violence they had experienced.

> "When my whole situation, I was at a loss for words, and I was telling my close friends about it. After receiving those services, I felt a little bit better or I guess more assured in how I was explaining this to someone else because sometimes they might not understand that. Definitely seeing a professional really helped me communicate that to someone else more effectively."
>
> **CAMPUS-BASED ADVOCACY SERVICE USER**

10. Met academic goals

As programs located within college campuses, academic goals, retention, and graduation are key foci of campus-based advocacy programming. While participants in the initial impact survey reported strong short-term GPAs after their engagement with services, this was increased in the 6-month follow up survey, with the percentage of participants with an "A" GPA going from 56.5% to 64.2%. Similarly, from initial impact surveys to 6-month follow up surveys, **there were significant reductions in academic disengagement behaviors**, such as students skipping class, missing exams, and dropping or failing a class. Impact interviews found similar results.

> "I thought that because of personal trauma, I would have to experience loss and in all other aspects of my life. And I think through advocacy services, that loss was greatly reduced. I didn't lose my academic standing."
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "One of our goals is to make sure that if something happens and they might fall victim of a crime, that that doesn't define them, that that doesn't stop what they were reaching for, their goals, especially their academic goals because unfortunately the numbers are there that if something happens, whether it's on campus or even out, they usually drop out because they don't have that assistance or they don't know what to do or how to even move forward. By being able to assist them, get them the resources that they need, get the therapy with our in-house therapist, we're able to identify what are the barriers, be able to assist them through them, and then help them continue on with their academic goals."
> **CAMPUS-BASED ADVOCATE**

11. Increased institutional trust

Finally, advocacy services aim to rebuild and enhance the relationship between in service users and the college, which often is fractured in the aftermath of violence. Impact interviews illustrated service users felt that ddhaving supporting and understanding advocates on campus made them feel understood and cared for by the institution itself.

> "If it wasn't for advocacy services, I think I probably would have hated my entire college experience because it would have just felt like full failure and loss and more out of my control than what would feel manageable. And so, because of that, it just makes me feel less angry at [the university] as a whole."
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "I know it's a very big campus, but I felt so welcomed, and so cared about."
> **CAMPUS-BASED ADVOCACY SERVICE USER**

> "What I've noticed that our students need is that personal connection. They have lost that connection through the pandemic. They feel that there is no sense of belonging, that the universities only want our money, and so having this program institutionalized, I think it shows the students that we really care for them. That we care for them beyond just the academics. We care for them beyond just being a statistic, more than just a number...I'm hoping that this report will also tell the story of the impact that these institutions are doing beyond just assisting survivors, that we're also helping with the retention rates. We're also helping with graduation rates."
> **CAMPUS-BASED ADVOCATE**

SECTION 5: HOW CAN YOU EVALUATE CAMPUS-BASED ADVOCACY EFFORTS?

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 violence. This section ends with specialized evaluation guidance and tools to evaluate campus-based advocacy programs based on the logic model discussed in Section 2. The full adaptable campus-based advocacy logic model can be found in Appendix B.

Broadly, program evaluation is a method for monitoring, assessing, and improving services provided by an organization, agency, or in this case, a university or college. Campus-based advocacy programs should implement evaluation methods that fit their particular service model and campus environment.

Programs may choose to evaluate their services for a wide variety of reasons, including:

- Requests for impact/outcome data from current or potential funders.

- Assessment of program efficacy and impact to justify program existence and/or expansion of services.

- Ongoing program improvements.

- Changes in service modality.

- Assessment of needs and best practices related to cultural modifications.

Many helping professions identify ongoing program evaluation as an ethical obligation, 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. Evaluation data can positively impact the development of key policies and new programs and facilitate program access, especially when they focus on key issues of concern to stakeholders (including service users, program staff, organizational leaders, and community members) and when results are presented in a user-friendly format. Evaluations that fail to identify how collected data relates to key program components and are unable to reliably measure change, may not produce useful results.

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

- Understanding survivor experiences of advocacy services and incorporating survivor feedback and recommendations into future modifications.

- Assessing program impacts including short- and long-term outcomes.

- Identifying what practices staff members need to implement the evaluation and how to adapt the current model for a particular population, campus environment, and/or violence experience.

- Providing evidence of program efficacy and impact to promote sustained and/or increased funding, campus support, and community support.

- Developing a deeper understanding of the needs of survivors of violence on college campuses.

Ideally, program evaluation provides evidence for the effectiveness of campus-based advocacy programming and sheds light on areas that require improvement.

PLANNING THE EVALUATION: CAMPUS ADVOCACY PROGRAM EVALUATION STEPS

1. Select the type of evaluation needed.
2. Determine who will perform the evaluation.
3. Put ethical considerations at the forefront.
4. Identify the approaches and activities that will be evaluated.
5. Work with your college or university's Institutional Review Board (IRB) (if applicable).
6. Promote the evaluation and recruit participants.
7. Analyze and use your data.

Select the Type(s) of Evaluation Needed

Evaluation efforts can inform and improve campus-based advocacy services. Evaluation can take place as early as the development of an initial program idea, as part of a process to adapt a program model, and/or as an iterative process that provides ongoing evidence of short- and long-term change and improvement.

The primary types of evaluations are **formative, process, and impact** evaluations. 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. 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. 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 10 provides an overview of the different forms of evaluation, as well as specific implications for campus-based advocacy programs.

TABLE 10

Program Evaluation for campus-based advocacy programs

Evaluation Type	Focus	What is identified and assessed?	Implications for campus-based advocacy programs
Formative	Formative evaluation aims to understand the program formation and implementation, describe the program, identify program processes, and assess evaluability.	Program logic (goals, inputs, activities, outputs, and desired short and long-term outcomes) are identified through formative evaluation.	Formative evaluation of campus-based advocacy programs begins with an existing or newly created program approach, illustrated in a logic model, such as the one found in this 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.
Process	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.	How the program operates, what tasks are being performed and by whom, what service user populations are being served, what services service users are receiving, and how service users experience their time in/ with the program.	Process evaluation for campus-based advocacy involves understanding service provision and experience to monitor and improve quality, and highlight program 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 D-K are helpful for process evaluations to get feedback on advocacy programs and understand emerging needs.
Impact	Impact evaluation aims to determine what (if any) impact the program is having on its intended short- and long-term outcomes. Impact evaluation 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.	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.	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 Appendix H 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.

Using Campus Climate Surveys for Evaluation

In some cases, campus-based advocacy programs may choose to evaluate their programs 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 sexual assault, stalking, and sexual harassment. Such surveys are typically used to assess student attitudes and knowledge, as well as outcomes associated with experiences of violence and harassment. Surveys may be administered yearly or bi-annually and are typically completed by respondents online (Wood et al., 2017). Some advocacy programs may use campus climate assessments to evaluate advocacy services, using a modified campus climate survey design. For example, campus climate survey participants who have experienced violence 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 questions about their experiences with advocacy services. Many of the items included in the advocacy brief feedback survey outlined in Appendix F 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.

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 internal staff and external stakeholders. Internal evaluators are most often program staff, board members, or other campus personnel who are close to the program.

ADVANTAGES OF HAVING AN INTERNAL EVALUATOR
- Lower cost.
- Flexibility.
- Strong understanding of program operations.
- Ready access to service users and service user contact information (for data collection purposes).
- The ability to control messaging, promotion, and outreach of the evaluation and evaluation findings as well as the data collection and analysis processes.

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 interpersonal violence, trauma, or the university/college campus context. External evaluations may also include evaluators from outside of the university or college.

ADVANTAGES OF AN EXTERNAL EVALUATOR

- Assistance with setting up on-going reporting systems and identifying key evaluation needs, particularly early on in the implementation of advocacy services and at moments of organizational stress.
- Evaluation expertise and potential ability to provide guidance on an objective evaluation approach.
- Reduced time burden on staff.
- Fewer ethical and scientific 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 higher cost, challenges identifying an external partner to conduct the evaluation, and recruiting or contacting potential evaluation participants without undermining their confidentiality.

Collaborative Evaluation Design

Collaborative evaluation designs between internal and external partners that emphasize 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., 2018). 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 survivor impacted by interpersonal violence. 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 that includes both internal and external contributors.

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. 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 model of evaluation proposed in this toolkit do not include detailed questions about violence or traumatic experiences, but rather questions focused on experiences with advocacy services and current well-being. Previous research with college populations has indicated that survivors of interpersonal violence 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 et al., 2015; Edwards et al., 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. Most survivors interviewed as part of the toolkit creation were asked about their experience of participating in the

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 their participation was confidential and 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 evaluation teams. Evaluators can put themselves at emotional risk in engaging with such potentially traumatic material (Silva-Martinez et al., 2012). For programs that serve survivors of interpersonal violence, evaluators have unique obligations and challenges when it comes to the protection of evaluation participants.

The World Health Organization (WHO) (2020), Sullivan and Cain (2004), and Cook et al. (2015) have outlined guidelines for safety in research with survivors of interpersonal violence. To minimize any discomfort, campus-based advocacy evaluators should undertake the following steps to minimize risk for harm and support participant safety.

Informed Consent. All invitations to participate in research should include informed consent documents so potential participants are able to make an informed choice about whether to participate. Informed consent documents should include the study purpose and aims, information on how data will be managed and used, the privacy measures employed in data collection, guidance on any mandated reporting requirements, contact 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 J.

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 services they are receiving (or may receive in the future) will not be impacted by their participation or the feedback they provide in the evaluation. All evaluation documents including informed consent forms, interview guides, and surveys should include a statement to say that all questions (other than any eligibility questions used by the evaluation team) can be skipped at any time.

Emphasis on safety and privacy. Concern for the physical and emotional safety of evaluation participants should guide decisions around the timing and methods of evaluation work. All data should be collected with careful attention to the safety and privacy 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 engagement in services with others in their life, and reminder phone calls, texts, or e-mails could pose a direct threat to the safety of participants. Evaluators and evaluation materials should tell participants how and when they could be contacted by the evaluation team and how participants can stop getting messages from the evaluation team.

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. If contact information is collected, participants should be informed as to how that information will be stored and who will have access to it.

Questions are focused and behaviorally specific. Program evaluation should be focused on survivors' experiences with the program. Some basic information about a survivors' experiences of violence might help inform findings, but in-depth investigation about a survivors' histories of violence is most likely unnecessary. Victimization questions, if used, should be behaviorally specific to types of violence, rather than ones that rely on service users' interpretations of terms like "sexual assault" and "intimate partner violence."

Training of research staff. Evaluation staff should have significant training in interpersonal violence as well as trauma-informed research methods and interviewing skills. Interviewers and others who interact with evaluation participants should be able to identify signs of distress and have access to information regarding local services available for participants, upon request. 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 voices of survivors should be solicited and centered wherever possible.

Resource provision. Interviewers should be knowledgeable regarding local services available to support survivors. When web-based surveys are used, community and campus-based resources should be provided to all participants at the beginning and/or end of the survey. Evaluations should provide information on available resources, including contact information for the program being evaluated, as well as information on other resources on campus or in the community.

Plan for the data dissemination. Evaluation should include a transparent plan for the use of collected data. This includes a plan for program improvement and sharing of the evaluation results with key stakeholders. Sharing aggregate data with no identifiable information on program websites and with stakeholders helps the broader community understand the results of the evaluation.

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. See Section 2 and Appendix B for a detailed logic model.

APPROACHES FOR FORMATIVE AND PROCESS EVALUATION

Formative and process evaluations 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 evaluations demonstrate what services are occurring, and how they are being experienced or perceived by users and providers. Activities for campus-based advocacy program evaluation are outlined below.

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 and/or who have been impacted by violence victimization. Listening sessions can be used to gather feedback on a new program, for guidance about serving a specific survivor population, and/or for assessing unmet needs. Listening sessions can be conducted with staff and people engaging in advocacy services as well as prospective service users. 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 about trends that 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 (annually, bi-annually, or when changes in outcome or fidelity data suggest additional information is needed). Session facilitators may be a third party (outside of the program or university) or an internal staff member. Working with an external leader to facilitate a listening session 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 D.

Fidelity Checklists or Questionnaires

What is it?: Fidelity checklists ask service users 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. Fidelity evaluations assess how "faithful" the program is to the logic model, or theory of change. Paired designs ask service users and staff to both indicate what was accomplished in a single session and what was accomplished over a series of sessions, so that comparisons may be drawn between service users 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 service users, to shape programs and services, for supervision with staff, identify common barriers in systems, 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 service users, for comparison. Supervisors may use fidelity checklists for staff training and supervision.

More on this: Examples of paired student and advocate questionnaires matching the campus-based advocacy logic model can be found in Appendix G.

Feedback Surveys

What is it?: Brief feedback surveys, sometimes called "customer satisfaction" surveys, can be used to assess service experiences, 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, university personnel outside of the advocacy program or an external evaluator.

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

Programmatic Data

What is it?: Programs may be required to collect data on the number of people served, types of victimization experienced, services provided, resources distributed, presentations or outreach events led, reports made, or dollars spent on advocacy.

Ways to use existing program data: Tracking programmatic 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 comprehensive program logic model is it can help articulate the connection between key program data (e.g. funds spent, hours of advocacy delivered, and number of service users seen) and additional data collection efforts (e.g. interviews, surveys, listening sessions). Programmatic data tracking designed based on the program logic model as well as demonstrated funder and university needs can strengthen 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 should be collected using an initial impact survey before or shortly after services begin and follow up impact surveys longitudinally (over time) to demonstrate trends in survivor outcomes and campus level indicators.

Individual Case Indicators

What is it?: Tracking outcomes of individual service users by using standardized checklists, including some of those provided in the toolkit, can highlight progress toward service user goals and identify areas for continued work (See the Measures Chart in Appendix I for detailed information). Tracking outcomes on an individual basis can also help illustrate for individual survivors how far they have come in services since they began working with the program. For example, advocates can use the academic outcomes tool at each advocacy session with a survivor who cites academic support as a primary need. This tool will help track stabilization or improvement over time and provide evidence of success for the survivor or suggest the need for increased support if negative changes are reported. Clinicians providing advocacy services may offer to use mental health screening tools to assess for other negative outcomes like symptoms of depression and PTSD.

Ways to collect individual case indicators: Talking with individual survivors about their key goals and then employing a short and 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 I could help identify specific measures to track closely with service users. 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

What is it?: Semi-structured (qualitative) interviews that include open-ended questions with program service users can provide important insight into survivors' outcomes and the mechanisms that 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 (annually, bi-annually,

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 of violence or trauma. 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 outcomes in the lives of survivors after accessing services 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 stored securely and de-identified prior to being shared.

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 of a survivor impact interview guide is provided in Appendix G.

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 who made the statement. This may require redacting more than their name, such as unique aspects of their story or demographic factors.

Focus Groups

What is it?: Focus groups involve having a conversation with a group of survivors about their experiences in services 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 participants' views regarding the ways that programs have helped them, and the specific mechanisms that led to those outcomes. Such groups can provide in-depth feedback and may present an opportunity to ask further questions and clarify observations from ongoing quantitative impact evaluations.

Ways to conduct focus groups: Focus groups can be conducted periodically (annually, bi-annually, 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.

Key considerations: When sharing interview and focus group 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.

Impact Surveys

What is it?: Impact surveys are usually comprised of standardized quantitative scales and other brief questions that correspond to key program outcomes from the model of service. Impact surveys are used to track service user 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 long-term outcomes. In some cases, programs may survey participants at the outset of service using an initial or first impact survey to establish a starting point. Others may begin impact surveys after the first service session or the conclusion of services, and on a repeated basis to assess change over time.

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 a specific point in the academic year, or at timed intervals. The survey may be sent via email or text and can be completed at participants' time of choice. The survey may also be given to participants 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 track the continuation of positive impacts. Advocates should not watch or guide participants when they take the survey. It is important that online surveys are programmed in a secure format, such as Qualtrics or Survey Monkey, where data and any potentially identifying information are secure.

More on this: A template or modifiable impact survey for campus-based advocacy using the toolkit logic model can be found in Appendix H. The tools provided in this example have been tested with campus-based advocacy service users and found to have acceptable psychometric (i.e., scale qualities) properties in this population. You can learn more about the scoring and psychometric properties of each included scale in Appendix I. They have been also compared with other measures of similar constructs to establish convergent validity; that is, the measures work as you would expect them to. (e.g. a measure of depression 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.

Key considerations: 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 service users (e.g., did they remain enrolled, 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.

The impact survey in Appendix H evaluates service experience, satisfaction, and outcomes associated with the advocacy approach outlined in the campus-based advocacy logic model and established by the toolkit outcome study.

The main survey areas include:

- Informed Consent and Sample Consent Form
- Demographic and Eligibility Questions
- Violence Victimization

• Service Use and Experience
• Title IX
• Academic Outcomes
• Health
• Recommendations
• Incentive and Contact Information Question

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 Institutional 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 Appendices J and K.

Promoting the Evaluation and Finding 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 a drawing for a gift card, tickets to campus events, parking passes, etc.) can all help increase participation rates. Using a range of strategies for letting service users 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 to receive an invitation to participate in an evaluation.

Promotion and Recruitment strategies could include:

• Sending targeted emails, secure messages, or texts to survivors who have formerly or are currently using services with an invitation to participate.

• Posting social media "blasts" from the program or from the university about the evaluation opportunities, including an online survey link. If the advocacy program has a Facebook, Instagram, or Twitter account, they are good places 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 K.

Evaluation Data Systems

Collecting program data can be exciting and nerve wracking. Staff are eager to learn what the data say about their impact and share successes with stakeholders. However, there is a critical step between collecting data and analyzing and disseminating evaluation findings. Doing a good job with data management can set your program up for being able to make the best use of the data you worked so hard to collect, while ignoring this step can lead to inaccurate results and unusable findings. Effective data management includes ensuring data quality, conducting data cleaning, and developing safe and effective systems for data storage.

Data quality

An initial step in the data management process is assessing the quality of the data you have. This could mean assessing the extent to which you are successfully receiving data from a diverse set of service users, including both those who are engaged in services and those who have disengaged with the program. It also means making sure that data collection systems are not causing missing data issues (for example, that participants are not being directed away from certain items in a web form), and making sure that the data that are being collected are valid (that they measure what they are supposed to measure). While using tools and materials provided in this toolkit can help ensure the validity and reliability of your data, it is still important to monitor the quality of data coming in over the course of an evaluation project.

Data cleaning

Data cleaning includes identifying, removing, or correcting errors in a data set, as well as collapsing or combining responses to create meaningful categories for analysis. Because programs may be collecting data from a small group of service users, it is important to consider collapsing demographic categories or other potentially identifying responses (such as types of services accessed, or dates of service use) to ensure that participant anonymity is maintained in the reporting of evaluation findings. Further, it may be more informative or useful to collapse some items, for example, you may ask for respondents to share their age in years, but it may be more helpful to look at differences between those who are 'traditional' college age, and older students.

Safe data storage

Campus-based advocacy programs are at an advantage because their institution likely has access to sophisticated cloud based digital storage options designed to securely store protected research, such as Box or Dropbox. These are helpful tools to store sensitive data.
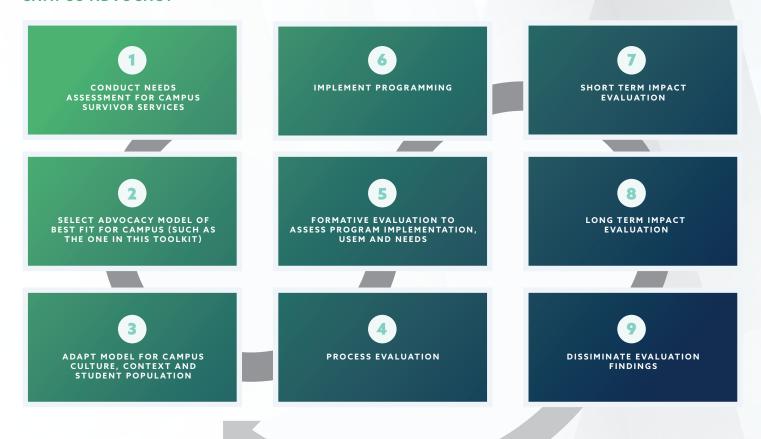
Some basic guidelines for safe storage include:

1. De-identify data as quickly as possible by removing information that is no longer needed for follow up or to provide incentives, such as participant names, e-mail addresses, physical addresses, phone numbers, and IP addresses so that responses cannot be traced back to specific individuals.

2. Store data on secure servers and password protected computers, and not on individual computer hard drives, which can be lost or stolen.

3. Ensure that access to identifiable data requires multiple passwords or other identity verification techniques.

Analyzing and Using your Data

Once you have collected your evaluation data, you can use it to highlight your successes and identify areas that require further 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 allows 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. Ongoing evaluation of services 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 users, can help make sense of findings, draw conclusions, and formulate next steps.

When disseminating data, it is important to remove any information that could identify individual participants. 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 facing survivors 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 3 below details the implementation of the evaluation process.

FIGURE 3: SAMPLE IMPLEMENTATION AND EVALUATION PROCESS FOR CAMPUS ADVOCACY

1 CONDUCT NEEDS ASSESSMENT FOR CAMPUS SURVIVOR SERVICES

6 IMPLEMENT PROGRAMMING

7 SHORT TERM IMPACT EVALUATION

2 SELECT ADVOCACY MODEL OF BEST FIT FOR CAMPUS (SUCH AS THE ONE IN THIS TOOLKIT)

5 FORMATIVE EVALUATION TO ASSESS PROGRAM IMPLEMENTATION, USEM AND NEEDS

8 LONG TERM IMPACT EVALUATION

3 ADAPT MODEL FOR CAMPUS CULTURE, CONTEXT AND STUDENT POPULATION

4 PROCESS EVALUATION

9 DISSIMINATE EVALUATION FINDINGS

REPEAT EVALUATION

SECTION 6: ADDITIONAL RESOURCES

Resources for Campus-based Advocates

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/colleges-universities/

Advocacy organization with a broad range of resources for advocates on ending violence against women and children, including specific resources for college and universities. Futures without Violence works on policy advocacy and student activities, with survivors, and campus administrators to address campus sexual assault. They have resources on addressing interpersonal violence as a public health issue and prevention tools for engaging men in efforts to prevent violence against women and children.

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.

National Organization for Victim Assistance (NOVA)

https://www.trynova.org/nova-campus-program/ncat/

Victim assistance organization with a Campus Advocacy Training offered through their National Advocacy Leadership Center (NALC) focuses on building knowledge and skills to prevent and respond to sexual assault, stalking, and interpersonal violence.

Prevent Connect

http://www.preventconnect.org/

National project of ValorUS (formerly the California Coalition Against Sexual Assault [CALCASA]), 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.

American Association of University Women (AAUW): Campus Sexual Assault Toolkit

https://ww3.aauw.org/resource/campus-sexual-assault-tool-kit/

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

Title IX Resources

Know your Title IX

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

Survivor-led project of Advocates for Youth aimed at youth advocates that empowers 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

Federal governmental 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.

Resources for 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 Interpersonal Violence

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, values (such as equity, sharing power) and best practices.

Domestic Violence Evidence Project

https://www.dvevidenceproject.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).

National Resources for Cultural Adaptation of Evidence-based Practices and Culturally Responsive Service Provision

Toolkit for Modifying Evidence Based Practices to Increase Cultural Competence

https://calmhsa.org/wp-content/uploads/2013/10/ToolkitEBP.pdf

This toolkit was created by the Center of Excellence in Culturally Competent Mental Health.

Adaptation Guidelines for Serving Latino Children and Families Affected by Trauma

https://safehousingpartnerships.org/node/54

This guide was created by Rady Children's Chadwick Center for Children and Families in partnership with the National Child Traumatic Stress Network.

Esperanza United

https://esperanzaunited.org/en/

A partnership of Casa de Esperanza and the National Latin@ Network for Healthy Families and Communities (NLN) which provides national training, technical assistance, evaluation, and research on gender-based violence in Latin@ communities.

Ujima: The National Center on Violence Against Women in the Black Community

https://ujimacommunity.org/

This national center focused on violence against women in the Black community works with communities to end domestic violence, sexual assault, and community violence in the Black community. Ujima has a resource library of webinars and trainings.

Asian Pacific Institute on Gender-Based Violence

http://www.api-gbv.org/

A national resource center on domestic violence, sexual assault, trafficking, and other forms of gender-based violence in Asian/Asian American and Pacific Islander communities.

National Indigenous Women's Resource Center

https://www.niwrc.org/

A Native-led national nonprofit organization and resource center dedicated to ending violence against Native women and children.

National Resources on Trauma-Informed Care

U.S. Substance Abuse and Mental Health Services Administration (SAMHSA): Concept of Trauma and Guidance for a Trauma-Informed Approach

https://store.samhsa.gov/system/files/sma14-4884.pdf

Best practices guidance by SAMHSA on trauma-informed service provision including purpose and approach, background on trauma, key assumptions and principles, and implementation guidance.

Center of Excellence for Integrated Health Solutions

https://www.thenationalcouncil.org/integrated-health-coe/

A project of the National Council on Mental Wellbeing funded by SAMHSA, this center has many resources available about trauma informed care such as an 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 Center on Domestic Violence, Trauma & Mental Health (NCDVTMH)

http://www.nationalcenterdvtraumamh.org/

A national technical assistance provider that provides information, resources and toolkits about the connections between trauma, mental health and substance misuse for survivors of IPV.

National Hotline, Helpline and Advocacy Resources

Love is Respect

English: www.loveisrespect.org
Spanish: https://espanol.loveisrespect.org/
Hotline: 1-866-331-9474
TTY: 1-866-331-8453
Text: loveis to 22522

National 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. Services available in English and Spanish.

National Domestic Violence Hotline

English: https://www.thehotline.org/
Spanish: https://espanol.thehotline.org/
Hotline Number: 1-800-799-SAFE (7233)
TTY: 1-800-787-3224
Text: START to 88788

National hotline support and referral services available 24/7/365 that are confidential, free and available in over 200 languages for survivors of domestic violence, their loved ones or others working with survivors.

Rape, Abuse & Incest National Network (RAINN) Hotline

English: https://www.rainn.org/

Spanish: https://www.rainn.org/es/

Hotline: 800.656.HOPE (4673)

National anti-sexual violence organization that operates the national sexual assault hotline and provides resources, program assessments, training, and information about sexual violence.

National Human Trafficking Resource Center and Hotline

English: https://humantraffickinghotline.org/

Spanish: https://humantraffickinghotline.org/obtenga-ayuda

Hotline: 1-888-373-7888

TTY: (711)

Text: 233733

Live chat: https://humantraffickinghotline.org/chat

A national confidential hotline and resource hub operated by the nonprofit organization, Polaris. It is not connected to law enforcement, immigration, or any investigative agency and is strictly confidential.

Stalking Prevention Awareness and Resource Center (SPARC)

https://www.stalkingawareness.org/

Victim Connect: 1-855-4VICTIM (1-855-484-2846)

Resources for professionals and survivors to help identify and respond to stalking. Website includes a victim resources page, training modules for professionals and advocates.

The Strong Hearts Native Helpline

https://strongheartshelpline.org/

Helpline: 1-844-762-8483

A Native-centered hotline staffed by advocates with a strong understanding of Native cultures, as well as issues of tribal sovereignty and law.

National Coalition of Anti-Violence Programs

https://avp.org/ncavp/

Hotline: 212-714-1141

24-hour, free, bilingual (English/Spanish) hotline that offers support to LGBTQ and HIV-affected victims and survivors of any type of violence. NCAVP also provides resources on LGBTQ and HIV-affected victims of hate and intimate partner violence.

SAMHSA helpline

https://www.samhsa.gov/find-help/national-helpline

Hotline: 1-800-662-HELP (4357)

TTY: 1-800-487-4889

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.

Suicide Prevention Lifeline

https://suicidepreventionlifeline.org/

Hotline (English): 1-800-273-8255

Hotline (in Spanish): 1-888-628-9454

TTY: (711)

Chat: https://suicidepreventionlifeline.org/chat/

National organization that provides free and confidential support to people in suicidal crisis or emotional distress 24/7 and works with a network of over 180 local crisis centers. Hotline services are available in English and Spanish.

National Network to End Domestic Violence (NNEDV)

https://nnedv.org/

Network 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 as available on their website.

Polaris

https://polarisproject.org/

National organization focused on fighting sex and labor trafficking and which provides research, training, and information about trafficking.

LGBTQ+ Resources

Forge

http://forge-forward.org/

Trauma-informed, research-based, and empowerment-focused resources for individuals that are transgender and transgender allies.

National LGBTQ Institute on IPV

https://lgbtqipv.org/

Resources, training, and research for policy and best practices for preventing and intervening in LGBTQ intimate partner violence.

Trans Student Educational Resources (TSER)

https://transstudent.org/

Youth-led organization working to transform the education environment for trans and gender non-confirming students. TSER offers workshops, resources, policy information, and a fellowship program.

Trevor Project

https://www.thetrevorproject.org/

Hotline: 1-866-488-7386

Crisis intervention and suicide prevention services to LGBTQ+ individuals under 25.

The NW Network

https://www.nwnetwork.org/

Call: 206-568-7777

Advocacy-based counseling, support groups, safety and support planning, basic legal advocacy, and resources and referrals for Bi, Trans, Lesbian, and Gay survivors of abuse.

The Network/LA Red

https://www.tnlr.org/en/

24-hour hotline: 617-742-4911 or 800-832-1901 (Toll-Free)

Confidential emotional support, information, referrals, safety planning, and crisis intervention for lesbian, gay, bisexual, queer and/or transgender (LGBQ/T) individuals, as well SM/kink and polyamorous communities who are being abused or have been abused by a partner.

Texas LGBTQ+ Resources

Dallas Resource Center

https://www.myresourcecenter.org/

Resources available for individuals in the LGBTQ community including health information, youth and student resources, advocacy, and community resources.

The Montrose Center

https://www.montrosecenter.org/

Resources for LGBTQ individuals and their families to create positive changes in attitudes and behaviors toward LGBTQ communities and for all LGBTQ individuals to realize their fullest potential.

OutYouth

https://www.outyouth.org/

An organization in Central Texas providing services and support for youth of all sexual orientations and gender identities. Drop-in services for youth ages 9-17, gender identity group, and virtual services for teens.

Transgender Education Network of Texas (TENT)

https://www.transtexas.org/

TENT works to further gender diverse equality in Texas. Provides social, legislative, and corporate education.

Texas Legal Resources for Interpersonal Violence

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.

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-based Resources

Texas Association Against Sexual Assault (TAASA)

http://taasa.org/

Phone: 512-474-7190

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/

Phone: 800.525.1978

Texas-based organization focused on policy advocacy, training service providers on intervention and prevention strategies to end family violence in Texas.

Texas Health and Human Services (HHS)

https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-crisis-services

Page containing localized mental health crisis resources and contact information, broken down by county.

SAFEline

https://www.safeaustin.org/safeline-lets-chat/

Hotline: 512-267-SAFE (7233)

Text: 737-888-7233

Chat: https://www.safeaustin.org/safeline-lets-chat/

While housed in the Austin-based organization, The SAFE Alliance, these chat services are available for anyone statewide who has experienced intimate partner violence, sexual violence, human trafficking, and/or child abuse and neglect. 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.

APPENDICIES

APPENDIX A: TOOLKIT METHODS

Evaluation Methods

The project which developed this toolkit was a two-phased, multi-site program evaluation, conducted in 2019-2021, examining the process, implementation, delivery, and outcomes of advocacy on college campuses in Texas. Advocacy was defined in this project as a form of non-clinical direct service built on empowerment and strengths theories that emphasize safety, support, and healing (Wood, 2014). To complete the toolkit, the team collaborated with seven advocacy programs across five University of Texas System institutions to address the critical need for short- and long-term outcomes data for campus-based advocacy models, to understand the effectiveness of advocacy services, and improve program implementation.

The research questions included:

1. What factors facilitate and hinder advocacy program implementation?
2. What are the short- and long-term outcomes of advocacy services on college campuses?
3. What modifications are needed to adapt services for victims of other forms of violence (e.g., stalking, harassment, hate or property crime)?
4. What training and support strategies would stakeholders find most helpful for initiating and maintaining quality services?

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 this Campus-Based Advocacy Toolkit: Implementation and Evaluation. Advocacy services varied at each site and each partner site included a unique approach to advocacy services. The campus sites included: The University of Texas at Austin, The University of Texas Rio Grande Valley, The University of Texas at Arlington, The University of Texas San Antonio, and The University of Texas El Paso. 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 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.

Data Collection

All data recruitment, collection, and management protocols were approved by the Institutional Review Board of UTMB, with reliance from UTA and UTRGV, prior to the beginning of the project.

Campus and Community-based Advocate Interviews

A broad recruitment approach was used to invite campus- and community-based advocates to the study.

- First, the evaluation team relied on referrals from professional networks at partnering campuses to find campus-based advocacy professionals.

- The evaluation team asked professional contacts to forward the email to potential participants in communities of interest.

- The evaluation team also completed a web search to identify people with campus-advocacy positions, or people who had roles that may involve providing or supervising advocacy services, with a focus on the geographic areas closest to the campus.

Invitations were sent via email, social media and print. Interested participants reached out to the evaluation team to schedule interviews. Interviews were conducted from February 2019 to September 2021.

Table 11 includes the demographic information for the campus- and community-based advocates, campus-based program administrators, Title IX staff, and counseling staff that participated in an interview throughout the study.

TABLE II

Community- and Campus-based Service Provider Interviews: Demographics

Age	n	%
	n = 28	
25-35	16	57.1%
36-45	8	28.6%
46+	4	14.3%
Gender Identity*	n = 26	
Female	18	69.2%
Male/Non-Binary	8	30.8%
Educational Background	n = 28	
High School Degree or Bachelor's Degree	10	35.7%
Master's Degree/Doctoral Program	18	64.3%
Ethnicity*	n = 27	
White	11	40.7%
Hispanic/Latinx	14	51.9%
Other	2	74.1%

* Not all participants elected to respond to this question and therefore, the total % n is lower than 100%

Campus-advocacy Service User Interviews

A broad recruitment approach was used to invite campus-based advocacy service users to the study.

- Campus partners (UT Austin, UTRGV, UTA, UTSA, and UTEP) providing advocacy services were asked to forward an invitation email to current and former students who may have participated in advocacy services in the previous 6 months.

- The promotional email contained information about the study, contact information and how to participate.

Invitations were sent via email, social media, and print. Interested participants reached out to the evaluation team to schedule interviews. Interviews were conducted from March 2019 to September 2021.

Table 12 includes the demographic information for survivors who participated in interviews throughout the study who had also used campus-based advocacy services.

TABLE 12

Campus-based Advocacy Service User Interviews: Participant Demographics

Age	n = 53[A]	%
18-20	12	22.6%
21-22	25	47.2%
23-25	7	13.2%
26+	9	17%
Gender Identity	**n = 53**	
Female	48	90.6%
Other	5	9.4%
Sexual Orientation	**n = 52**	
LGBTQ+	18	34.6%
Heterosexual	34	65.4%
Enrollment*	**n = 50**	
Full-Time	42	84.0%
Part-Time/Graduate	8	15.4%

* Not all participants elected to respond to this question and therefore, the total % n is lower than 100%

Prior to the COVID-19 pandemic (before March 13, 2020), interviews with campus-based advocates, community-based advocates, and service users were conducted in-person in a safe, private location identified by the advocacy program, the evaluation team, or participants. The evaluation team traveled to each participating campus to conduct in-person data collection. During the COVID-19 pandemic, all recruitment and promotion of the study occurred online or via phone or video conferencing. Interviews were scheduled at time convenient for participants. Permission for recording the interviews and focus groups was obtained before recording began. If participants did not agree to the recording, they were still able to participate in interviews or focus groups. In these cases, the interviewer took detailed notes.

[A] All questions were voluntary and some individuals did not answer these questions, therefore the total =n is less than the total number of interviews completed

Advocate Survey

A broad recruitment approach was used to invite campus- and community-based advocates to participate in an online survey.

- The evaluation team solicited referrals from professional networks to find campus-based advocacy professionals. Colleagues were asked to forward a promotional email to their networks.

- The evaluation team completed a web search to identify individuals in Texas in advocacy, Title IX, or counseling positions that work with survivors, or people who have roles that may involve providing or supervising advocacy services for survivors. A survey link was sent to potential participants who had publicly available email addresses with a promotional message about the survey.

- The evaluation team promoted the study on social media outlets, including coalition partners' social media and websites, partner agencies' social media and websites, and the Center for Violence Prevention's social media outlets and websites.

- Coalition partners were also provided with a promotion flyer for the study which could have been posted in the partners' offices or distributed electronically.

Survey responses were collected online using the secure Qualtrics platform. Data were collected from August, 2020-December, 2020. Responses were confidential. At the end of the advocate survey, participants were asked if they would like to enter into a drawing for one of five-$50 Amazon gift cards for their time and effort in taking the study. If so, they clicked a link and were taken to a separate survey where they entered their name, preferred email, and phone number in order to enter the gift card drawing. They were also asked on the separate survey if they would be interested in participating in future interviews or surveys and if so, to include their name, preferred email, and phone number.

Table 13 includes demographic data from the online advocate survey fielded with community- and campus-based advocates.

TABLE 13

Survey of Community- and Campus-based Advocates: Participant Demographics

	Total n = 112
Mean Age in years: 38.81 (range 23 - 68), SD = 10.28)	
Race/Ethnicity*	% of n
Hispanic/Latinx	26.8%
Black/African American	5.4%
White/Non-Hispanic	63.3%
Other	10.7%
Gender Identity (n = 94) **	
Female	68.8%
Male	12.5%
Gender queer/non-binary	2.7%
Current Position *	
Advocate/Case Manager	33.0%
Counselor/Therapist	13.4%
Prevention educator	29.5%
University leadership	15.2%
Title IX staff	11.6%
Other	20.5%
Work Setting (n = 93) **	
College or Univesity	65.2%
Non-profit agency	15.2%
Other	2.7%
Educational Experience (n = 94) **	
High School/GED/Some College	2.7%
Associate's Or Bachelor's Degree	17.0%
Master's Degree	42.0%
PhD/Medical Degree	13.4%
Other	8.9%

* Participants were able to select multiple options on the survey and therefore the total will be greater than 100%.
** Not all participants elected to respond to this question on the survey and therefore, the total % n is lower than 100%

Web-based Longitudinal Impact Surveys of Service Users

The online survey platform, Qualtrics, was used to collect data. A pilot survey was fielded with three campuses, UT Austin, UTRGV, and UT Arlington. Individuals at those three campuses were sent a promotional email or secure message written by the study team and forwarded by the provider, letting them know about the survey. Participants were eligible to participate if they had engaged in advocacy services in the previous 6 months at that campus. The pilot survey was fielded from August 2019 to September 2019.

The pilot survey was then modified and improved, and the revised survey was used for phase two of this project (see impact survey in Appendix H and measures chart in Appendix I).

- Individuals from each of the partner programs were sent a promotional email or secure message about the survey. Campus partners providing advocacy services generated a list of emails of current and former students who may have participated in advocacy services in the last six months. An email or secure message from the study team describing the project with a link to the survey was sent by the campus providers to potential participants. Participants were able to take the survey if they like, and were provided a $10 gift card.

- At the end of the first survey, all participants were asked to provide their contact information if they were interested in participating in additional surveys (for a total of three more surveys) and participate in an interview. Not all participants elected to participate in an interview or follow-up impact surveys. 181 participants took the first impact survey and 134 agreed to be followed up with for future impact surveys.

- The evaluation team sent each partner promotional messaging that they could use in social media. The evaluation team sent each participating advocacy program a sample web post, Facebook post, and Twitter post that included the link to the first impact survey as well as incentive and eligibility information. Print materials were provided for physical office spaces.

Participants provided contact information for follow-up contact. Follow-up impact surveys occurred every three months following the first impact survey for a total of up to 4 surveys. The majority of participants (115) took two follow up and 89 participants took three follow-up impact surveys. All participants were provided a consent sheet outlining study purpose, privacy protections, and contact information that included a statement that participation in the study would in no way impact their relationship with their university.

The questions on surveys were designed to be as minimally invasive as possible and all fact sheets and consent information included the types of questions participants could expect on the survey or in the interviews and focus groups. No knowingly identifiable information from a participant interview was shared with an employer or university.

For advocacy service users, the following protocol was in place for all interviews, focus groups, and surveys:

1. The participant could choose to stop the focus group/interview/survey at any time.

2. All questions were voluntary and participants could choose to skip any question outside of informed consent process and eligibility questions.

3. Resources and contact information for support services, including national hotlines, were included in the consent form on the first page of the online Qualtrics survey form as well as at the end of the survey. A resource sheet was made available to all interview/focus group participants as well.

4. The format and flow for all evaluation tools were created and reviewed by researchers that have experience working with interpersonal violence survivors.

Table 14 includes demographic data from the first impact survey fielded with campus-based advocacy service users.

TABLE 14

Service User Demographics for First Impact Survey

	Total n = 181
Race/Ethnicity*	% n
White/Non-Hispanic	36.5%
Hispanic/Latinx	51.0%
Black/African American	8.8%
Asian	23.8%
Other	7.2%
Gender Identity	
Male	8.3%
Female	90.0%
Gender queer/non-binary	2.2%
Sexual Orientation (n = 174) * *	
LGBTQ+	20.4%
Other	3.3%
Heterosexual	72.4%
Age (n = 175) * *	
18-19	21.0%
20-21	34.3%
22-23	19.9%
24-25	9.4%
26+	12.2%
Classification (at the time of first impact survey)	
Freshmen	7.7%
Sophomore	21.0%
Junior	22.7%
Senior	29.8%
Graduate Student	16.6%
Other	1.7%

Monthly Income	
$0 / I don't work for pay	36.5%
$1 - $500	28.7%
$501 - $1000	14.9%
$1001 - $1500	11.0%
$1501 - $2000	2.8%
$2001 - $3500	5.5%
Current Living Situation	
Dorms/On campus in campus-owned housing	17.1%
Off campus in my own home/Apt	66.9%
Off campus with my parents or guardians	12.2%
Other	3.3%

* Participants were able to select multiple options on the survey and therefore the total will be greater than 100%.
** Not all participants elected to respond to this question and therefore, the total % n is lower than 100%

Data Monitoring

All data collected through the online survey, focus groups, and interviews were stored in a secure cloud-based server. Transcriptions of interviews were de-identified and audio files were destroyed after transcription. Agency/organization names and contacts were kept separate from all other information.

Data Analysis

Qualitative data

A thematic analytical approach was used for the qualitative data collected via interviews and focus groups (Braun & Clarke, 2006) with service users and providers. Interview recordings were transcribed verbatim and analyzed for patterned meaning (Braun & Clarke, 2006) related to campus-based advocacy approaches from the perspective of both advocates and those engaged in services as service users to understand common themes. Transcripts were reviewed by three members of the evaluation team and from this review underlying concepts were derived and memo-ed about by the evaluation team. Based on this initial review, a codebook was verified against the data set. Data were coded line-by-line and reviewed for additional themes. Themes were then further defined and named (Braun & Clarke, 2006). Data were then coded by two members of the team with regular meetings to review coding consistencies and discuss emergent themes. A third evaluation team member reviewed every third transcript and helped address any discrepancies in coding. The evaluation team memo-ed after every coding session. Themes were discussed as a team. Data analysis credibility steps (Tracy, 2010) included the use of multiple coders, detailed or thick description in data presentation, and verification of thematic saturation, which occurred when line-byline coding of subsequent transcripts failed to develop new themes. Themes are listed below in Table 15.

TABLE 15

Campus-based Advocacy Qualitative Analysis Codebook

Code	Definition
Bias, discrimination, and culturally responsive services	Any mention of bias or discrimination in campus advocacy services, Title IX, or other programs. Also, any mention of the provision of culturally responsive services, student or survivor diversity, or inclusive advocacy practices.
Challenges and barriers	Any discussion of challenges and/or barriers survivors faced in accessing services or that they experienced while receiving services. Also included any mention of barriers to service access and/or challenged in service provision.
COVID-19-needs, experiences, and service changes/adaptation	Any mention of survivors' or staff's personal or professional experiences and needs and impacts to service provision during the COVID-19 pandemic.
Other types of violence and harm	Any mention of experiencing hate or bias crimes, stalking, harassment, assault (non-sexual), and/or robbery from the survivor or provider perspective.
Recommendations for service improvement	Any discussion of unmet needs or recommendations for improving campus-based advocacy services.
Safety strategies	Any mention or description of safety strategies used by survivors when experiencing violence or harm.
Service access, disclosure, and experience (both non-technology based and technology-based)	Any discussion of how survivors accessed services prior to the COVID-19 pandemic or any mention of service experience including discussion of virtual or technology-based services, how they were accessed, and survivor or provider experiences accessing technology-based services. Also included examples of people to whom survivors disclosed their experiences of violence (outside of the advocacy program).
Service Impact	Any discussion of the short- or long-term impact of advocacy services including, reduction of negative mental and physical health symptoms, academic support, connection and social support, increased knowledge about violence, relationships, and trauma; resources and information access; campus community collaboration; and survivor agency and empowerment.
Sexual assault or IPV Experiences	Any mention of experiences of sexual assault or intimate partner violence.
Staff Stressors/Occupational stress	Any mention of program or university climate, working environment, and or occupational stressors that advocates were experiencing. Included both pre- and post-COVID stressors.

Staff Service Approach	Any discussion of theory, approach, and/or techniques used by staff /providers in advocacy services.
Technology and Abuse	Any mention of how technology can or was used as a means to perpetrate violence, threats or harm, including stalking.
Title IX	Any mention of Title IX rules, procedures, protocols mandated reporters and/or reporting process, including confidentiality.
Violence Impact	Impact of violence on academics, personal finances/economics, impact of IPV and SA experiences, and impacts on both mental and physical health.

Quantitative data

Descriptive and bivariate statistical analysis were used for quantitative toolkit data. Data were analyzed longitudinally so that responses for a service user were linked for initial and six month follow up assessment. All percentages provided represent the proportion among those participants providing a response to the item. When change data are provided from initial impact survey to follow up, the sample was restricted to include only the subsample of respondents that both initial and follow up data were available for to ensure an accurate comparison.

APPENDIX B: ADAPTABLE CAMPUS-BASED ADVOCACY LOGIC MODEL

PROGRAM INPUTS

FUNDING
University
Grants and contracts
Student fees
Donors

STAFFING
Administration/Leadership *(University)*
Advocates
Counselors
Program Director/Leadership
Communication stuff
Prevention staff
Administrative support
Triage staff
Interns/Student workers
Peer advocates

SPACE
Accessible and private office space
Emergency housing
Digital "office" space
Volunteers

TOOLS
Print and digital educational materials
Program promotional items
Digital communications technology
Transportation
Emergency funds
Evaluation measures
Social media materials

POLICY
1. Federal State and Local Civil and Criminal Legal
2. Title IX of the Education Amendments Act (Title IX)
3. Family Educational Rights and Privacy Act (FERPA)
4. Violence Against Women Act (VAWA)
5. Jeanne Cleary Act (Clery)
6. Health Insurance Portability and Accountability Act (HIPPA)
7. University and program policy

PROGRAM OUTPUTS

ADVOCACY SERVICES: VIRTUAL AND IN-PERSON
One-time sessions
Repeated sessions
Accompaniment
Dual counseling + advocacy sessions
Peer support sessions
Chat/text/phone hotline sessions

OUTREACH /CHECK-IN TO FORMER AND CURRENT SERVICE USERS: VIRTUAL AND IN-PERSON
Text
Email/secure message
Phone calls
Video conference

REFERRALS
Community resources
Campus resources

COUNSELING SESSIONS
Individual
Group

EDUCATION AND TRAINING
Outreach efforts
Promotional materials distribution
Cross training with other campus and community officials
Faculty and staff training
Collaborative community planning
Awareness education
Prevention program
Crisis and emergency management

RESOURCES
Nights of emergency housing
Amount of emergency funding
Other direct resources provided (food, gift cards)
Faculty/Staff time

Appendix B:
Adaptable Campus-Based Advocacy Logic Model

Goals	Advocacy Activities	Service User Outcomes-Short Term	Cross Cutting Long Term Outcomes
1 **Secondary prevention of violence and harm:** **Getting Safer**	A. Establish safe communication B. Provide timely and transparent education about confidentiality and reporting requirements C. Assess and plan for threats to safety (physical, emotional, digital) D. Engage in informed consent E. Educate on administrative (e.g. Title IX) or criminal justice processes F. Provide psychoeducation about violence and harm and the intersection with systemic oppression and barriers G. Create a safe, private space for advocacy	A. Increased efficacy and empowerment about safety B. Increased knowledge and access to justice systems and civil rights remedies C. Increased knowledge about resources and strategies for safety D. Access to safe advocacy services E. Increased knowledge about relationships, violence, and harm	**Survivor/Individual Level Long Term Outcomes** A. Decreased violence and risks for violence B. Increased or restored power in own life C. Increased knowledge and access to community and campus supports D. Reduced negative mental and physical health symptoms E. Accomplished service user-identified long term goals F. Increased positive coping skills to mitigate impact of harm G. Enhanced physical well-being H. Increased sense of community I. Increased positive social and peer support J. Met academic goals K. Increased institutional trust
2 **Provide choices to promote agency:** **Gaining control**	A. Offer choices for service provision and modality B. Assess service user-defined needs and goals C. Identify options to address needs and goals	A. Choice of service and support options of best fit B. Accomplished service user-identified short-term goals C. Resolved needs	
3 **Reduce mental and physical health consequences of violence/harm and their intersection with other forms of oppression:** **Restoration and Resilience**	A. Provide information about the health impact of trauma and oppression B. Engage in empathic, active listening C. Facilitate access as requested to mental and physical health services D. Scaffold self-care and grounding approaches E. Address coping strategies F. Identify strengths	A. Increased knowledge of the impact of trauma B. Decreased self-blame related to victimization C. Improved access to mental and physical health services D. Increased knowledge of grounding and positive coping skills	**Campus Level Long Term Outcomes** A. Strengthened trauma-informed campus environment B. Decreased victim-blaming C. Safer campus climate for survivors of violence D. Strengthened institutional courage
4 **Resource/Information access:** **Get what you need**	A. Identify high quality resources and referrals B. Refer to community resources C. Refer to campus resources D. Navigate other support and service use through help-seeking assistance E. Provide specific material supports as available	A. Use referrals as needed B. Access information about programming in multiple formats and languages C. Increased knowledge of campus and community resources D. Access support for basic needs	

Theoretical Assumptions: Campus advocacy services are trauma-informed, survivor- (student) led, and focus on connection and social support. Choice and empowerment are central to this model and campus advocates approach their work within a social justice framework that acknowledges the role of survivors' intersecting identities and addresses the impact of systemic oppression.

Appendix B:
Adaptable Campus-Based Advocacy Logic Model

Goals	Advocacy Activities	Service User Outcomes-Short Term	Cross Cutting Long Term Outcomes
5 **Institutional and Social Support:** **Facilitating connection**	A. Outreach to service users to check on needs and goal progress B. Ensure availability of services and facilitate timely access C. Assist in identifying and building formal and informal support networks D. Accompany service users to other appointments and services E. Provide non-judgmental support F. Provide empathy, sympathy and validation	A. Perceive advocacy services as accessible resource B. Increased sense of support from peers and institution C. Reduced isolation D. Establish trust and connection with advocate and advocacy program	**Survivor/Individual Level Long Term Outcomes** A. Decreased violence and risks for violence B. Increased or restored power in own life C. Increased knowledge and access to community and campus supports D. Reduced negative mental and physical health symptoms E. Accomplished service user-identified long term goals F. Increased positive coping skills to mitigate impact of harm G. Enhanced physical well-being H. Increased sense of community I. Increased positive social and peer support J. Met academic goals K. Increased institutional trust
6 **Academic Support:** **Help fulfill educational goals**	A. Collaborate to provide academic accommodations B. Provide academic safety planning C. Connect professors and students D. Broker safety needs on campus	A. Increased knowledge of campus resources B. Engaged in in learning opportunities C. Increased knowledge of rights and available supportive measures/accommodations D. Increased feelings of support from faculty and staff E. Increased safety in academic settings F. Reduced mental health symptoms negatively impacting academic work	
7 **Enhance collaboration and survivor experience across campus and in the community:** **Centering survivor needs**	A. Assess the system for improvements for survivor access B. Collaborate with other people on campus and in the community to meet survivor needs C. Advocate for survivor needs with other systems D. Provide education for violence prevention and awareness	A. **Community short term outcomes** B. Increased knowledge of campus resources among faculty and staff C. Increased understanding of causes and impact of violence D. Decreased victim blaming and violence accepting attitudes	**Campus Level Long Term Outcomes** A. Strengthened trauma-informed campus environment B. Decreased victim-blaming C. Safer campus climate for survivors of violence D. Strengthened institutional courage

APPENDIX C: REFERENCES

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APPENDIX D: 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 focus.

- 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 other participants, what are expectations about confidentiality, how long will it run, etc. A sample consent form is available in Appendix J.

- Designate a record keeping strategy (note taker, audio recording) and let participants know that recording is occurring. Give participants an option to participate without recording.

- 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 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 is working with [program] 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 and/or used internally to improve our program and train staff.

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. What was most helpful?
    b. What was least helpful?
    c. 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. **Does the agency treat people here fairly? If so, how? If not, how? [Sub-prompts: Do you have trust here? Do you trust staff?]**

4. **Do the services you receive respect your cultural background? How or how not?**

5. **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?

Now we are going to list some of the potential goals you might have for working with advocacy services.

6. 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 campus and social support

    f. Help meeting educational goals

    g. Other goals (Please share):

7. 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?

Prompt: 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?)

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

- Prompt: Conclude with a summary of the conversation, solicit feedback from the group on the summary

APPENDIX E: 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 helps monitor program implementation as a part of process evaluations. 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 service user 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 service user 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 service user checklist should be programmed electronically or given by paper with a safe, neutral party to return it to after completion. Students should be assured 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 Service User Meeting

THIS CHECKLIST IS TO BE USED BY ADVOCATES FOR STUDENT APPOINTMENTS AND WALK-INS

Name: _____

Date: _____

Service User Name/ID: _____

Walk-in/Scheduled? _____

Virtual/in-person? _____

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/Safety Planning
- ☐ Material Needs
- ☐ Legal Needs
- ☐ Title IX
- ☐ Housing
- ☐ Other (fill in):

STUDENT IDENTIFIED GOALS FOR THIS SESSION:

1. _____
2. _____
3. _____

ADVOCACY SKILLS USED THIS SESSION:

(Check all that apply. Please provide specifics where possible.)

- ☐ Referrals to Campus Resources   To where?
- ☐ Referral to Community Resources   To where?
- ☐ Safety planning
- ☐ Academic safety planning
- ☐ Accommodations
- ☐ Material needs (e.g. Food)
- ☐ Help with health/mental health needs

- ☐ Identifying goals and goal progress
- ☐ Assess needs, risks and protective factors
- ☐ Information about trauma impact, healthy and unhealthy relationships.
- ☐ Advocate for client with another system (e.g. criminal justice)
- ☐ Support for Title IX case process
- ☐ Engaged listening
- ☐ Link with other social support
- ☐ Accompany client to appointment (e.g. Court)

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

NEXT STEPS WITH THE STUDENT?

_____
_____
_____
_____
_____

PLAN FOR OUTREACH TO THIS STUDENT? ANY UPDATES TO OUTREACH PREFERENCES?

_____
_____
_____
_____
_____
_____

Campus Advocacy Fidelity Checklist: Service User Checklist for Client Meeting

THIS CHECKLIST IS TO BE USED FOR SERVICE USER APPOINTMENTS AND WALK-INS

Name: _____

Date: _____

Advocate Name: _____

Service User Name/ID: _____

Walk-in/Scheduled? _____

Virtual/in-person? _____

HOW WAS THE CLIENT MEETING SCHEDULED?

☐ Advocate Initiated   ☐ Student Initiated   ☐ Both Initiated

MY MAIN CONCERNS TODAY:
(Check all that apply.)

- ☐ Academics
- ☐ Health/Mental Health
- ☐ Financial Aid
- ☐ Income/Employment
- ☐ Social Support
- ☐ Safety/Safety Planning
- ☐ Material Needs
- ☐ Legal Needs
- ☐ Title IX
- ☐ Housing
- ☐ Other (fill in):

MY TOP GOALS RIGHT NOW ARE:

1. _____
2. _____
3. _____

MY ADVOCATE DID THE FOLLOWING TODAY:
(Check all that apply. Please provide specifics where possible.)

- ☐ Referrals to Campus Resources   To where?
- ☐ Referral to Community Resources   To where?
- ☐ Safety planning
- ☐ Academic safety planning
- ☐ Accommodations
- ☐ Material needs (e.g. Food)
- ☐ Help with health/mental health needs

- ☐ Identifying goals and goal progress
- ☐ Assess needs, risks and protective factors
- ☐ Information about trauma impact, healthy and unhealthy relationships.
- ☐ Advocate for client with another system (e.g. criminal justice)
- ☐ Engaged listening
- ☐ Link with other social support
- ☐ Support for Title IX case process
- ☐ Accompany client to appointment (e.g. Court)

RESOURCES/INFORMATION GIVEN TO ME 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

APPENDIX F: 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 programmed in a survey platform like Qualtrics or Survey Monkey and send via email or text. 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.

- 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. Gender queer/Gender non-conforming
   - ☐ D. Nonbinary
   - ☐ E. Different Identity (Please state):
   - ☐ F. 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 or 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. Do you have a history of any of the following?
   - A. Hearing and/or vision impairment
   - B. Disability related to mobility
   - C. Developmental delay
   - D. Epilepsy or seizures
   - E. Cognitive impairment
   - F. Autism or pervasive developmental disorder
   - G. Anxiety, depression, PTSD or another psychiatric disorder
   - H. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)
   - I. Eating disorder
   - J. Substance use disorder
   - K. Another chronic medical condition
   - L. Other _____

7. What was your primary goal in contacting [Program]? Select the answer that best fits.
   - 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:

8. 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:

9. The staff members at [Program] referred me to resources that fit my needs.
   - A. Strongly Agree
   - B. Agree
   - C. Disagree
   - D. Strongly Disagree

10. The staff people at [Program] were available when I needed them.
    - A. Strongly Agree
    - B. Agree
    - C. Disagree
    - D. Strongly Disagree

11. 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

12. Between you and staff members at [Insert Campus Advocacy Program Name] 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

13. I learned more about getting safer from my interaction with [Program].

      A. Strongly Agree

      B. Agree

      C. Disagree

      D. Strongly Disagree

14. Since I started working with [Program], my physical health has: (Check one.)

      A. Improved

      B. Declined

      C. Stayed the Same

15. Since I started working with [Program], my mental health has: (Check one.)

      A. Improved

      B. Declined

      C. Stayed the Same

16. 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

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

_____

_____

_____

18. What would you recommend to improve [Program]?

_____

_____

_____

APPENDIX G: 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, 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.

- 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.

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 [University]– enrolled at another school
   - D. Not enrolled [University] any other school

6. What is your current gender identity? (Select all that apply.)
   - A. Male
   - B. Female
   - C. Gender queer/Gender non-conforming/Non-binary
   - D. 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? _____

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

Describing Advocacy Services

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

14. Between you and your advocate, who decided what you worked on?
_____
_____
_____

15. What, if any referral and information about additional services and supports did the advocate provide?
_____
_____
_____

16. Did you and your advocate work well together? In what ways? Did you have challenges working together? In what ways?
_____
_____
_____

Impact of Advocacy Services

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

_____
_____
_____

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

_____
_____
_____

19. What impact, if any, did the advocacy services have on your health and safety?

_____
_____
_____

20. What impact, if any, did the advocacy services have on your academic and/or job situation?

_____
_____
_____

21. 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?

_____
_____
_____

22. Did advocacy services impact your perception or experience of this campus?

_____
_____
_____

23. Overall, how satisfied are you with the advocacy services?

_____
_____
_____

APPENDIX H: IMPACT SURVEY - CAMPUS ADVOCACY EVALUATION

This document is a template evaluation survey that includes assessment of campus-based advocacy programs, campus counseling services, and Title IX services and related outcomes. This survey includes suggested questions that may be tailored to fit different campus contexts, program availability, and evaluation goals.

Survey Flow and Information

- Survey sections include: Informed consent, demographics, violence victimization experiences, service use experiences, academic outcomes, health, and recommendations for improved services. Questions are behaviorally specific to increase participant understanding and decrease attribution bias. Throughout this survey you will see the following:

- General survey flow and section notes: These will be indicated in Bold and will give you direction on which \ questions you may or may not want to include based on your particular context and evaluation goals

- Programming Notes: Notes are indicated in bracketed as [Programming Note: Directional Text] and will indicate how particular questions may be programmed in online survey software.

- Options for customization: There are places that indicate where you would include your campus name and/ or the name of your campus advocacy program. Those places are indicated as programming notes, such as [Insert campus here] and [Insert campus advocacy program name here]

- Footnotes and references: Certain questions or groups of questions were adapted from other surveys or measurement tools. Footnotes are included throughout this document to indicate what certain questions were adapted from and how to find the original measurement tool.

Incentives

Incentivizing participants for their time in taking the survey through gift cards will increase participation in your evaluation survey and illustrate to participants that you value their time. If this option is available to your program, you should include this information in the survey promotional materials, introduction, and consent language. In the last section of this survey, we have included questions that ask for participant contact information for sending electronic gift cards. For example, the research team for this project sent out $10 gift cards for participants who took the first (first impact survey survey) and $15 for each follow-up time point survey they completed. This incentive structure can be customized to fit your budget and campus context.

Follow-up surveys

This survey can be used as an initial, or first impact survey, survey. We have provided guidance on how to modify this tool as a follow-up survey to be sent out at specific time points after the individual has used the services to assess long-term outcomes and program efficacy. For this project, an initial survey was sent out to participants and then follow-up surveys were sent to those individuals at 3-months, 6-months, and 12-months post-first impact survey. Throughout the template campus advocacy survey, we have indicated questions that were either 1) only asked in the initial survey; 2) only asked in follow-up surveys; and 3) asked in both with the time frame changed in different time points. Reference times may need to be adjusted on follow-up surveys. There are several questions where the time frame did NOT change because that particular measurement has a set time frame. If this is so, we have indicated this the time frame does not change.

At the time of the first impact survey, participants should be asked if they would like to continue to be contacted for follow-up surveys. See Section 11 in the survey for sample language about follow-up surveys.

[Note: This survey is formatted for use with people who have already begun advocacy services (longitudinal post-test design). First impact survey assessments can also occur before services begin. In this case, some of the consent language and service use questions will need to be augmented or removed.]

Survey sections include:

- Informed Consent Information and Sample Consent Form
- Demographics and Eligibility Questions
- Violence Victimization
- Service Use and Experience
- Title IX
- Academic Outcomes
- Health
- Recommendations
- Incentive and Contact Information

Section 1: Introduction and Informed Consent

<Internal Heading Not Displayed to Participants>

[Programming Note: This is where you would insert your Informed Consent document into the survey. (See Appendix J for sample language.)]

1. If you agree to participate in the evaluation, please click "yes" below.
   a. Yes
   b. No
   [Programming Note: skip to end if they answer "no"]

> For follow-up surveys only: If you would like to track a particular respondent's answers over time. You can provide them with a participant ID # that they will include at the beginning of each follow-up survey. This question should require an answer on your survey software. The following question could be included following the consent question to track participants over time.

You should have received a participant ID number in the email you received about this evaluation. Please enter your ID number below. If you cannot find your ID number, please list your email address instead.

Participant ID# _____

Start of Survey

Section 2: DEMOGRAPHICS

<Internal Heading Not Displayed to Participants>

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. Data will be combined and presented in aggregate with all other participant data.

[Note: Include the following if you are going to provide incentives and/or follow-up surveys. At the end of the survey, we will ask for your contact information for [Insert gift card information]. This information will be kept separately from your survey answers. You may only take this survey one time; but you will be asked if you would like to participate in follow-up surveys [insert follow-up survey time points] for additional gift cards.]

[Note: Questions 1, 2, and 4 are eligibility questions and an answer should be required on survey software.]

[Ask question 1 on the follow-up surveys only:]

We surveyed you about [3/6/12] months ago and you indicated you had participated in advocacy services at [insert campus name].

You might have also participated in services at: [Insert Programs listed in First impact survey survey]

1. Are you currently enrolled at [insert campus name]?
   a. Yes
   b. No
   c. Enrolled elsewhere (fill in) _____
   d. I graduated

[First impact survey Surveys would begin with this question:]

2. What is your age?
   a. Under 18
   b. 18 or older

[Programming Note: skip to end if they answer "under 18"]

3. Please enter your age in years: Drop-down menu ▼ 18 years old, 19 years old, 20 years old, 21 years old, 22 years old, 23 years old, 24 years old, 25 years old and continued.

4. Have you used advocacy, case management, counseling, or supportive services to help with academic and/or life needs at [Insert Campus Name] in the last [insert time frame 3/6/12 months]? This may include: [Insert list Campus Advocacy and Counseling services.]
   a. Yes
   b. No

[Programming Note: skip to end of survey if they answer "no"]

5. Are you currently enrolled at [Insert campus name] or have you been enrolled in the last [insert time frame 3/6/12 months]?
   a. Yes
   b. No

6. [Programming Note: display if they answered "no" to the question above] How are you affiliated with [Insert campus name]?
   a. Faculty
   b. Staff
   c. Campus Visitor
   d. Other, please specify: _____

[Programming Note: skip to 11 if they answer "faculty," "staff," or "campus visitor"]

7. [Programming Note: display if they answered "Yes" on 5] What is your current classification?
   a. Freshman
   b. Sophomore
   c. Junior
   d. Senior
   e. Graduate Student
   f. Other, please specify: _____

8. [Programming Note: display if they answered "Yes" on 5] What is your enrollment status at [Insert campus name]?
   a. Enrolled full time (12+credit hours for undergraduate/9+hours for graduate students)
   b. Enrolled part time (less than 12 credit hours for undergraduate/ less than 9 hours for graduate)
   c. Not enrolled at campus - enrolled at another school
   d. Currently withdrawn, but re-enrolling
   e. Not enrolled at campus or any other school

9. [Programming Note: display if they answered "Yes" on 5] For the most recent semester you attended, 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

10. [Programming Note: display if they answered "Yes" on 5] 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: _____

11. Which of the following best describes your living situation?
    a. Living alone
    b. Living with former or current romantic partner (spouse, boyfriend/girlfriend, partner)
    c. Living with former or current romantic partner and children
    d. Living with children only
    e. Living with roommates
    f. Living with parents
    g. Other: Please fill in below _____

12. What is your current gender identity? (Select all that apply.)
    a. Male
    b. Female
    c. Gender queer/Gender non-conforming
    d. Non-binary
    e. Different Identity, please state: _____
    f. Prefer not to answer

13. Do you identify as transgender?

    a. Yes

    b. No

14. What is your race/ethnicity (as you define it)? (Please select all that apply.)

    a. White or Caucasian-Non-Hispanic

    b. Hispanic or Latino/a

    c. Black or African American

    d. American Indian or Alaskan Native

    e. Asian

    f. Pacific Islander

    g. Multiracial, please specify: _____

15. 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

    j. Other, write in _____

16. 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. $2001 - $2500

    g. $2501 - $3000

    h. $3001 - $3500

    i. $3501 - $4000

17. Do you have a history of any of the following?

    A. Hearing and/or vision impairment

    B. Disability related to mobility

    C. Developmental delay

    D. Epilepsy or seizures

    E. Cognitive impairment

    F. Autism or pervasive developmental disorder

    G. Anxiety, depression, PTSD or another psychiatric disorder

    H. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)

    I. Eating disorder

    J. Substance use disorder

    K. Another chronic medical condition

    L. Other _____

Section 3. Violence Victimization

<Internal Heading Not Displayed to Participants>

Over the next few questions, we will ask you about different experiences with behaviors/ situations you have experienced. Just a reminder that you may skip any question you do not wish to answer and that all your answers are confidential. You may stop taking the survey at any time.

In the following section, we will ask you what behaviors/situations you have experienced and then follow-up questions about the person(s) who engaged in these behaviors.

<Internal Heading Not Displayed to Participants> Stalking Victimization

17. How many times have one or more people done the following things to you since you enrolled (for first impact survey)/since we last surveyed you [3/6/12 months ago] (for follow-up) at [Insert campus name]?
    a. Watched or followed you from a distance, or spied on you with a listening device, camera, or GPS (global positioning system)
        Answer choices: None; 1-2; 3-5; 6-8; More than 8
    b. Approached you or showed up in places, such as your home, workplace, or school when you didn't want them to be there
        Answer choices: None; 1-2; 3-5; 6-8; More than 8
    c. Left strange or potentially threatening items for you to find
        Answer choices: None; 1-2; 3-5; 6-8; More than 8
    d. Left you unwanted messages (including text or voice messages)
        Answer choices: None; 1-2; 3-5; 6-8; More than 8
    e. Sent you unwanted emails, instant messages, or sent messages through social media apps
        Answer choices: None; 1-2; 3-5; 6-8; More than 8
    f. Made rude or mean comments to you online
        Answer choices: None; 1-2; 3-5; 6-8; More than 8
    g. Spread rumors about you online, whether they were true or not
        Answer choices: None; 1-2; 3-5; 6-8; More than 8

[Programming Note: display questions 18-20 if the participant indicates any stalking victimization on Q17.]

Think about the situations that have happened to you that involved the experiences you marked above. Now think about the ONE SITUATION that had the greatest effect on you and answer the following questions.

18. In the situation that had the greatest effect on you from those you marked above, what was the gender of the other person?
    a. Man
    b. Woman
    c. Additional Gender
    d. Don't Know

19. In the situation that had the greatest effect on you from those you marked above, what was your relationship to the person?

a. Stranger

b. Acquaintance

c. Friend

d. Romantic partner

e. Former romantic partner

f. Relative/family

g. Faculty/staff

\<Internal Heading Not Displayed to Participants\> Sexual Assault Victimization

20. How many times have one or more people done the following things to you since you enrolled (for First impact survey)/since we last survey you [3/6/12 months ago] (for follow-up) at [Insert Campus name]?

a. Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration).

Answer choices: None, 1 time, 2 times, 3+ times

b. Someone had oral sex with me or made me have oral sex with them without my consent.

Answer choices: None, 1 time, 2 times, 3+ times

c. Someone put their penis, fingers, or other objects into my vagina without my consent.

Answer choices: None, 1 time, 2 times, 3+ times

d. Someone put their penis, fingers, or other objects into my butt without my consent.

Answer choices: None, 1 time, 2 times, 3+ times

[Programming Note: display questions 21-22 if participant experienced sexual assault victimization on Q20.]

Think about the situations that have happened to you that involved the experiences you marked above. Now think about the ONE SITUATION that had the greatest effect on you and answer the following questions.

21. In the situation that had the greatest effect on you from those you marked above, what was the gender of the other person?

a. Man

b. Woman

c. Additional gender

d. Don't Know

22. In the situation that had the greatest effect on you from those you marked above, what was your relationship to the person?

a. Stranger

b. Acquaintance

c. Friend

d. Romantic partner

e. Former romantic partner

f. Relative/family

g. Faculty/Staff

\<Internal Heading Not Displayed to Participants\> Partner Violence/Dating Violence Victimization

Answer the next questions about any hook-up, partner, boyfriend, girlfriend, or spouse you have had, including exes, regardless of the length of the relationship.

23. How many times, since you enrolled (for first impact survey)/since we last survey you [3/6/12 months ago] (for follow-up) at [Insert Campus name] have they done any of the following?
    a. Not including horseplay or joking around, the person threatened to hurt me and I thought I might really get hurt.
       Answer choices: Never, Once or Twice, Sometimes, Often, Many Times
    b. Not including horseplay or joking around, the person pushed, grabbed, or shook me.
       Answer choices: Never, Once or Twice, Sometimes, Often, Many Times
    c. Not including horseplay or joking around, the person hit me.
       Answer choices: Never, Once or Twice, Sometimes, Often, Many Times
    d. Not including horseplay or joking around, the person beat me up.
       Answer choices: Never, Once or Twice, Sometimes, Often, Many Times
    e. Not including horseplay or joking around, the person stole or destroyed my property.
       Answer choices: Never, Once or Twice, Sometimes, Often, Many Times
    f. Not including horseplay or joking around, the person can scare me without laying a hand on me.
       Answer choices: Never, Once or Twice, Sometimes, Often, Many Times

[Programming Note: display questions 24-25 if participant experienced any partner or dating violence on Q23.]

Think about the situations that have happened to you that involved the experiences you marked above. Now think about the ONE SITUATION that had the greatest effect on you and answer the following questions.

24. In the situation hat had the greatest effect on you from those you marked above, what was the gender of the other person?
    a. Man
    b. Woman
    c. Additional gender
    d. Don't Know

25. In the situation that had the greatest effect on you from those you marked above, what was your relationship to the person?
    a. Romantic partner
    b. Former romantic partner
    c. Other

<Internal Heading Not Displayed to Participants> School Sabotage Victimization

Answer the next questions about any hook-up, partner, boyfriend, girlfriend, spouse you have had, including exes, regardless of the length of the relationship.
26. How many times, since you enrolled (for First impact survey)/since we last survey you [3/6/12 months ago] (for follow-up) at [Insert Campus name] have they done any of the following?
    a. Stalked or harassed you at school

Answer choices: Never, Once or Twice, Sometimes, Often, Many Times

b. Threatened to prevent you from going to school

Answer choices: Never, Once or Twice, Sometimes, Often, Many Times

c. Sabotaged childcare or other important arrangements so you couldn't go to school

Answer choices: Never, Once or Twice, Sometimes, Often, Many Times

d. Told you that your schooling doesn't matter

Answer choices: Never, Once or Twice, Sometimes, Often, Many Times

e. Seemed threatened by the new skills you are learning

Answer choices: Never, Once or Twice, Sometimes, Often, Many Times

f. Destroyed books, homework, or equipment you need for school

Answer choices: Never, Once or Twice, Sometimes, Often, Many Times

g. Prevented you from doing your homework or studying

Answer choices: Never, Once or Twice, Sometimes, Often, Many Times

h. Took your student loan money or other money that was meant for school

Answer choices: Never, Once or Twice, Sometimes, Often, Many Times

[Programming Note: display questions 27-28 if participant experienced any school sabotage victimization on Q26]

Think about the situations that have happened to you that involved the experiences you marked above. Now think about the ONE SITUATION that had the greatest effect on you and answer the following questions.

27. In the situation that had the greatest effect on you from those you marked above, what was the gender of the other person?
   a. Man
   b. Woman
   c. Additional Gender
   d. Don't Know

28. In the situation that had the greatest effect on you from those you marked above, what was your relationship to the person?
   a. Romantic partner
   b. Former romantic partner
   c. Other

29. How safe do you feel from violence, threats, stalking or abuse in your current housing?
   a. Very safe
   b. Somewhat safe
   c. A little bit safe
   d. Not at all safe

<Internal Heading Not Displayed to Participants> Additional Forms of Victimization

30. Have you experienced any of the following since you enrolled (for first impact survey survey)/since we last surveyed you [3/6/12 months ago] (for follow-up survey) at [Insert campus name]?

a. Family Violence: (Physical, sexual, psychological, economic, or school abuse from a family member, such as parent or sibling.)

Answer Choices: Yes, during my time at university, Yes, before my time at university, Yes, both before and during my time at university, No

b. Hate/Bias Crime: (Targeted harassment because of group membership (or perceived membership) in a certain social group or race.)

Answer Choices: Yes, during my time at university, Yes, before my time at university, Yes, both before and during my time at university, No

c. Property Crime (Robbery/theft/burglary)

Answer Choices: Yes, during my time at university, Yes, before my time at university, Yes, both before and during my time at university, No

d. Other: [Fill In Box]

Answer Choices: Yes, during my time at university, Yes, before my time at university, Yes, both before and during my time at university, No

Now we have some questions about whether the harm you experienced got worse or better after you stated getting help at [Insert campus name].

31. Please rate your safety in the last six months (first impact survey)/Since we last surveyed you [3/6/12] months ago (follow-up)]:

a. Very safe

b. Somewhat safe

c. A little bit safe

d. Not at all safe

32. Has your safety improved since using <program name> services?

a. not at all

b. a little

c. somewhat

d. a lot

e. I did not have safety concerns

Section 5: Service Use and Experience

<Internal Heading Not Displayed to Participants>

For the next section, questions will cover what campus advocacy services you used at [Insert campus name].

33. [Programming Note: on follow-up surveys add: Since we last surveyed you about (3/6/12) months ago,] Have you 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

34. [Programming Note: display if participant answered "Yes" on the question above] Can you tell us more about that? <open text response> _____

35. Have you used services from any of the following programs at [Insert campus name] in the last 6 months (first impact survey)/since we last surveyed you [3/6/12] months ago (follow-up)]?
(Select all that apply.)
   a. [Insert campus advocacy program name] (if you are unsure what this service is, see website, [Insert campus advocacy program website])
   b. Counseling Services (if you are unsure, see website [Programming Note: insert campus counseling services website])
   c. Title IX Office (if you are unsure, see website [Programming Note: insert campus Title IX office website])
   d. Health Services (if you are unsure, see website [Programming Note: insert campus health services website])
   e. Other (Please fill in): _____
   f. No

[For follow-up surveys only:]

36. [Programming note: Display if participant answered "no" on question 35.] What was the primary reason for not engaging in these services again?
(Check all that apply.)
   a. Did not need them
   b. No longer enrolled at university
   c. Services were not helpful
   d. I did not like services
   e. No more sessions available
   f. Other (Please fill in.) _____

37. [Programming note: Display if participant answered "no" on question 35.] Can you tell us more about that?
_____

38. Are you currently using any other services off-campus related to past experiences of violence and/or harm, such as community-based counseling or advocacy services?
   a. Yes
   b. No

39. [Programming note: display if "yes" on question 38] Were you referred to these services by any university services/program?
   a. Yes
   b. No

40. [Programming note: display if "yes" on 38] What off-campus services are you using?
<open text response> _____

[Programming Note: skip to end of the next section if the participant answered "no" on 35, Continue to the remainder of the section if the participant answered, "campus advocacy program" on question 35.]

Now we are going to ask you some questions about your service experience at [Insert Campus Advocacy Program Name].

41. What services did you use at [Insert Campus Advocacy Program Name]?
    a. Counseling/therapy
    b. Advocacy/case management
       [Programming note: Can include the following definition] Advocacy and case management are supportive services for individuals that have experienced unhealthy relationship, dating violence, or sexual violence to help with academic and life needs. May include crisis counseling, safety planning and referrals]
    c. Support group
    d. Other _____

[Programming Note: Ask Question 42 and 43 on first impact survey only:]

42. What month and year did you begin using these services at [Insert Campus Advocacy Program Name]?
    (Month/Year): _____

43. What events brought you to services at [Insert Campus Advocacy Program Name]? <open text response> ___
_____

[Programming Note: Ask Question 44 on follow-up survey only:]

44. When was the last time you used services at [Insert Campus Advocacy Program Name]? (Month/Year): _____
_____

Ask Question 45 on First impact survey only:

45. How did you learn about [Insert Campus Advocacy Program Name]?
    (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 the Counseling Services
    f. Referred from Office of Institutional Equity & Diversity
    g. Referred from Health Services
    h. Referred from Police Department
    i. Flyer or poster around campus
    j. Saw a presentation, table, or booth around campus
    k. Other office _____
    l. Can't remember
    m. Other _____

[Note: Questions 46-59 will help determine the level to which services are survivor-led.]

In the next set of questions, we are going to ask you about things people often get help with when using advocacy services on campus.

46. While you were working with the [Insert Campus Advocacy Program Name] office, did you get assistance with any of the following [for follow-up surveys add: since we last surveyed you (3/6/12) months ago]? Please

select "yes" or "no" from the drop-down menu for each item.
a. Getting safe/safety needs
b. Information about the impact of trauma/violence
c. Information about healthy or unhealthy relationships
d. Medical help
e. Transportation
f. Housing
g. Emotional support/counseling
h. Information about reporting to law enforcement
i. Information about reporting to Title IX
j. Information on drug or alcohol use
k. Financial needs
l. Academic accommodations (managing classes and coursework, letters to professors, etc.)
m. Finding additional support/referrals to other resources
n. Other

47. How helpful were the following services? [Programming note: include the items the participant selected from the question above.]

Please select from the choices in the drop-down menu for each item:
a. Getting safe/safety needs
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
b. Information about the impact of trauma/violence
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
c. Information about healthy or unhealthy relationships
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
d. Medical help
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
e. Transportation
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
f. Housing
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
g. Emotional support/counseling
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
h. Information about reporting to law enforcement
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
i. Information about reporting to Title IX
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
j. Information on drug or alcohol use
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
k. Financial needs
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
l. Academic accommodations (managing classes and coursework, letters to professors, etc.)
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful
m. Finding additional support/referrals to other resources
    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful

n. Other: (Please fill in)

    Answer choices: Not Helpful at All, A Little Bit Helpful, Somewhat Helpful, Very Helpful

48. [Programming Note: display if participant answered "yes" to "Finding additional support/referrals to other resources" on question 47] The person I worked with at [Insert Campus Advocacy Program Name] referred me to the following:

a. Campus Police Department

b. Campus Health Services

c. Financial Aid

d. Campus Counseling Services

e. Dean of Students

f. Title IX Office

g. Office related to student disability/accessibility services

h. Office related to student rights, responsibilities, conduct

i. Off campus - community based therapy or counseling

j. Off campus - community dating violence and sexual assault center

k. Other _____

49. [Programming Note: display if participant answered "yes" to "Financial Needs" on question 47] What financial needs did you seek assistance with?

a. Tuition

b. Medical bills

c. Food

d. Other bills _____

e. Rent or other housing costs

50. [Programming Note: display if participant answered "yes" to "Academic Accommodations" on question 47] What academic accommodations did you seek assistance with?

a. Missed classes

b. Missed exams

c. Missing classwork

d. Other academic accommodations _____

51. [Since you started working with [Insert Campus Advocacy Program Name] (first impact survey)/Since we last surveyed you [3/6/12] months ago (follow-up)], how many times did you meet with staff in person?

    Drop-down menu items▼ 0-1 times, 2-3 times, 4-5 times, 6-7 times, 8+ times

52. [Since you started working with [Insert Campus Advocacy Program Name] (first impact survey)/Since we last surveyed you [3/6/12] months ago (follow-up)], how many times did you communicate with staff over phone/text/email or secure message?

    Drop-down menu items ▼ 0-1 times, 2-3 times, 4-5 times, 6-7 times, 8+ times

53. Overall, how satisfied are you with the amount of effort staff at [Insert Campus Advocacy Program Name] put in assisting you?

a. Very satisfied

b. Somewhat satisfied

c. Somewhat dissatisfied

d. Very dissatisfied

e. Not applicable

f. Declined to answer

54. Between you and staff members at [Insert Campus Advocacy Program Name] 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

55. Please click the answer choice that best reflects whether you agree or disagree with the following statement. The staff person at [Insert Campus Advocacy Program Name] was available when I needed them.

a. Strongly agree

b. Agree

c. Disagree

d. Strongly disagree

56. Please click the answer choice that best reflects how true the following statement is based on your experience. People's cultural backgrounds are respected at [Insert Campus Advocacy Program Name].

a. Not at all true

b. A little true

c. Somewhat true

d. Very true

e. I don't know

57. Please click the answer choice that best reflects how true the following statement is based on your experience Staff at [Insert Campus Advocacy Program Name] 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

58. The following questions are about your interactions with staff at [Insert Campus Advocacy Program Name] who you worked with after your experiences of violence and harassment (for example, advocates and/or

counselors). Please click the answer choices that best reflects whether you agree or disagree with the following statements.

a. I feel respected by staff.

   Answer choices: Strongly Disagree, Disagree, Agree, Strongly Agree

b. Staff help me to shape goals that work for me.

   Answer choices: Strongly Disagree, Disagree, Agree, Strongly Agree

c. Staff do not expect me to be perfect.

   Answer choices: Strongly Disagree, Disagree, Agree, Strongly Agree

d. Staff make sure that services are right for what I need.

   Answer choices: Strongly Disagree, Disagree, Agree, Strongly Agree

e. Staff offer choices.

   Answer choices: Strongly Disagree, Disagree, Agree, Strongly Agree

f. Staff believe that decisions about my life are mine to make.

   Answer choices: Strongly Disagree, Disagree, Agree, Strongly Agree

59. Is there anything else you would like to tell us about your experience at [Insert Campus Advocacy Program Name]? _____

Section 6: Title IX

<Internal Heading Not Displayed to Participants>

[Programming Note: display the following section if participant worked with "Title IX Office" on question 39]

Now we are going to ask you some questions about Title IX services. If you are unsure what Title IX is at [Insert campus name], here is a link [Hyperlink to campus Title IX website]

61. Which services at Title IX did you use [in the last 6 months (first impact survey)/Since we last surveyed you [3/6/12] months ago (follow-up)]?

   a. Advocacy [Supportive services to help with academic and life needs]

   b. Information/education

   c. Investigation

   d. Unsure

[Programming note: Ask question 61 and 62 on the first impact survey survey only:]

62. What month and year did you first make contact with Title IX? [Month/Year]: _____

63. How did you learn about Title IX? (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 Services

f. Referred from campus advocacy program

g. Referred from Health Services

h. Referred from Police Department

i. Flyer or poster around campus

j. Saw a presentation, table, or booth around campus

k. Other Office (Please fill in): _____

l. Other (Please fill in): _____

64. When was your last appointment or when did you last seek services from Title IX? [Month/Year]:_____

65. What was your experience with the Title IX office like?

<open text response> _____

Section 7. Counseling

<Internal Heading Not Displayed to Participants>

[Programming Note: display the following section if participant worked with "Counseling/Mental Health Services"]

Now we are going to ask you some questions about services you used [Insert Campus Counseling Program Name].

66. Which services did you use at [Insert Campus Counseling Program Name] [in the last 12 months (first impact survey)/Since we last surveyed you [3/6/12] months ago (follow-up)]? (Select all that apply.)

a. Counseling

b. Advocacy

c. Support group

d. Other (Please fill in): _____

[Programming note: Ask questions 66 and 67 on the First impact survey survey only:]

67. What month and year did you begin using these services? (Month/Year): _____

68. How did you learn about [Insert Campus Counseling Program Name]? (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 [Insert campus advocacy program]

f. Referred from campus health services

g. Referred by campus police department

h. Flyer or poster around campus

i. Saw a presentation, table, or booth around campus

j. Other campus office (Please fill In): _____

k. Other (Please fill in): _____

69. When was your last appointment or when was the last time you used these services? (Month/Year): _____

70. What was your experience with [Insert Campus Counseling Program Name] like?

<open text response> _____

Section 8. Academic Outcomes

<Internal Heading Not Displayed to Participants>

71. What is your estimated current overall GPA for the last semester you were enrolled in?

a. A (3.34-4.00)

b. B (2.34-3.33)

c. C (1.34-2.33)

d. D (.67-1.33)

e. F (0.00-0.66)

f. I did not receive grades in my course(s)

72. Is this GPA higher, lower, or about the same as the previous semester?

a. Higher

b. Lower

c. About the same

d. Unsure

e. This is my first semester of college

f. Other _____

73. Are you on scholastic/academic probation?

a. Yes

b. No

74. Are you on financial aid probation?

a. Yes

b. No

75. How do you meet your college expenses?

Fill in the answer that best approximates the amount of support from EACH of the various sources.

[Programming Note: Answer choices for each item: None, Some, A lot]

a. Self (employment, savings, etc.)

b. Parents

c. Spouse or partner

d. Employer support (tuition reimbursement, etc. employer support OTHER than your paycheck)

e. Scholarships and grants

f. Loans

g. Other, fill in

<Internal Heading Not Displayed to Participants>
Academic Disengagement Scale

76. How many times have you done the following [in the last 6 months (first impact survey)/Since we last surveyed you [3/6/12] months ago (follow-up)] directly or indirectly because of violence, harassment, and/or abuse? Please select from the answer choices in the drop-down menu for each statement.

a. Missed class (because of abuse, violence, or harassment experiences and not due to prior Services for Students with Disabilities (SSD) accommodations)

Answer choices: never, rarely, sometimes, most of the time, always

b. Was unable to attend class due to safety concerns

Answer choices: never, rarely, sometimes, most of the time, always

c. Was unable to attend class due to mental health symptoms

Answer choices: never, rarely, sometimes, most of the time, always

d. Missed an exam, quiz, or other graded assignment

Answer choices: never, rarely, sometimes, most of the time, always

e. Turned in poor schoolwork

Answer choices: never, rarely, sometimes, most of the time, always

f. Attended class intoxicated or "high"

Answer choices: never, rarely, sometimes, most of the time, always

g. Slept in class

Answer choices: never, rarely, sometimes, most of the time, always

h. Failed in class

Answer choices: never, rarely, sometimes, most of the time, always

i. Dropped a class

Answer choices: never, rarely, sometimes, most of the time, always

j. Thought about quitting school

Answer choices: never, rarely, sometimes, most of the time, always

k. Turned in homework/an assignment late or not at all

Answer choices: never, rarely, sometimes, most of the time, always

l. Withdrew for a semester

Answer choices: never, rarely, sometimes, most of the time, always

77. Did any staff or faculty/professor/TAs at your campus help you address any of these issues?

a. Yes

b. No

78. How did your experiences of violence impact your academic experience at [Insert campus name]? <open text response> _____

79. Please rate how true each of these statements is for you now, after having worked with staff at [Insert campus name]?

   a. I can cope with whatever challenges come at me as I work to keep safe.
      Answer choices: Not at all true, A little true, Somewhat true, Very true, Decline to answer

   b. I know what to do in response to threats to my safety.
      Answer choices: Not at all true, A little true, Somewhat true, Very true, Decline to answer

   c. 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).
      Answer choices: Not at all true, A little true, Somewhat true, Very true, Decline to answer

   d. When something doesn't work to keep safe, I can try something else.
      Answer choices: Not at all true, A little true, Somewhat true, Very true, Decline to answer

   e. I feel confident in the decisions I make to keep safe.
      Answer choices: Not at all true, A little true, Somewhat true, Very true, Decline to answer

   f. Campus programs and services provide support I need to keep safe.
      Answer choices: Not at all true, A little true, Somewhat true, Very true, Decline to answer

   g. I know what options are available to support my staying in school while dealing with the risks to my safety.
      Answer choices: Not at all true, A little true, Somewhat true, Very true, Decline to answer

   h. I know what the next steps are in my path towards staying safe at school.
      Answer choices: Not at all true, A little true, Somewhat true, Very true, Decline to answer

   i. I feel comfortable asking for help addressing the academic impacts of my experience.
      Answer choices: Not at all true, A little true, Somewhat true, Very true, Decline to answer

Section 9. Health

<Internal Heading Not Displayed to Participants>

80. Would you say your general physical health is:
   a. Excellent
   b. Good
   c. Fair
   d. Poor
   e. Don't know/Not sure

81. Have you been diagnosed with any disability, impairment, or mental health condition (for follow-up surveys add: since we last surveyed you 3/6/12 months ago)?
   a. Yes
   b. No

82. [Programming Note: Display if they answered "Yes" on the question 80] Which of the following has been diagnosed?
   a. A sensory impairment
   b. A mobility impairment
   c. A learning disability (e.g. ADHD, dyslexia)

d. A mental health condition

e. A disability or impairment not listed

<Internal Heading Not Displayed to Participants>
Depression Symptom Scale

83. For the next questions, we would like to know how you have been feeling over the past two weeks.
    How often have you felt...
    a. Little interest or pleasure in doing things
       Answer choices: Not at all, several days, more than half of the days, nearly every day
    b. Feeling down, depressed, or hopeless
       Answer choices: Not at all, several days, more than half of the days, nearly every day
    c. Trouble falling asleep, staying asleep, or sleeping too much
       Answer choices: Not at all, several days, more than half of the days, nearly every day
    d. Feeling tired or having little energy
       Answer choices: Not at all, several days, more than half of the days, nearly every day
    e. Poor appetite or overeating
       Answer choices: Not at all, several days, more than half of the days, nearly every day
    f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down
       Answer choices: Not at all, several days, more than half of the days, nearly every day
    g. Trouble concentrating on things such as reading the newspaper or watching television
       Answer choices: Not at all, several days, more than half of the days, nearly every day
    h. 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
       Answer choices: Not at all, several days, more than half of the days, nearly every day

<Internal Heading Not Displayed to Participants>
PTSD Symptom Checklist

The next questions ask about how the experiences we asked you about have been affecting you in the past month.

84. In the last month have you...
    Drop-down menu choices for each item below: Yes, No
    a. Had nightmares about the event(s) or thought about the event(s) when you did not want to?
    b. 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)?
    c. Been constantly on guard, watchful, or easily startled?
    d. Felt numb or detached from people, activities, or your surroundings?
    e. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may
       have caused?

<Internal Heading Not Displayed to Participants> Alcohol and Drug Misuse

Now we would like to ask some questions about alcohol and drug use.

People use alcohol or drugs for a variety of reasons, and these questions help us to know how different people cope with different things in their lives and understand different health needs.

Violence that occurs when a person has been drinking or using drugs is never the survivors/victims fault.

85. Do you drink alcohol?
   a. Yes
   b. No
   c. Declined to answer

86. [Programming Note: display if "yes" on the question 84] In the last 6 months, have you...
   Drop down menu: Yes/No
   a. felt you ought to cut down on your drinking
   b. had people annoyed you by criticizing your drinking
   c. felt bad or guilty about your drinking
   d. ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)

87. Do you use drugs other than prescription medications and over-the-counter medicine (This includes weed, synthetic marijuana, cocaine and other drugs)? Or do you use prescription medications more than prescribed?
   a. Yes
   b. No
   c. Declined to answer

88. [Programming Note: if "yes" on the question 86] In the last 6 months (since school began this year), have you...
   Drop down menu: Yes/No
   a. felt you ought to cut down on your drug use?
   b. had people annoy you by criticizing your drug use?
   c. felt bad or guilty about your drug use?
   d. ever used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

\<Internal Heading Not Displayed to Participants\>
Social Support

89. For the following statements, think about all the people in your life aside from staff and faculty at your campus. Please answer how strongly you agree or disagree with each of the following statements.
   a. There is a special person around when I am in need.
      Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very strongly agree
   b. There is a special person I share joys and sorrows with.
      Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very strongly agree
   c. My family tries to help me.
      Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very strongly agree
   d. I get emotional help and support from my family.
      Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very

strongly agree

e. I have a special person who is a source of comfort.

Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very strongly agree

f. My friends really try to help me.

Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very strongly agree

g. I can count on my friends when things go wrong.

Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very strongly agree

h. I can talk about my problems with my family.

Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very strongly agree

i. I have friends with who I share joys and sorrows.

Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very strongly agree

j. There is a special person who cares about my feelings.

Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very strongly agree

k. My family is willing to help me make decisions.

Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very strongly agree

l. I can talk about my programs with my friends.

Answer choices: Very strongly disagree, somewhat disagree, disagree, agree somewhat agree, very strongly agree

Section 10: Recommendations

<Internal Heading Not Displayed to Participants>

90. What recommendations do you have to improve services to survivors or violence, abuse and harassment at [Insert campus name]? _____

Section 11: End of Survey

<Internal Heading Not Displayed to Participants>

Thank you so much for taking this survey.

We have included resources listed below if you need more information or someone to talk to about your experiences with violence and/or abuse.

- 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
- Substance Abuse and Mental Health Services Administration Hotline 1-800-662-4357
- [Programming Note: Insert Local/Campus-Area Resources]

[Note: If you are going to provide compensation to individuals that are taking the evaluation survey, the following questions will be helpful.]

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

Please provide your preferred email for the gift card and allow one week for processing. Only one gift card can be given per person/email.

This information will be kept separate from your survey data and will be kept confidential.

Preferred email: _____

92. 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? You will be eligible for an additional [$XX] gift card for each follow-up survey

If so, please enter your preferred email address and phone number below. This information will be kept separate from your survey data and will be kept confidential.

Email address: _____
Phone number: _____

APPENDIX I: MEASURES TABLE

Measure Citation	Survey Section	What it measures	Evaluation Role	Socring Guidance	Psychometric properties
Demographic Questions ADAPTED BY THE STUDY TEAM FROM: Swartout, K. M., Flack, W. F., Jr., Cook, S. L., Olson, L. N., Smith, P. H., & White, J. W. (2018). Measuring campus sexual misconduct and its context: The Administrator-Researcher Campus Climate Consortium (ARC3) survey. Psychological Trauma: Theory, Research, Practice, and Policy. Advance online publication. http://dx.doi.org/10.1037/tra0000395	Demographics	Population demographics of those taking the survey	Ensures that program goals are achieved equitably across diverse campus populations	Frequencies	Number of items: 14 Reliability: N/A
Stalking Victimization Scale ADAPTED BY THE STUDY TEAM FROM: Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. (2015). American Journal of Public Health, 105(4), e11–e12. https://doi.org/10.2105/AJPH.2015.302634	Violence Victimization	Physical and digital stalking	Goal 1: Secondary prevention of violence and harm	Victimization is measured via both the number of different behaviors and the frequency of behaviors.	Number of items: 7 Established Reliability: .66=.73

Sexual Experiences Survey ADAPTED BY THE STUDY TEAM FROM: Koss, M. P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., ... White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. Psychology of Women Quarterly, 31(4), 357–370. https://doi.org/10.1111/j.1471-6402.2007.00385.x	Violence Victimization	Unwanted sexual experiences	Goal 1: Secondary prevention of violence and harm	Victimization is measured via both the number of different behaviors and the frequency of behaviors.	Number of items: 4 Established Reliability: .80
Partner Victimization Scale ADAPTED BY THE STUDY TEAM FROM: Hamby, S. (2013). The Partner Victimization Scale. Sewanee, TN: Life Paths Research Program. doi: 10.13140/RG.2.1.1319.4405	Violence Victimization	**Intimate partner violence victimization**	Goal 1: Secondary prevention of violence and harm	Victimization is measured via both the number of different behaviors and the frequency of behaviors.	Number of items: 6 C.A. Study Reliability: .82
Educational Sabotage Scale ADAPTED BY THE STUDY TEAM FROM: Voth Schrag, R. (2017). Intimate Partner Violence, Economic Abuse, and Outcomes of Women Attending Community College: A Study Using Mixed Methods. [Unpublished doctoral dissertation]. Washington University, St. Louis.	Violence Victimization	Experiences of school/ educational sabotage	Goal 1: Secondary prevention of violence and harm Goal 6: Academic support	Scale includes 8 behaviors that indicate educational sabotage. Victimization is measured via both the number of different behaviors and the frequency of behaviors.	Number of items: 8 C.A. Study Reliability: .87

Survivor Defined Practice Scale (SDPS) ADAPTED BY THE STUDY TEAM FROM: Goodman, L. A., Thomas, K., Cattaneo, L. B., Heimel, D., Woulfe, J., & Chong, S. K. (2016). Survivor-defined practice in domestic violence work: Measure development and preliminary evidence of link to empowerment. Journal of Interpersonal Violence, 31(1), 163–185. https://doi.org/10.1177/0886260514555131	Service Use and Experience Model fidelity	Service user-defined service models, including feelings of empowerment and well-being	Goal 2: Provide choices to promote agency	Higher scores indicate greater alignment with service-user driven modes of practice.	Number of items: 6 Established Reliability: .93
Community Advocacy Fidelity Scale (CAPS) ADAPTED BY THE STUDY TEAM FROM: Sullivan, C.M. & Allen, N. (n.d.) The community advocacy fidelity questions. Available at https://cap.vaw.msu.edu/maintaining-program-integrity /	Service Use and Experience Model fidelity	The extent to which a program is consistent with the original program model on which it is based	Goal 2: Provide choices to promote agency Goal 5: Institutional and social support	Higher scores indicate greater alignment with model of practice.	Number of items: 3
Cultural Responsiveness Questions Trauma Informed Practice Scale (TIP Scale) ADAPTED BY THE STUDY TEAM FROM: Sullivan, C. M. & Goodman, L. A. (2015). A guide to using the Trauma Informed Practice (TIP) Scales [Instrument]. Retrieved from https://www.dvevidenceproject.org/wp-content/uploads/Trauma-Informed-Practice-English-version1.pdf	Service Use and Experiences	Measuring the degree to which programs are using trauma informed practices from service user perspectives	Goal 2: Provide choices to promote agency Goal 5: Institutional and Social Support	Higher scores indicate greater alignment with culturally relevant and trauma-informed practices from service user perspectives.	Number of items: 2 (full subscale has 8 questions) Established Reliability: .86-.98 (English language scale) .70-.96 (Spanish language scale)

Measure of Victim Empowerment Related to Safety (MOVERS) Scale ADAPTED BY THE STUDY TEAM FROM: Goodman, L.A., Cattaneo, L.B., Thomas, K., Woulfe, J., Chong, S.K., & Smyth, K.F. (2015). Advancing domestic violence program evaluation: Development and validation of the Measure of Victim Empowerment Related to Safety (MOVERS). Psychology of Violence, 5(4), 355-366. http://dx.doi.org/10.1037/a0038318	Service Use and Experience	Empowerment related to safety Captures the extent to which service users feel they have tools to positively impact their own safety, and the extent to which they feel they can access support in their community The study team has adapted to fit the campus context.	Goal 1: Secondary prevention of violence and harm Goal 2: Provide choices to promote agency Goal 4: Resource and information access Goal 5: Institutional and Social Support Goal 6: Academic support	Scores on each subscale are summed and averaged to produce subscale scores, which indicate greater levels of perceived internal capacity to manage safety and perceived expectations of support.	Internal Tools subscale: - Number of items: 5 - C.A. Study Reliability: .87 Expectations of Support subscale: - Number of items: 4 - C.A. Study Reliability: .84 Overall C.A. Study Reliability: .91
Academic Disengagement ADAPTED BY THE STUDY TEAM FROM: Swartout, K. M., Flack, W. F., Jr., Cook, S. L., Olson, L. N., Smith, P. H., & White, J. W. (2019). Measuring campus sexual misconduct and its context: The Administrator-Researcher Campus Climate Consortium (ARC3) survey. Psychological Trauma: Theory, Research, Practice, and Policy, 11(5), 495-504. http://dx.doi.org/10.1037/tra0000395	Academic Outcomes	Time and effort students put into activities that are linked to academic goals and how institutions support participation in those activities.	Goal 6: Academic support	Frequency of academic impacts of violence (1= never to 5= always). Sum 12 items to create a score from 12-60, with higher scores indicated greater impacts.	Number of items: 12 C.A. Study Reliability: .87
SF-36 Health Survey Ware, J.E., Kosinski, M., Dewey, J.E., & Gandek, B. (2000). SF-36 health survey manual and interpretation guide. London: Quality Metric Inc.	Health	Generic health status measure for wide variety of patient groups	Goal 3: Reduce mental and physical health consequences of violence/harm	36-item short form health survey.	Number of items included in C.A.survey: 1

PHQ-9 Depression Scale Kroenke, K., & Spitzer, R. L. (2002). The PHQ-9: A new depression diagnostic and severity measure. Psychiatric Annals, 32(9), 509-515. Slack Incorporated. https://doi.org/10.3928/0048-5713-20020901-06	Health	Self-administered depression rating scale	Goal 2: Provide choices to promote agency Goal 3: Reduce mental and physical health consequences of violence/harm Goal 5: Institutional and Social Support	Participants get a total score which indicates level of depression symptomology 0-4: Minimal Depression 5-9: Mild Depression 10-14: Moderate Depression 15-19: Moderately Severe Depression 20-27: Severe Depression	Number of items: 8 C.A.Study Reliability: .89
PTSD Checklist for DSM-5 (PCL-5) Weathers, F. W., Litz, B. T., Keane, T. M.,Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD : https://www.ptsd.va.gov/	Health	Self-administrated symptom scale for PTSD	Goal 2: Provide choices to promote agency Goal 3: Reduce mental and physical health consequences of violence/harm	"Yes" to 4 or more items is optimally sensitive to probable PTSD, use as a 5-item scale to monitor change.	Number of items: 5 Established Reliability: .95
CAGE inventory Ewing, J.A. (1984). Detecting Alcoholism. The CAGE Questionnaire. JAMA, 252(14), 1905-7. https://jamanetwork.com/journals/jama/article-abstract/394693	Health	Use to check for signs of possible alcohol/drug dependency.	Goal 3: Reduce mental and physical health consequences of violence/harm	Item responses on the CAGE questions are scored 0 for "no" and 1 for "yes." A total score of two or greater is considered clinically significant.	Number of items: 4 for alcohol, 4 for other drugs Established Reliability: .93

The Multidimensional Scale of Perceived Social Support Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. Journal of Personality Assessment, 52(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2.	Health	Self-report scale of perceived social/informal support	Goal 3: Reduce mental and physical health consequences of violence/harm Goal 5: Institutional and Social Support	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, and higher scores indicating greater support in that area.	Number of items: 12 Established Reliability: .93

APPENDIX J: SAMPLE CONSENT LANGUAGE FOR IMPACT 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 Experiences of harm.
- 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 survey. You will be asked questions about your personal demographic information, 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 <X>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. Your health and demographic information. 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 <> 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 harm or violence s 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.

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 K: SAMPLE RECRUITMENT EMAIL FOR IMPACT 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. We are inviting you to participate in a survey to review and evaluate [Program Name] services. <add incentive information>

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 The goal is to understand more about the best ways to support current and former college students who have experienced issues related to needing advocacy programs.

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,

Evaluation Lead Contact

Social Media 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-based 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 members of our community who have experienced harm. The survey should take about [XX-XX] minutes to complete.*

Help us improve advocacy services at [Campus]. Your participation is confidential and completely voluntary.<Add incentive information if offering>

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-based advocacy services evaluation survey. The goal of the study is to understand more about the best ways to support <university> community members who have experienced harm. 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 voluntary.

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