

# DOMESTIC VIOLENCE EVIDENCE PROJECT



## Program and Practice Profiles *Community Advocacy Project*

## OVERVIEW OF THE DV EVIDENCE PROJECT

Increasingly, domestic violence programs are being asked to learn more about, contribute to, and describe how they are engaging in evidence-based and evidence-informed practices. Funders, policymakers, researchers, and advocates themselves are more interested today in what evidence exists that a particular intervention or prevention strategy is making a positive difference for survivors, or is meeting the outcomes it was designed to achieve. With this information, domestic violence programs can better secure continued support for proven programs and practices, and can more easily identify, develop, and/or adapt innovative or exemplary approaches from other communities.

To respond to this new emphasis on evidence-based and evidence-informed practice, the National Resource Center on Domestic Violence (NRC DV), with support and direction from the Family Violence Prevention and Services Program at the U.S. Department of Health and Human Services, engaged in a two-pronged approach. First, evidence was collected and synthesized from published, empirical research studies. Second, in recognition that controlled research studies are not the only form of evidence to consider in determining program effectiveness (Puddy & Wilkins, 2011; Schorr & Farrow, 2011), the project also identified where emerging and promising evidence exists that specific programs and practices are effectively addressing complex social problems in community settings.

The community practices and programs profiled have been identified by at least one peer as being innovative and noteworthy and have gathered some level of field evidence to examine their effectiveness. What these program evaluations may lack in traditional methodological rigor they more than make up for with “ecological validity”, or the extent to which their findings accurately reflect real-world concerns and successes.

The overall goal of the NRC DV’s [DV Evidence Project](#) is to combine what we know from research, evaluation, practice and theory to inform critical decision-making by domestic violence programs and allied organizations. This Program and Practice Profile should be viewed as one important piece of information to consider, but its inclusion in the registry does not necessarily reflect an endorsement by either the NRC DV or the Family Violence Prevention and Services Program within the U.S. Department of Health and Human Services, which provided funding for this project. Further, there are many innovative and exciting programs occurring throughout the country. The project website ([www.dvevidenceproject.org](http://www.dvevidenceproject.org)) provides a sample, but not an exhaustive list, of these practices and programs, as well as related conceptual frameworks, research summaries and other tools.

“In one field after another, we are learning that so much of the most promising work in addressing the most intractable social problems is complex, multifaceted, and evolving.”

*Schorr & Farrow, 2011; p. 22*

## PROGRAM PROFILE: COMMUNITY ADVOCACY PROJECT

**Brief Description:** The intervention occurs in survivors' home and communities, and is short-term (10 weeks) but intensive (4-6 hours a week). Trained advocates help women work on goals that they have decided are important to them, and the program has been successful with women who have left the relationship as well as with those staying in the relationship. This project, which is strengths-based and survivor-centered, can be incorporated into many domestic violence programs fairly easily and inexpensively. It has been shown to decrease women's risk of re-abuse, and to increase their quality of life, level of social support, and ability to obtain the community resources they need.

Program Description	
<b>Program Goals</b>	The Community Advocacy Project (CAP) provides advocacy and individually tailored assistance to women who have been physically and/or emotionally abused by intimate partners as well as to their children. CAP's objectives of eliminating or reducing the risk of future abuse and improving participants' quality of life are premised on the women gaining empowerment and coping skills, obtaining social support, and recognizing and using community resources. This program is designed to create lasting positive change for survivors, and to provide women with the knowledge and tools they need to successfully advocate for themselves after the intervention ends. To achieve this, advocates must transfer all of their knowledge and skills to the survivor throughout the intervention, and should focus not just on immediate needs but on needs that might arise after the program ends (e.g., talking with a woman about pre-school options even though her child is currently only an infant).
<b>Program Origins</b>	CAP was first created in 1986 in response to conversations with survivors about the lack of support they felt after exiting shelter. The project was collaboratively designed with a group of survivors, who help determine length of the program, content, training of advocates, and evaluation procedures. CAP was initially funded through a 2-year, \$35,000 grant from the Gund Foundation. It is currently being operated in Michigan, Illinois, and other locales, generally with foundation funding.
<b>Program Components</b>	<p>The role of the advocate is to make the community more responsive to women's needs, and this involves active and pro-active work in the community. CAP is delivered by trained, supervised paraprofessionals who work as advocates with participating women and their children to help them obtain needed community resources and social support, often after the women leave a shelter-based program. The intervention is composed of five phases:</p> <ol style="list-style-type: none"><li>1. <b>Assessment.</b> The advocate gathers important information regarding the needs and goals of each participant and her children. The survivor, not the advocate, guides the direction and activities of the intervention by identifying issues that are important to her.</li></ol>

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<b>Program Components</b>	<ol style="list-style-type: none"> <li>2. Implementation. The advocate and the survivor actively work together to generate, mobilize, and access community resources. For women, resources often involve legal assistance, housing, employment, education, transportation, child care, social support, and/or material goods. For children, advocacy often focuses on participation in recreational activities, help with school, and/or material goods.</li> <li>3. Monitoring. The advocate checks in with the survivor regularly to determine whether her unmet needs have been fulfilled.</li> <li>4. Secondary implementation. If the community resources were ineffective in satisfying the survivor’s original needs, the advocate suggests alternative strategies to generate, mobilize, or access other resources.</li> <li>5. Completion. This phase occurs during the last few weeks of the intervention, when the advocate focuses even more intensively on the transfer of skills and knowledge to the survivor, ensuring that she no longer needs the advocate at the end of the intervention. The intervention lasts approximately 10 weeks, and advocates devote 4-6 hours per week to each survivor.</li> </ol>
<b>Target Population</b>	<p>Women with abusive partners and ex-partners, regardless of whether they are continuing or ending the relationship.</p>
<b>Target Setting</b>	<p>Women’s homes and communities.</p>

## Practice Evidence

<b>Evaluation Methods</b>	<p>CAP has been rigorously evaluated through a longitudinal, experimental design and is considered “evidence based.” More information on the evaluations can be found at <a href="http://psychology.msu.edu/cap/outcomes.aspx">http://psychology.msu.edu/cap/outcomes.aspx</a>. Surveys are available on the website for programs to evaluate the effectiveness of their own version of CAP.</p> <p>SAMHSA’s National Registry of Evidence-based Programs and Practices: <a href="http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=262">http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=262</a>. Surveys are available on the website for programs to evaluate the effectiveness of their own version of CAP.</p>
<b>Evaluation Outcomes</b>	<p>Post-intervention, women who had worked with advocates reported being more effective in reaching their goals than did women in the control condition. Physical violence and depression were lower in the advocacy condition, while quality of life and social support were higher than the control group. Two years after the program ended, positive change continued. Women who had worked with advocates reported higher quality of life and social support over time, as well as decreased difficulty obtaining community resources. Perhaps most importantly, they also experienced less violence over time than did the women who did not work with advocates.</p>

Organizational Readiness & Future Implementation	
<b>Practice Cost</b>	Advocates can be unpaid volunteers or college-level interns but the supervisor should be a paid staff. All training materials are available at no cost on the website. Programs may want to reimburse advocates for mileage, given the extensive travel involved in their community work. It is also helpful, but not mandatory, that programs have a small fund they can use to assist women with various costs that arise (e.g., car repair, refrigerator repair).
<b>Preferred Language</b>	The training manuals and surveys are currently only available in English but the program could be delivered in any language.
<b>Training Requirements</b>	It is critical that advocates be adequately trained and prepared for this work, and that they receive ongoing supervision throughout their interventions. A 40-hour training has been manualized to prepare individuals to effectively advocate for women with abusive partners, and all materials can be downloaded for free from the website.
<b>Training Requirements</b>	<p><b>Who is qualified to train and supervise the advocates?</b></p> <p>It is expected that anyone training and supervising community advocates will have, at a minimum, the following four qualifications:</p> <ol style="list-style-type: none"> <li>1. completed a similar 40-hour training for domestic violence advocates;</li> <li>2. worked in the field as an advocate for at least five years themselves;</li> <li>3. successfully worked in a supervisory capacity; and</li> <li>4. possesses strong training and facilitation skills.</li> </ol>
<b>Planning Requirements/ Readiness Considerations</b>	A supervisor must be trained (either through the materials on the website or through a Train the Trainer by the developer), manuals must be downloaded for advocates, and advocates must be located (through universities, colleges, or the community).
<b>Caveats/ Cautions</b>	<p>It is strongly recommended that only women work as community advocates, as the presence of a man in this role (which includes working within women's homes and with their children) poses an increased risk of:</p> <ol style="list-style-type: none"> <li>1. inciting further abuse by the batterer;</li> <li>2. triggering prior traumas for women; and</li> <li>3. making it more difficult for the survivor to share intimate details about her experiences that are often more easily shared with other women.</li> </ol>
<b>Supplemental Materials/ Training Tools</b>	All are available on the website.

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