Celebrating Solutions Award
Nomination Form

Legal name of organization:
Center for Community Health Education Research and Service, Inc.

Year established:
1991

Name of program being nominated (if different):
The Community Advocacy Program (CAP)

Year established:
1995

Address: 320 Huntington Avenue, Suite #222

City/State/ZIP code: Boston, MA 02115

Agency phone number: 617 373 4591

Name of contact person: Gemma McFarland

Title of contact person: Graduate Intern, CAP

Phone number: 617 335 2308

E-mail address: mcfarland.g@husky.neu.edu

Website address: http://cchers.org/community-advocacy-program/

Brief description of organization:
CAP supports Family Advocates at four of its partner community health centers, providing a range of services to victims and survivors of dating and domestic violence and their loved ones, including crisis intervention, safety assessment and planning, advocacy, assistance with housing and shelter, legal assistance (including court accompaniment), information and supported referrals, and support groups for adult women and teens.

Geographical area served:
The geographic areas primarily served are the Boston neighborhoods of Dorchester, Roxbury, and Mattapan.
Is the organization tax-exempt under IRS 501 (c) (3) guidelines or a public agency/unit of government? Yes

Please check up to five descriptors that best apply to the program you are nominating:

- Batterer treatment
- Coalition/collaboration
- Communication
- Counseling
- Dating violence
- Elder abuse
- Employment/training program
- Faith-based
- Health care setting
- Hotline service
- Legal aid/assistance
- Prison-based
- Public awareness/education
- School/youth violence
- Shelter-based
- Stalking
- Technology/internet service
- Transitional housing
- Underserved population
- University setting
- Victim relocation
- Workplace Intervention
- Other

Advocacy for Domestic Violence
Release of Information

As one of the goals of the Mary Byron Project is to disseminate information about cutting edge programs and best practices, we wish to post exemplary Celebrating Solutions Award nominations on our website (www.marybyronproject.org).

Those posted will include the organization’s website address, telephone number, and email address. If you have concerns about this request, please address them to kathypaulin@marybyronproject.org, prior to submitting a nomination.

By my signature on this letter, I grant the Mary Byron Project permission to use the contents of my nomination for the Celebrating Solutions Award in the manner and for the purposes set above. I further affirm that I am fully authorized to grant such permission to the Mary Byron Project.

______________________________
Signature

Date 12/30/14
Program Outline

1) Describe specifically the work of the nominated program and explain how the mission of the program is accomplished. We want to know the “nuts and bolts” of how your program works.

The Community Advocacy Program (CAP) is a successful initiative of the Center for Community Health, Education, Research and Service (CCHERS), Inc., a not-for-profit incorporated consortium of universities, hospitals, the local health department and a network of 15 community health centers (CHC’s) serving the diverse populations of Boston. CAP is a partnership of four community health centers based in the neighborhoods of Dorchester and CCHERS and is the only community health center-based domestic violence service partnership in the country. CAP’s mission is as follows:

To provide and increase the availability and quality of domestic violence services for victims and their families in community health centers, offering these services in an accessible and safe setting.¹

Public awareness, education, and advocacy are integrated into the direct services of the program. CAP provides a range of services to victims and survivors of domestic violence and their loved ones, including crisis intervention, safety assessment and planning, advocacy, assistance with housing and shelter, legal assistance (including court accompaniment), information and supported referrals, and support groups for adult women and teens. Victims served by CAP Family Advocates are primarily young adult, middle aged, and elderly battered women, teens, and children of clients, as well as LGBTQ and male survivors, who have been exposed to violence in the home/family. The CAP program emphasizes services for underserved and vulnerable populations including racial, cultural, and linguistic minorities, as well as domestic violence victims, with issues of substance abuse, mental illness and immigration challenges.

CAP has grown from serving 175 clients its first year, to serving approximately 1,200-1500 clients annually, offering services in different languages, including English, Spanish, Vietnamese, Haitian Creole, and Cape Verdean Creole. The geographic areas primarily served are the Boston neighborhoods of Dorchester, Roxbury, and Mattapan.

“In-Reach” activities are conducted among CHC medical, behavioral health and social service providers and staff, while outreach efforts are directed at community service providers and various community groups. The goal of these presentations is to improve awareness of the dynamics of domestic/ intimate partner violence in relationships, and to outline the breadth of the Advocate’s services and increase client referrals for DV services. As the CAP staff is multi-lingual, they are able to extend their outreach about DV services to a broader community audience. The CAP Advocates make a concentrated effort to do both face-to-face and phone networking with other service providers. They widely distribute program information via brochures and flyers, at all presentations and meetings they attend. CAP Family Advocates also participate in health fairs that allow them to conduct outreach regarding our program services.

CAP has formed extensive and strong collaborative relationships with a wide range of organizations and agencies to avoid duplication of efforts and provide quality prevention and intervention services for victims of domestic violence throughout the community and service area. The shared goal is to assist survivors of battering to become self-supporting and independent, leading to safer and more stable lives for themselves and their children.
The CAP Program is committed to creating an intake experience that is safe, empowering and trauma informed. During the process, 1) an honest, trusting relationship is built between advocate and client, 2) information is collected about the abuser, a danger assessment is done to determine the client’s level of risk, and a safety plan is created, 3) client’s broader goals are discussed, 4) and a client centered service plan is developed. (Demographic information is also gathered during intake).

From this point, CAP Advocates provide myriad services including crisis intervention, supportive counseling, advocacy, case management, referrals and consistent follow-up for all our clients. CAP also runs regular groups for DV survivors. We have four different types of group offerings 1) short term (5-6 weeks) psycho-educationally focused groups for adults and teens on domestic and dating violence, 2) longer term (8-10 weeks) support focused groups for adult women on domestic violence 3) an ongoing (8 weeks on, 3 weeks off) nurturing and community support focused group for elder women, with histories of DV, 4) and our newest offering a skill based education group (8 weeks) where which survivors are brought into the community to learn important life skills (how to file a restraining order, open a bank account, etc).

CAP Advocates inform clients that all of our services are free, and CAP brochures make clear reference to our free services. Advocates make clients aware of Victim Compensation services, providing brochures with detailed information. The CAP’s multi-lingual staff is available during regular business hours and often work a flexible shift one day each week to extend availability until 7pm. All domestic violence survivors that call directly into CAP advocates phone lines, after hours, are directed via voice mail to contact SafeLink, Massachusetts Statewide Domestic Violence / Intimate Partner Violence emergency hotline, available to clients 24/7, or other appropriate emergency personnel. All of our health center partners are handicap accessible and offer translation services for languages our program is unable to accommodate.

2) Describe the most innovative aspects of the program you are nominating for consideration.

CAP is the only community health center-based domestic violence service partnership in the country. It is innovative in that it is the only organization of this structure in the nation, and it is housed by Northeastern University. The nature of the CCHERS partnership/consortium with all partners involved in various ways, targeted to the most multiracial and multiethnic neighborhoods in the City and is integrated into the CHC primary care team, as well as the community and public health infrastructure of CHCs in their collaboration across sector with other community based organizations; law enforcement and public safety officials; and community service providers.

At the heart of the CAP program are its family advocates, whose strengths are their strong roots in the community. The CAP model builds a bridge between the expertise of community-based advocates and the accessibility of a trusted neighborhood health center. Participating health centers are located throughout Dorchester, Roxbury, and Mattapan; these are historically working-class neighborhoods of Boston that are characterized by significant ethnic and cultural diversity. Throughout its development, the CAP program has kept a commitment to working with advocates who are representative of the communities served. Each family advocate is well recognized in her community as a neighbor, friend, and part of the social fabric within the community.

CCHERS is a cross-sector collaboration of academic, public health, and community health center partners with each making significant contributions to the CAP. Northeastern University serves as our host institution with
donated space, facilities, IT support and in-kind services. The NU School of Law places students in the health centers for intake, consultation and case management under supervision of the DV Law Clinic and Greater Boston Legal Services. At Boston Medical Center we collaborate with the Child Witness to Violence Program and the Medical Legal Partnership; as well as the Bureau of Violence and Trauma at the Boston Public Health Commission.

3). Describe your program’s implementation. What barriers did your organization have to overcome? How did you marshal the necessary resources for implementation?

In the mid-1990s, the movement to address domestic violence as a public health issue was still new. In Boston, task forces were created at some health centers to explore more effective response to domestic violence needs among their patient populations. Although the community health centers were in a unique position to be able to help survivors who were unlikely or unable to seek help from traditional domestic violence agencies, the medical staffs were not trained to identify or respond to domestic violence issues. In 1994, the MA Department of Public Health Pediatric Family Violence Prevention Project provided funding for support groups for battered women, and corresponding groups for their children, in two community health centers. Based on the success of this initiative and the obvious need for additional services, in September 1995, at the urging of its two member health centers, CCHERS established the Community Advocacy Program, with initial funding support from the Massachusetts Office for Victim Assistance (MOVA).

Barriers to implementation included the culture of the medical setting; in collaboration with CAPs mission and staff; and provision of team based care. For example, the medical setting tends to be hierarchical in nature, where advanced degrees confer power and status within the organization. Family advocates are highly skilled and thoroughly trained in addressing domestic violence issues, but they do not all have advanced degrees and thus struggle to be viewed as equals with the medical staff. Further, while advocates were employed by their respective CHCs for over 18 years, they recently transitioned to work directly for CCHERS. Therefore, the line between supervision at CHCs and also at CCHERS can be blurry and sometimes challenging. Understanding this difficulty, CAP has developed a model designed to support family advocates in their work, educating both members of the community and health care providers. The model consists of the following three parts:

1. **Staff supervision at each CHC**: Each advocate is directly supervised, on-site, by a staff clinician (usually a Licensed Independent Clinical Social Worker (LICSW)). The link between advocates and the CHC employed clinician helps advocates to cultivate relationships and develop their own voice within the health center setting.

2. **Peer Sharing and Learning**: CAP convenes its family advocates outside the CHC environment on a bi-weekly basis, creating a safe space where they can meet with their with peers who are doing the same work. Advocates talk about shared challenges, and learn from and support one another. These meetings include clinical supervision with CAP’s own Clinical Supervisor, as well as administrative meeting time to discuss grant compliance, training opportunities, and special projects.

3. **Clinical Support and Supervision in Domestic Violence**: CAP employs its own clinical supervisor who meets with family advocates twice per month, as mentioned above. This ongoing clinical consultation, support, training, and supervision are necessary for the success of the program. Priority is placed on self-care, as secondary trauma is often an issue among those working so closely with victims of violence.
4). How do you know the nominated program is successful? Please cite two examples. Although anecdotal examples are helpful, at least one example must include quantitative data.

1. Through most of the duration of the program, CAP advocates served 1200-1500 clients and their families annually. Due to more current turnover and restructuring, Cap’s four advocates service approximately 600 – 750 individual clients and their families each year. During the 2013 fiscal year, CAP served 451 new clients and their families in addition to the 142 that were already being served. Of those served, 88% were women; 50% were Black/African American, 39% were Asian, 9% were Hispanic/Latino, and 4% were White. During the first quarter of the 2014 fiscal year, CAP served 131 new clients and their families in addition to the 176 that were already being treated.

2. CAP Groups runs 6-8 groups per year. These groups service between 40 and 70 participants annually. Generally, two thirds of the groups are run at the health center, while the other third are held at community partner sites. At least two groups per year are conducted in languages other than English.
   a. Growth and expansion of CAP support groups: When CAP first began, we offered only one type of group for domestic violence survivors; this was a classic 8-12 week support group. These groups were designed for clients who had independently self-identified as survivors. Participants could share personal stories and survivor strategies, gain exposure to psycho-ed materials about domestic violence and learn about community resources. CAP began to receive referrals from outside agencies (particularly, DCF, whose collaboration is outlined in question 5). These agencies often labeled these referrals as “domestic violence survivors” without confirmation from the client that this was an important issue in his/her life. As these clients had not yet identified themselves as survivors of domestic violence, we learned that our classic support group model was not necessarily a good fit for these referrals. In response to this challenge, a 5-6 week psycho-educational group structure was developed, where the dynamics of healthy and unhealthy relationships were explored, in addition to red flags within a relationship, power and control, and strategies for self-care. We simultaneously developed a 5-6 week curriculum for teen dating violence awareness and education, as our health centers and community partners had identified a need for such a group amongst their adolescent population.
   b. Additionally, a CAP advocate began working with elder survivors of domestic violence, thus facilitating further evolution of our group work program. This advocate ran a regular 8-10 week support group whose participants were between the ages of 55 and 85 years old. As the group progressed, she began to notice a set of themes and needs emerge from this population specifically; Participants were no longer living with abusive partners and were experiencing long term effects of abuse. Many of these survivors and their children were suffering from long-term symptoms of Post Traumatic Stress Disorder (PTSD). Participants were also dealing with other challenges that come along with aging, including health issues, financial challenges, loss of peer and community members, and isolation. As a result of these needs, CAP created an ongoing nurturing and support group for elder survivors of domestic violence specifically.
   c. The final addition to our group work program is an 8-week skill-building group that was developed by another CAP advocate who noticed outlying qualities among certain members of her support groups. These survivors, many of whom were recent immigrants to this country, did not possess basic life skills that would allow them to leave their batterers successfully and safely (opening a bank account, filing for a restraining order, etc.). Thus, new curriculum for a skill-building group was developed where survivors are brought into the community to practice
and role-play behaviors and skills within the context of a supportive and cohesive group environment.

5). Who are your key community partners? What are their roles?

CCHERS and CAP were established as a partnership of CHC’s, and thus considers collaboration of primary importance. CAP depends on collaborative partnerships with other DV services in order to reduce duplication of efforts and ensure the most efficient and best possible services for victims. CAP has partnered with a number of criminal justice and legal service agencies, DV shelter-based organizations, governmental social services agencies, health-care based domestic violence and sexual assault programs, university-based organizations, and a broad range of community-based service providers.

CAP continues to maintain and enhance its work with (in alphabetical order after the first four CHCs):

- **Codman Square Health Center** – Located in Dorchester and home to one of CAPs family advocates who speaks Haitian Creole and English.
- **Dorchester House Multi-Service Center** – Located in Dorchester and home to two of CAP’s family advocates, one who speaks Vietnamese and English, and the other who speaks English and the Jamaican Patois dialect.
- **Upham’s Corner Health Center** – Located in Dorchester and home to one of CAP’s family advocates who speaks Cape Verdean Creole, Spanish, and English.
- **Boston Police Department** – Collaboration with CAP support groups.
- **Boston Area Rape Crisis Center (BARCC)**-Mutual referrals as cases relate to sexual assault and domestic violence issues.
- **Casa Myrna Supportive Services** – Legal services at Casa Myrna accepting and giving referrals to CAP advocates whose clients are in need of legal assistance.
- **Conference of Boston Teaching Hospitals Domestic Violence Council** – Provides a conduit for partnership among health care based domestic violence service organizations in the Boston area.
- **Department of Children and Families (DCF)** – Advocates work with victims who have child welfare cases to assist them with meeting the Department’s requirements and ensuring that client’s are meeting their goals. DCF also has a domestic violence unit within their organization with which CAP maintains collaboration efforts.
- **The Domestic Violence Institute at Northeastern University School of Law** – Advocates work directly with staff attorney at bi-weekly meetings to for consultation on existing or prospective cases.
- **Greater Boston Legal Services** – Provides consultation on existing or prospective cases and an accelerated intake process for CAP clients needing Probate and Family Court legal aid through the Family Advocate.
- **Haitian Women Roundtable** – Client referrals to and from organization, in addition to roundtable meeting about DV issues and trainings led by other local providers.
- **Massachusetts Department of Transitional Assistance (DTA)** – The state agency which administers all state-funded emergency programs. These include food and cash assistance. DTA also has a Domestic Violence Unit with Domestic Violence Specialists. Client referrals to and from organization.
- **Massachusetts Alliance of Portuguese Speakers (MAPS)** – Client referrals to and from organization and co-facilitated support groups with this partner community organizations.
- **SafeLink** – Massachusetts Statewide Domestic Violence / Intimate Partner Violence emergency hotline, available to clients 24/7. Client referrals to and from organization.
VietAid – Vietnamese leader group meeting to discuss issues in the community including domestic violence, neighborhood crime, and community events. Client referrals to and from organization.

6). Could/should your program be replicated in other areas of the country? Why?

The CAP program could and should be replicated in other areas of the country bridging the gap between domestic violence and primary care, CHCs are an ideal setting in which to integrate domestic violence services with primary care with the CHC leading a community oriented response that results in cross-sector collaborations that lead to better care coordination, increased awareness and education, and public advocacy.

Community health centers will play an integral part in healthcare transformation and their numbers are increasing. As they become patient centered medical homes their roles are integral to community and population health outcomes as well. CHCs are most open to employing community health workers which these Family Advocates are, with a focus on domestic violence and navigating those systems; like patient navigators do for consumers of healthcare; and health educators do for diabetics, asthmatics, hypertensives with a range of other comorbidities.

Any non-profit organization or DV service provider could serve as a base to convene community health centers to work collaboratively with outsourced advocates whose offices are located within CHCs but not directly employed by them, as one model. The program essence is in the integration of a Family Advocate into the primary care team of the CHC.

Advocates meet bi-weekly to discuss cases and receive DV-specific training. CAP is successful in that the organization builds on the common interests of an established group of cross-sector partners, leveraging proven advocacy capacity, and expands access to advocacy services for more domestic violence survivors.

Combining domestic violence and health care services in a single organization expands clients’ choices for accessing services. By widening the doorway and educating the community of the ways in which domestic violence is a public health /health care concern, health care service providers can be more effective at identifying and addressing clients’ full array of needs. For some clients, this also removes the burden of self-identifying one’s role in a family violence situation, which for some individuals and cultures can be an obstacle to seeking assistance. Partnerships among domestic violence organizations and providers of other related services (such as primary health care, job training, or economic independence) can enhance access to a variety of supports and improve long-term outcomes for survivors of domestic violence.

7). Does your agency have a workplace policy that addresses domestic violence? If so, please include a copy.

CCHERS, Inc. has a signed affiliation agreement with Northeastern University, its host institution and sustaining partner, which includes recognition of and adherence to University policies and procedures with regard to accounting, information and data security, research review, and human resources management, including workplace policy that addresses domestic violence—In the event that a Northeastern university employee is a victim of domestic violence, the university refers said victim to LifeScope Employee Assistance Plan (EAP), an outsourced program providing 24/7 confidential access to licensed counselors and legal assistance.

8). Has the agency and/or nominated program received VAWA funding (yes or no is sufficient)? Yes.
References

The Mary Byron Project
Celebrating Solutions Award
Semi-Finalist Application Materials

COMMUNITY ADVOCACY PROGRAM (CAP)
at the Center for Community Health Education Research and Service, Inc. (CCHERS)
Introduction

The Community Advocacy Program (CAP) is a successful initiative of the Center for Community Health, Education, Research and Service (CCHERS), Inc., a not-for-profit incorporated consortium of universities, hospitals, the local health department and a network of 15 community health centers (CHC’s) serving the diverse populations of Boston. CAP is a partnership of five community health centers based in the neighborhoods of Dorchester and CCHERS and is the only community health center-based domestic violence (DV) service partnership in the country.

The CAP mission is to provide and increase the availability and quality of domestic violence services for victims and their families in community health centers, offering these services in an accessible and safe setting.

Within the CCHERS partnership/consortium, all partners are involved in various ways, targeted to the most multiracial and multiethnic neighborhoods in the City and is integrated into the CHC primary care team, as well as the community and public health infrastructure of CHCs in their collaboration across sector with other community based organizations; law enforcement and public safety officials; and community service providers.

CCHERS is a cross-sector collaboration of academic, public health, and community health center partners with each making significant contributions to the CAP. Northeastern University serves as our host institution with donated space, facilities, IT support and in-kind services. The NU School of Law places students in the health centers for intake, consultation and case management under supervision of the DV Law Clinic and Greater Boston Legal Services. At Boston Medical Center we collaborate with the Child Witness to Violence Program and the Medical Legal Partnership; as well as the Bureau of Violence and Trauma at the Boston Public Health Commission.

www.cchers.org/communityadvocacyprogram
Mary Byron Project  
Celebrating Solutions Award  
10401 Linn Station Road  
Louisville, KY 40223  
October 9, 2015  

Dear Award Selection Committee:

It is with great enthusiasm that we write this letter in support of the  
Community Advocacy Program (CAP) at CCHERS, Inc. for its nomination  
for the Celebrating Solutions Award. The Domestic Violence Institute  
(DVI) at the Northeastern University School of Law works actively with  
the CAP program to provide legal assistance to underserved survivors of  
domestic and sexual violence.

Statistically, a very small number of survivors of domestic and sexual  
violence will turn to a traditional domestic violence or sexual assault  
organizations for help. The DVI recently set out to increase access to legal  
services to survivors, in particular to those who would not typically  
connect with traditional victim services. The primary goal was to reach  
survivors at those places they first turn for help, such as community  
health centers.

CAP has been a critical partner in this effort by connecting the DVI with  
their Family Advocates housed within participating health centers. By  
providing a trusted, safe space for survivors to meet with legal advocates  
and attorneys, CAP has increased the availability of needed legal  
information in the communities it serves. At the same time, CAP has  
helped the DVI conduct community specific, culturally aware legal  
outreach to places it has not historically been successful in reaching on its  
own. This collaboration is a good example of CAP creating a solution to  
the problem of inaccessible legal services for survivors by directly  
breaking down some of the most common barriers.

Specific examples of activities that reflect this collaboration include:
- Monthly case review at CAP clinical supervision and administrative meetings. Advocates bring difficult cases and/or legal questions pertaining to specific clients to facilitate a consistent dialogue between DVI and CAP staff surrounding victim advocacy and the law.

- Creation of on-site legal consultation projects for survivors at two of the CAP health centers. The collaboration requires many meetings between DVI and CAP staff to identify needs, secure space/health center approval, coordinate client referrals and meeting schedules, collaborative follow up on appropriate cases, devising marketing tools and strategies to advertise services to the community, and researching and sharing resources for clients.

- Cross training between DVI and CAP on issues important to providing culturally specific legal assistance.

- Individual CAP advocate/DVI legal consults regarding specific cases.

The Family Advocates at CAP bring an unsurpassed passion and commitment to their work. Their cultural competency and roots within the Boston community are unmatched. CAP is very much deserving of the Celebrating Solutions award, as the program helps victims and survivors to overcome obstacles on a daily basis.

Please don’t hesitate to contact us if you have any additional questions about the collaborative efforts between CAP and the Domestic Violence Institute at the Northeastern University School of Law.

Sincerely,

Margo Lindauer
Director, Domestic Violence Institute

Jennifer Howard
Supervising Attorney
Director of Legal Assistance to Victims Program at Northeastern University School of Law
Mary Byron Project  
Celebrating Solutions Award  
10401 Linn Station Road  
Louisville, KY 40223  

October 16, 2015  

Dear Award Selection Committee:  

We are writing this letter in support of the Community Advocacy Program (CAP) of the Center for Community Health Education Research and Service (CCHERS). CAP has been serving victims/survivors of domestic violence for approximately twenty years through a network of community health centers in the Boston area.  

The CAP model was (and continues to be) an innovative model in the field of domestic violence response, whereby a team of Family Advocates are located in community health centers in the Dorchester and Mattapan neighborhoods of Boston. Advocates are trained and experienced domestic violence experts, and they provide clients with on-site, confidential services in the supportive environment of their community health center. CAP Advocates connect victims/survivors with concrete services including shelters, transitional housing, financial assistance and job training, translation and cultural brokering, as well as support around mental health and substance use issues.  

The staff is a dynamic, diverse multicultural and multilingual team of professionals who function as connectors between client and community, with many established partnerships and extensive networks. Advocates work with the Dorchester Municipal Court, law enforcement, domestic violence service agencies and other community based organizations in a coordinated community response for victims/survivors and their families.  

As co-chairs of the Conference of Boston Teaching Hospitals’ Domestic Violence Council, as directors of our own hospitals’ domestic violence programs, and as long-standing colleagues of the CAP Program staff, we enthusiastically support their nomination to receive the Celebrating Solutions Award.  

Sincerely,  

Lisa Lachance, LICSW  
Director, Center for Violence Prevention and Recovery  
Beth Israel Deaconess Medical Center  
617-667-3458  

Joanne Timmons, MPH  
Manager, Domestic Violence Program  
Boston Medical Center  
617-414-7734  

Center for Violence Prevention and Recovery  

BOSTON MEDICAL  
EXCEPTIONAL CARE WITHOUT EXCEPTION.
October 8, 2015

Mary Byron Project  
Celebrating Solutions Award  
10401 Linn Station Road  
Louisville, KY 40223

Dear Award Selection Committee,

I am enthusiastically writing in support of the Community Advocacy Program (CAP) at CCHERS, Inc.’s nomination for the Celebrating Solutions Award. The Family Advocates at CAP provide essential direct services to victims and their children. They provide culturally sensitive care in a variety of languages, which is necessary to effectively meet the needs of Boston’s diverse population.

I have worked in collaboration with CAP for many years. In 2013, I had the pleasure of speaking at their annual fundraiser, “A Celebration of Survival,” honoring Boston’s then- First Lady Angela Menino. I am thrilled to have been chosen as the 2015 fundraiser honoree for this year’s event. As Boston City Councilor At-Large, my career has been marked by a determination to advance a political agenda focused on women and girls, breaking cycles of poverty and violence, and treating trauma in our communities.

While tremendous strides have been made in our criminal justice response to domestic violence, local law enforcement and criminal justice professionals have become increasingly aware of the limitations of this response. We know that many victims of violent crimes do not call the police for assistance. This is especially true for underserved and often more vulnerable victims, including elderly, homeless, immigrant, trafficked, same-sex, and male victims. Many victims turn to health care providers at their local health center or hospital for help. CAP Family Advocates within these medical settings provide direct services to victims on-site. We have seen these advocates help victims of domestic violence to obtain shelter, transitional housing, substance abuse treatment, translation assistance, driver’s licenses, independent bank accounts, access to legal services, immigration assistance, financial resources through the Department of Transitional Assistance, job training, job search assistance, and access to educational programming. CAP Family Advocates do an outstanding job of meeting the very complex and various needs of their clients.

BOSTON CITY HALL, ONE CITY HALL SQUARE, BOSTON, MASSACHUSETTS 02201  
617-635-4217 FAX: 617-635-4203 Ayanna.Pressley@cityofboston.gov
CAP Advocates are consistently passionate and committed, knowledgeable, professional, and very well connected with local service providers across systems. Each of these elements is fundamental to the success of this work, and combined they are remarkable; CAP’s multicultural, multilingual services are a tremendous asset to the community.

My collaboration and ongoing relationship with CAP has helped strengthen collective efforts to meet the needs of victims and survivors of domestic violence within our community. I wholeheartedly support the work of CAP and enthusiastically urge you to celebrate their ongoing successes and solutions to domestic violence.

Please feel free to contact my office if you have any additional questions about the Community Advocacy Program, and thank you in advance for your consideration.

Sincerely,

[Signature]

Ayarina Pressley, Boston City Councilor At-Large
Proof of 501 (c)(3) Status

Internal Revenue Service
Director, Exempt Organizations
Rulings and Agreements

Date: MAY 07 2009

Department of the Treasury
P.O. Box 2508
Cincinnati, OH 45201

Employer Identification Number:
04-3286409

Person to Contact - ID#:
Sirjun Mayi - #0203007

Contact Telephone Number:
877-829-5500 Phone

Public Charity Status:
509(a)(1) and 170(b)(1)(A)(vi)

Center for Community Health Education,
Research and Services Inc
C/o Barbara Freeman Wand, Esq
Bingham McCutchen LLP
One Federal St
Boston, MA 02110

Dear Applicant:

Our letter dated March 1998 stated that you were exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code and classified as a public charity under section 509(a)(3) of the Code.

Based on the information you submitted, we have modified your public charity status to the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, 800-829-3676. Information is also available on our Internet Web Site at www.irs.gov.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

If you have any questions, please call our toll-free number shown in the heading of this letter.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements
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<td>Personnel</td>
<td></td>
</tr>
<tr>
<td>Salary Expense</td>
<td>159,594</td>
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<tr>
<td>Applicable Fringe Benefits</td>
<td>50,272</td>
</tr>
<tr>
<td><strong>Total Personnel</strong></td>
<td>209,866</td>
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<tr>
<td>Non-Personnel</td>
<td></td>
</tr>
<tr>
<td>Subcontracted Services *</td>
<td></td>
</tr>
<tr>
<td>Health Center Subcontracts</td>
<td>41,381</td>
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<tr>
<td>Stipends</td>
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<tr>
<td>Auditing, Legal and Consulting</td>
<td>22,665</td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>Equipment Rental</td>
<td></td>
</tr>
<tr>
<td>Telecommunications</td>
<td>1,080</td>
</tr>
<tr>
<td>Postage</td>
<td>1,500</td>
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<tr>
<td>Program Supplies</td>
<td>4,232</td>
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<tr>
<td>Office Supplies</td>
<td>1,500</td>
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<tr>
<td>Advertising/Recruitment</td>
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<tr>
<td>Printing</td>
<td>1,500</td>
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<tr>
<td>Memberships/Events</td>
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<tr>
<td>Staff Training/Faculty Develop.</td>
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<tr>
<td>Staff Travel</td>
<td>2,000</td>
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<tr>
<td>Meeting Expense</td>
<td>1,500</td>
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<td>Rent and Utilities</td>
<td>23,799</td>
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<td>Insurance</td>
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<td>Miscellaneous</td>
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<tr>
<td>CCHERS Administrative Costs</td>
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<tr>
<td><strong>Total Non-Personnel</strong></td>
<td>103,157</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>313,024</td>
</tr>
<tr>
<td><strong>Surplus/Deficit</strong></td>
<td>3,030</td>
</tr>
</tbody>
</table>
Program Questions

What is the approximate number of individuals served annually by the applicant or nominee?

The CAP model builds a bridge between the expertise of community-based advocates and the accessibility of a trusted neighborhood health center. Participating health centers are located throughout Dorchester, Roxbury, and Mattapan; these are historically working-class neighborhoods of Boston that are characterized by significant ethnic and cultural diversity. Three out of five of our advocates are bilingual, allowing the program to serve a more broad range of clients; languages include Vietnamese, Haitian Creole, and Spanish.

CAP’s advocates service approximately 600 – 750 individual clients and their families each year, and we expect this number to grow as we continue to expand our program. During the 2013 fiscal year, CAP served 451 new clients and their families in addition to the 142 that were already being served. During the first quarter of the 2014 fiscal year, CAP served 131 new clients and their families in addition to the 176 that were already being treated.

How many paid staff and volunteers are used to administer the nominated program?

CAP staff includes five Family Advocates (1 new advocate as of September 2015), one External Clinical Advisor, and the Executive Director. Additionally, CAP typically has a volunteer graduate student intern working directly with the Executive Director and Family Advocates during administrative and clinical supervision meetings.

In direct service, the CAP Family Advocates are Diem Nguyen, serving the community through DotHouse Health (advocate speaks Vietnamese), Maxine Ricketts, through DotHouse Health, Kerline Tofuri, serving the community through Codman Square Community Health Center (advocate speaks Haitian Creole), Aracelis Acosta, serving the community through Harvard Street Neighborhood Health Center and Uphams Corner Health Center (advocate speaks Spanish), and Gemma McFarland, serving the community through Mattapan Community Health Center.

In addition to working in direct service, Diem Nguyen serves as Program Coordinator for CAP, managing the advocates and providing clinical assistance. Gemma McFarland works on grant writing, web design and social media, marketing and promotion.

Lorraine Lafata, MSW, LICSW, is the External Clinical Advisor for CAP. As the Clinical Advisor, Ms. Lafata facilitates CAP’s External Clinical Supervision twice-a-month meetings. These meetings serve as a place for the Advocates to seek clinical support and guidance from the External Clinical Advisor, in relation to challenging and complex domestic violence cases, particularly those with co-occurring issues of mental illness and substance use/abuse. The External Clinical Supervision meetings are also a place where advocates can share their own expertise about working with domestic violence survivors in a health care setting.

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Problem solving, skill-development, team-building, and self-care promotion are all-important objectives for each Clinical Supervision meeting. These discussions serve the purpose of helping the advocates stay effective and energized at work. Clinical Supervision meetings are the glue holding the advocates together as they are placed in different Health Centers across Boston, thus fostering a team-like experience for all those involved with the program.

Elmer Freeman, MSW, is the Executive Director of CCHERS, Inc., which administers the Community Advocacy Program. In collaboration with the community health centers participating under the CCHERS umbrella and its relationship with the Northeastern University School of Law, Mr. Freeman plays an integral role in cultivating and fostering the relationship between CAP and the CHC’s that are served by the program. In addition, Mr. Freeman is a champion of maintaining relationships with local organizations with the similar mission of addressing the social and economic circumstances of domestic violence. Mr. Freeman is extremely hands on with the program, working closely with the CAP advocates and Clinical Supervisor to maintain open lines of communication and a productive environment.

Are there past awards, accolades, and grants furnished upon the applicant or nominee that would further exemplify its success in combating intimate partner violence?

Since 1995, CAP has been funded by the Victims of Crime Act (VOCA) through the Massachusetts Office of Victims Assistance (MOVA). It has since received one of the largest awards of all recipients of the grant. In 2015, CAP was awarded funding to hire an additional advocate and thus expand the program, speaking to the program’s efficacy and overall success.

In January 2012, CAP was featured in The Power of Partnership: Strategic Restructuring Among Domestic Violence Organizations. This publication, funded by the Blue Shield of California Foundation, was created to provide technical assistance and information to domestic violence program, looking for inventive ways of working with already existing resources within their communities.

Research was done on twenty identified domestic violence partnerships from across the country. Out of those twenty organizations, CAP was chosen to be highlighted along with three other domestic violence provider agencies, for its innovative and integrative use of partnership and networking to sustain domestic violence services for survivors.

If funding were not an issue, what (if any) changes or additions would you make to your program in the future? What are the long term goals for your program? We are interested in hearing both your practical goals in addition to any lofty dreams you might have for the future.

If funding were not an issue, at least two additional family advocates would be an ideal addition to the CAP organization. With more advocates, the organization could serve more health centers, clients, and communities.

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On a smaller scale, the advocates at CAP would like to have funds in place that would address the following needs:

Emergency Transportation for clients: Because domestic violence shelters are often full and beds are not always available, often times, clients who are seeing emergency shelter are placed in shelters outside of Boston or even outside of Massachusetts. When these shelters do not provide pick-up and transportation services, clients must pay for bus and/or train tickets out of pocket. However, if the client does not have enough money, then he/she will be unable to make his/her way to the available shelter, and thus return to a potentially dangerous environment. In these situations, it would be useful to have a fund within the CAP program that could be used to assist victims and their children in transportation costs to emergency shelter.

Food and drink for support groups: When facilitating a support group, it is necessary to build trust and a sense of safety within the group. Sharing food and drink is a time-honored way of welcoming people into a community space. Offering simple foods, such as, coffee, tea, juice or snacks, is a direct and caring way of creating a comfortable and supportive place for clients who are victims and survivors of domestic violence.

In addition, providing food and drink make possible for clients to attend groups without having to put aside their own needs for food and sustenance. Domestic violence support and psycho-educational groups sometimes have to be held at unusual times of the day, for safety reasons. Victims/survivors often prefer groups to be held during early morning times or lunch hours to disguise that fact that they are seeking help. When we make food available we know that we are victims/survivors can come to group without having to sacrifice their health needs.

Additional long-term goals include:

Spreading awareness of the CAP organization: The structure of the Community Advocacy Program is unique because CAP is the only community health center-based domestic violence partnership in the country. Because the CAP program places advocates at Community Health Centers across the city, it is important to maintain a CAP identity as our organization is does not work out of one single location. Going forward, we hope to produce and distribute more promotional materials such as fact sheets and calendars with the cap logo in addition to DV statistics and information regarding how to get help in order to spread awareness and education. We have already begun this process, both physically and through social media. In Fiscal Year 2015, CAP began fostering a social media presence through Facebook (see next page). Additionally, brochures and two fact sheets have been created and distributed. Brochures are printed in English, Spanish, Haitian Creole, Portuguese, and Vietnamese. (Please see sample brochures enclosed. Please note that these brochures have not yet been updated / printed to reflect newer Health Center locations as of September 2015).
Figure 1 (above): CAP Facebook Page Screenshot

Figure 2: Cover Photo for CAP Facebook Page, October 2015

www.cchers.org/communityadvocacyprogram
Specific Program Questions: CAP

How does a victim of intimate partner violence become a client of CAP? Is there a universal screen completed by hospital and health center personnel to identify victims/survivors?

Each health center has a screening process used by medical providers to detect domestic violence among patients. In this case, the patient will be referred to a CAP advocate directly. For instance, if a patient is at the health center to see his/her primary care physician (PCP), and the PCP screens for domestic violence and learns that he/she is experiencing domestic abuse, then the advocate is immediately paged. However, an individual does not have to be a patient at the health center in order to meet with a Family Advocate. Sometimes, the Department of Children and Families (DCF) will require their clients to meet with a domestic violence advocate a certain number of times as part of their service plan. We often receive referrals from victim witness/advocates and other court-based personnel. Domestic violence officers and advocates placed within the police force settings are another direct referral source for CAP. In addition, our advocates work hard to connect with other neighborhood-based service providers, so that network of workers can and do send victim/survivors to CAP advocates for domestic violence services. And at other times, victims and survivors hear about CAP through word of mouth or via our promotional materials, and walk in to the health center to meet with an advocate anonymously.

Please detail the protocol that is followed when a client is identified and offered services. What days and hours are the advocates available and what is the time frame for linking the advocate with the client? Please address whether the protocol involves contacting law enforcement and/or social services. What is the process to link victims with services when the advocates are not available?

As stated above, each health center has a screening process used by medical providers to detect domestic violence among patients. For instance, if a patient is at the health center to see his/her primary care physician (PCP), and the PCP screens for domestic violence and learns that he/she is experiencing domestic abuse, then the advocate is immediately paged. In some cases, the advocate is able to meet with the client immediately if it is between the hours of 9 and 5pm. Otherwise, the advocate might see the patient briefly to schedule a meeting for another day/time that works best for the patient. When advocates are not available, the provider will give the patient the advocate’s contact information and vice versa so that a meeting can be scheduled. If services are needed immediately or it is an emergency, a social
worker on staff will see the patient in the event that the advocate is unavailable and there is no time to wait.

When the advocate does meet with the patient, an initial intake is completed with the goal of finding out what the client is looking for on that day. For example, the advocate might listen to the patient’s story and then ask “what would be the best outcome from this meeting?” Sometimes, patients are seeking emergency shelter. Other times, additional meetings are scheduled after the introductory meeting, in order to work with the patient continuously and help him/her to reach the often multiple services that he/she needs.

In the event that law enforcement or social services must be contacted, the advocate meets with his/her clinical supervisor, from which point the clinical supervisor will decide the proper protocol. All advocates are mandated reporters with regard to child abuse, disability abuse and elder abuse, and if the advocate suspects that a child, a disabled person or an elder is in danger then he/she will immediately bring the matter to his/her clinical supervisor.

Do you provide on-going training to the hospital and health centers medical personnel in issues related to intimate partner abuse, sexual assault and stalking? If so, how is the training delivered, i.e., in person, via the Internet or other?

CAP Family Advocates provide on-going training to hospital and health center staff, including all medical personnel and new hires in issues relating to intimate partner abuse. This training is delivered in person, usually via a PowerPoint presentation and/or discussion. While the medical field does have a universal screening process for domestic violence, CAP Family Advocates will often work with his/her individual health center to refine this screening for more comprehensive purposes.

In addition to the information provided on the application in the answer to Question #4 regarding success of the program, are any evaluations, pre or post-tests, or client satisfaction surveys utilized to gauge effectiveness of the program?

CAP is responsible for running approximately 8 domestic violence support and psycho-educational groups per year. For each group, a pre and post-test is given to participants, in addition to client satisfaction surveys. We are currently working on a client satisfaction survey to provide to clients on an individual basis which we will likely implement in 2016.
Please provide the story of a client who personally benefitted from the services of the program, without invading the confidentiality and privacy of the client.

Recently, a client (name changed to Jane for the purpose of confidentiality) who was not a patient at the health center site came in to meet with CAP Family Advocate. A mother of two boys under the age of four, Jane was afraid of her ex-boyfriend who had been harassing her and stalking her for the past four years. She explained that while they were dating, he was both physically and emotionally abusive, even while she was pregnant. After breaking up, her and her mother had to move countless times in order to avoid Jane’s abuser, who continuously found her location and harassed her. She left two jobs because her abuser had found her at both, and she did not feel safe at work. Jane has since been unemployed because of fear of her abuser. Now, while in jail for unrelated offenses, the abuser wrote her a letter and sent it to her home. This was concerning because he should not have had access to Jane’s current address.

Because she was staying with her mother in public housing but was not on the lease, she would put her mother’s housing at risk. In Massachusetts, the Department of Transitional Assistance (DTA) will help victims of domestic violence find housing if there is a need. However, DTA told the Jane that because there had not been physical abuse recently and the letter was not threatening, they did not consider her situation to be dangerous and/or threatening. Jane did not have a restraining order against the abuser and no police reports had ever been filed. She could not file a restraining order because she did not know her abusers current address.

However, Jane had a gut feeling that she should be afraid, and came to speak with a CAP advocate for advice. Her immediate need was to relocate and find housing that would keep her and her children safe.

Jane and the CAP Advocate called all of the domestic violence shelters and Massachusetts, but they were full. They then called shelters in Rhode Island and New Hampshire, but those were full as well. After four hours, the CAP advocate was able to locate shelter in Connecticut, which had space available for Jane and her two children.

The shelter did not provide transportation, so Jane and the CAP Advocate had to figure out how Jane would travel to Connecticut. CAP does not currently have room in the budget for emergency travel assistance, which would have been very helpful for Jane in this situation. Instead, Jane purchased a bus ticket for her and her children with the remaining money she had from her previous job.

Jane was able to take a bus to Connecticut and go to the shelter with her two children. We were happy to have been able to give Jane such immediate assistance.

www.cchers.org/communityadvocacyprogram
Please feel free to briefly share any additional information about your program that may be helpful for our reviewers to know.

The multilingual capacity at CAP is unmatched and the collaborative efforts that exist within the organization are to be admired. CAP is the only program of its kind in the United States, however it could easily be replicated given appropriate funding, direction, and understanding of the mission and initiative.

Another unique element to CAP is that it works in collaboration with Boston’s community health centers, law students at Northeastern University School of Law, and graduate students from varying programs across the city who serve as CAP interns. The fact that CAP advocates are placed in community health centers where the primary focus is healthcare, medical providers are able to 1) gain insight and training on intimate partner violence among patients in the healthcare setting and 2) work with Family Advocates on awareness programming throughout the health centers. Further, CAP advocates offer a resource to victims and survivors outside the traditional domestic violence service agencies, which are typically only utilized by a very small number of victims.
The number of American troops killed in Afghanistan and Iraq between 2001 and 2012 was 6,488. The number of American women who were murdered by current or ex male partners during that time was 11,766 - That's nearly double the amount of casualties lost during war.

Know the Facts.

- 1 in 4 women and 1 in 7 men will experience domestic violence.
- Domestic violence and abuse can happen to anyone, regardless of gender, race, ethnicity, sexual orientation, or income.
- Domestic Violence is the third leading cause of homelessness among families in the United States.

Figure 3: Know the Facts Flier, 2015

www.cchers.org/communityadvocacyprogram
Love Shouldn’t Hurt.

- On average, more than three women each day are murdered by their husbands or boyfriends in the United States.
- 1,181 women were murdered by an intimate partner in 2005.
- Women experience approximately two million injuries from intimate partner violence each year.
- The U.S. Department of Justice reported that 37% of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse.

Know The Facts.

Figure 4: Love Shouldn’t Hurt Flier, 2015

www.cchers.org/communityadvocacyprogram
This year, CAP had three “Silent Witness” silhouettes created that rotate through each participating health center and serve as a tool for promoting awareness of domestic violence related homicide.

Figure 5: Silent Witnesses at DotHouse Health in Dorchester, MA
A Celebration of Survival

In honor of Domestic Violence Awareness Month, every October CCHERS’ Community Advocacy Program hosts an annual fundraising event, “A Celebration of Survival” which this year marks 20 years of service to those individuals and families affected by domestic violence. Donations and support make an enormous impact on many victims themselves, their families and on bringing an all-too-often hidden issue out into the open.

The event takes place at the Northeastern University, and donations go directly to victims of domestic violence and their families. Last year, CAP honored then First Lady of Massachusetts Diane Patrick, who is a survivor of domestic violence from her first marriage. This year, the program will honor City Councilor Ayanna Pressley.

In addition to accepting regular donations, local businesses and organizations can also contribute to the cause by donating items for a silent auction in addition to sponsoring the event. Tickets are sold at the door.

Figure 6: 2015 Invitation for "A Celebration of Survival"

www.cchers.org/communityadvocacyprogram
Forms

Please provide copies of any evaluation forms, screening tools or assessments used to determine client eligibility and danger/lethality risk. Additionally, please include copies of any tools or forms used to safety plan with clients.

Enclosed, please find the following documents:

1. CAP Brief Encounter Form
2. CAP Full Intake Form
3. CAP Client Release of Information
4. CAP Personalized Safety Planning Form
5. CAP Evaluations for Groups: Teen Dating Violence; Support Group; Psycho-Educational Group
6. CAP Pre / Post Tests: Teen Dating Violence; Support Group; Psycho Educational Group
7. COBTH Domestic Violence Client Feedback Form
8. COBTH DV Client Feedback Initial Form
9. COBTH DV Client Feedback Follow-up Form
Date: ________________________________

Advocacy Site: ____________________________________________

Advocate Name: ____________________________________________

Contact was:
☐ with health center provider
☐ with social service provider outside of health center (specify from where)

☐ with client

☐ in person
☐ on phone

Client Information, if known:
Client Name: ____________________________________________
Medical Record #: _______________________________________
Gender: ______ F ______ M ______ TransM ______ Trans F ______ Gender Neutral ______ Gender Fluid
Age: ______ DOB: ______ / ______ / ______
Telephone: Home: _______________________________________
Other: __________________________________________________
Safe to use?: ______ no ______ yes: Safe times: __________________________
Notes: ___________________________________________________

Purpose of visit/consultation?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Summary of consultation/Plan/Additional Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Amount of time spent in consultation? __________________________


COMMUNITY ADVOCACY PROGRAM / FAMILY ADVOCATE
CLIENT INTAKE FORM

NOTE: If this is not the client’s initial visit, please use the Client Encounter form.

Date: ________________________
Health Center: ________________________ Advocate Name: ________________________

Initial Contact was: ☐ by phone ☐ in-person Date: ________________________

Client Name: ________________________
Address: ________________________

Is address impounded? ☐ no ☐ yes ☐ unknown
Safe to send mail? ☐ no ☐ yes Comments: ________________________

Gender: ☐ F ☐ M ☐ Trans Female ☐ Trans Male ☐ Gender Neutral ☐ Gender Fluid

Age: _______ DOB: _______/______/______

Medical Record #: ________________________ CHC Tab Sticker: ________________________

Telephone: Home: ________________________ Other: ________________________

Safe to use? ☐ no ☐ yes: Safe times: ________________________
Contacts? ☐ okay to speak with: ________________________
Notes: ________________________

Primary language:
☐ English ☐ Spanish ☐ yes
☐ Vietnamese ☐ yes
☐ Portuguese ☐ yes
☐ Haitian Creole ☐ yes
☐ Cape Verdean Creole ☐ yes

Interpreter requested? ☐ Other ________________________

Client’s reason for seeking assistance today is (check all that apply):
☐ counseling
☐ safety planning
☐ financial assistance
☐ legal advocacy
☐ support group
☐ assistance with shelter
☐ assistance with housing
☐ childcare assistance
☐ other: ________________________

Notes: ________________________
Client Referred From: (check applicable referral) □ did not ask about referral source

<table>
<thead>
<tr>
<th>Boston Police Department:</th>
<th>Other health center:</th>
<th>Other service (please specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-2 (Roxbury)</td>
<td>Bowdoin Street</td>
<td>Educational resources</td>
</tr>
<tr>
<td>B-3 (Mattapan)</td>
<td>Codman Square</td>
<td>Food assistance</td>
</tr>
<tr>
<td>C-11 (Dorchester)</td>
<td>Dimock/Dimock Behavioral Health</td>
<td>Housing assistance</td>
</tr>
<tr>
<td>C-6 (South Boston)</td>
<td>Dorchester House</td>
<td>Shelter/safe home</td>
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<tr>
<td>E-13 (Jamaica Plain)</td>
<td>Geiger Gibson</td>
<td>DSS (specify Area Office)</td>
</tr>
<tr>
<td>Other precinct or police program:</td>
<td>Harbor Family</td>
<td>DTA</td>
</tr>
<tr>
<td>Court-related or legal programs</td>
<td>Neponset</td>
<td>Social services</td>
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<tr>
<td>District Attorney's Office</td>
<td>Upham's Corner</td>
<td>Mental health</td>
</tr>
<tr>
<td>Dorchester Court Civil Legal Advocates</td>
<td>Other:</td>
<td>Batterer Intervention Partner Contacts</td>
</tr>
<tr>
<td>Probation</td>
<td>Hospitals:</td>
<td>Religious/faith-based organization</td>
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<tr>
<td>Other court personnel</td>
<td>BIDMC</td>
<td>Other medical assistance</td>
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<tr>
<td>Other court program</td>
<td>Boston Medical Center (BMC)</td>
<td>Substance abuse program</td>
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<td>Other legal program</td>
<td>Brigham &amp; Women's</td>
<td>Family, friends, or other</td>
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<td>Other victim service programs/agencies</td>
<td>Caney Hospital</td>
<td>Self-referral – came on own initiative:</td>
</tr>
<tr>
<td>Victim Compensation or MOVA</td>
<td>Child Witness to Violence Program</td>
<td>Newspaper Article/Ad</td>
</tr>
<tr>
<td>Other victim service agency (specify)</td>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Client is (check all that apply):

☐ victim of domestic violence in current intimate relationship(s)
☐ victim of domestic violence in past intimate relationship(s)
☐ victim of other crime: ____________________________
☐ relative of victim (specify relationship): ________________
☐ friend, neighbor, colleague of victim (specify relationship): ________________
☐ other: __________________________________________

Relationship Status:

☐ never married ☐ married
☐ partnered, not living together
☐ partnered, living together
☐ separated ☐ divorced
☐ widowed ☐ family member

Does the client live with current partner? ☐ yes ☐ no ☐ did not ask

CHILDREN:
Number of client's children ________________
Number of minor children living with client ________________
Number of children fathered by abuser ________________
Names of children: _____________________________

DOB of child ________________

p.2
Names of children: ____________________________  DOB of child __________
______________________________  DOB of child __________
______________________________  DOB of child __________
______________________________  DOB of child __________

(For advocate, note number of Mom's children, that are not fathered by abuser)

INFORMATION ON ABUSE/ABUSER:

Sex of the Abuser:  □ M  □ F  □ Other

Abuser's Name: ____________________________

Abuser's D.O.B: ___(mo)/ ___(day)/ ___(year)

Where is abuser living? ____________________________

Where does abuser work? ____________________________

Notes: ______________________________________

____________________________________________

Client's relationship to the abuser:

□ spouse  □ ex-partner
□ ex-spouse  □ client is parent of abuser
□ current partner, living together  □ other: ____________________________
□ current partner, not living together  □ did not ask

Type of abuse: (check all that apply)

□ physical  □ emotional [e.g., is controlling of daily activities, jealous, stalking, threatens to leave, threatens or does have other relationship(s)]
□ threats of physical violence  □ other: ____________________________
□ sexual (For advocate, gently inquire about type of sexual abuse)  □ did not ask
□ verbal

Length of the abuse:

□ less than 1 month  □ over 5 years: ____________________________
□ 1 month - 6 months  □ did not ask
□ 6 months - 1 year
□ 1-2 years
□ 2-5 years

Notes: ______________________________________

____________________________________________
Lethality Assessment:

1. Has the violence been increasing in severity or frequency over the past year?

2. Has the abuser used a weapon on you or threatened you with a weapon?

3. Do you believe your abuser is capable of killing you?

(For advocate, 2 or more yes answers to questions 1-3, consider doing more complete lethality assessment)

Has the abuse against the client involved (check all that apply):

- [ ] use of a firearm:
- [ ] other weapons which?
- [ ] destruction of property
- [ ] threats to kill
- [ ] suicide threats (by the batterer)
- [ ] child abuse
- [ ] substance abuse

Notes: ________________________________

Does the abuser own or have access to a firearm?
- [ ] yes
- [ ] no
- [ ] did not ask
- [ ] unknown

Latest Episode of Abuse:

Has the client been to a hospital or health center for injuries caused by the latest episode of abuse?
- [ ] yes
- [ ] no
- [ ] did not ask

Restraining Order:

Has the client ever filed for a restraining order?
- [ ] yes
- [ ] no
- [ ] did not ask

Does the client have a current restraining order against abuser?
- [ ] yes
- [ ] no
- [ ] did not ask

If yes, when does the 209A/Restraining Order expire?

If no RO, why not?
- [ ] Did not feel it was necessary or helpful
- [ ] Felt that this was a family issue
- [ ] Safety concerns for self or children
- [ ] Previous negative experience
- [ ] Pending criminal charges against client
- [ ] Child custody concerns
- [ ] Immigration concerns
- [ ] Other: ________________________________
Were the police called because of the latest episode of abuse?  
☐ yes  ☐ no  ☐ did not ask

Was a police report filed?  
☐ yes  ☐ no  ☐ did not ask

Was an arrest made?  
☐ yes  ☐ no  ☐ did not ask

Did the client follow up with the District Attorney/DA or go to criminal court as a result of this latest episode of violence?  
☐ yes  ☐ no  ☐ did not ask

Previous episodes of Abuse-
Has the client ever turned to the police because of abuse by a partner?  
☐ yes  ☐ no  ☐ did not ask

Has the client ever turned to the DA because of abuse by a partner?  
☐ yes  ☐ no  ☐ did not ask

If client did not (now or in the past) use legal avenues (police/ DA) why not? (check all that apply)  
☐ Personal or family safety concerns  
☐ Wanted to keep it civil, not criminal  
☐ Thought it was a family affair  
☐ Previous negative experience  
☐ Pending criminal charges against client  
☐ Child custody issues  
☐ Concerns about immigration status  
☐ Had help from family/friends  
☐ Other: ________________________________

Sources of Social Support:
Does the client have sources of social support that s/he can turn to (as s/he deals with the abuse/r)?  
☐ yes  ☐ no  ☐ did not ask

These sources of support include (check all that apply):

☐ family member: ________________________________

☐ friend: ________________________________

☐ co-worker: ________________________________

☐ community agency: ________________________________

☐ faith community: ________________________________

☐ counselor: ________________________________

☐ health services, describe: ________________________________
☐ legal services, describe: ________________________________
☐ support group: ______________________________________
☐ other: _____________________________________________

SERVICES:

Referred client to: (check all that apply)  ☐ did not make referrals at this time

<table>
<thead>
<tr>
<th>Boston Police Department:</th>
<th>Other health center:</th>
<th>Other service (please specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-2 ( Roxbury )</td>
<td>Bowdoin Street</td>
<td>Educational resources</td>
</tr>
<tr>
<td>B-3 ( Mattapan )</td>
<td>Codman Square</td>
<td>Food assistance</td>
</tr>
<tr>
<td>C-11 ( Dorchester )</td>
<td>Dimock / Dimock Behavioral Health</td>
<td>Housing assistance</td>
</tr>
<tr>
<td>C-6 ( South Boston )</td>
<td>Dorchester House</td>
<td>Shelter/safe home</td>
</tr>
<tr>
<td>E-13 ( Jamaica Plain )</td>
<td>Geiger Gibson</td>
<td>DSS (specify Area Office)</td>
</tr>
<tr>
<td>Other precinct or police program:</td>
<td>Harbor Family</td>
<td>DTA</td>
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<td></td>
<td>Neponset</td>
<td>Social services</td>
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<tr>
<td>Court-related or legal programs</td>
<td>Upham’s Corner</td>
<td>Mental health</td>
</tr>
<tr>
<td>District Attorney’s Office</td>
<td>Other:</td>
<td>Batterer intervention Partner Contacts</td>
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<tr>
<td>Dorchester Court Civil Legal Advocates</td>
<td></td>
<td>Religious/faith-based organization</td>
</tr>
<tr>
<td>Probation</td>
<td>Hospitals:</td>
<td>Other medical assistance</td>
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<tr>
<td>Other court personnel</td>
<td>BIDMC</td>
<td>Substance abuse program</td>
</tr>
<tr>
<td>Other court program</td>
<td>Boston Medical Center (BMC)</td>
<td>Family, friends, or other</td>
</tr>
<tr>
<td>Other legal program</td>
<td>Brigham &amp; Women’s</td>
<td>Self-referral – came on own initiative:</td>
</tr>
<tr>
<td></td>
<td>Carney Hospital</td>
<td>Newspaper Article/Ad</td>
</tr>
<tr>
<td>Other victim service programs/agencies</td>
<td>Child Witness to Violence Program</td>
<td>Other:</td>
</tr>
<tr>
<td>Victim Compensation or MOVA</td>
<td>Children’s</td>
<td></td>
</tr>
<tr>
<td>Other victim service/agency (specify)</td>
<td>Other Hospital:</td>
<td></td>
</tr>
</tbody>
</table>

Client’s Race/Ethnicity
☐ Black
☐ White
☐ Hispanic/Latino (specify): __________
☐ Portuguese/Azores
☐ Cape Verdean
☐ Caribbean Islander (specify): __________
☐ Asian (specify): __________
☐ Pacific Islander (specify): __________
☐ Indian (specify): __________
☐ Native American
☐ Bi-racial/Multi-racial
☐ Other (specify): __________
☐ Did not ask

Occupation Status:
☐ employed outside home
☐ homemaker
☐ student
☐ other: __________

Employment Status:
☐ employed full-time
☐ employed part-time
☐ unemployed
☐ retired
☐ disabled

p.6
ENHANCED ADVOCACY NETWORK
CLIENT SERVICE ENCOUNTER FORM

Additional Notes:

____________________________________________________________________

____________________________________________________________________

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Community Advocacy Program Client Release of Information

Read First: Before you decide whether or not to let Community Advocacy Program share some of your confidential information with another agency or person, an advocate at Community Advocacy Program will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want Community Advocacy Program to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that Community Advocacy Program has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Community Advocacy Program to release some of my personal information to certain individuals or agencies.

[Table]

<table>
<thead>
<tr>
<th>Who I want to have my information:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specific Office at Agency:</td>
</tr>
<tr>
<td></td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

The information may be shared:

☐ in person   ☐ by phone   ☐ by fax   ☐ by mail   ☐ by email

☐ understand that electronic mail (email) is not confidential and can be intercepted and read by other people.

<table>
<thead>
<tr>
<th>What information about me will be shared</th>
<th>List as specifically as possible, for example: name, dates of service, documents</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Why I want this information shared</th>
<th>List as specifically as possible, for example: “to receive benefits”</th>
</tr>
</thead>
</table>

Please note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Community Advocacy Program.

I understand that:

☐ I do not have to sign this release form. I do not have to allow Community Advocacy Program to share my information; signing a release form is completely voluntary; this release is limited to what I write above; if I would like Community Advocacy Program to release information about me in the future, then I will need to sign another written, time-limited release.

☐ Releasing information about me could give another agency or person information regarding my location and would confirm that I have been receiving services from Community Advocacy Program.

☐ That community Advocacy Program and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on: ___________ ___________

*Expiration should meet the needs of the victim, typically no more than 15-30 days, but may be shorter or longer.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: ___________________________ Date: ________ Time: ________ Witness: ___________________________

Reaffirmation and Extension (If additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until:

Signed: ___________________________ Date: ___________ ___________ New Date ________ New Time: ________

Witness: ___________________________
Domestic Violence Personalized Safety Plan

The following steps represent my plan and preparation for increasing my safety in the event of future and further violence. While I cannot control my partner's violence, I am able to choose how I respond to him/her and how I can keep myself and my children safe.

NAME: _____________________________ DATE: ______________

The following Safety Planning tool consists of 10 sections. Please fill in sections that are most relevant to you and your situation, omitting sections as necessary. Sections do not have to be filled out in order.
SECTION 1. SAFETY DURING A VIOLENT INCIDENT. A survivor cannot always avoid violent incidents, but there are strategies they can take to increase their safety.

During a violent incident, I can do the following:

➤ If I decide to leave, I will ________________________________

(Use this space to brainstorm how to leave the environment in a safe way. What doors, windows, elevators, stairwells, fire escapes, etc. would you use?)

➤ If I have to leave my home, I will go ________________________________

➤ I can keep my personal items, identification, and car keys ready and accessible at the following location:

______________________________ in case I want to leave quickly.

➤ I can tell ________________________________ about the violence I am experiencing and request that they call the police if they hear suspicious noises coming from my home.

➤ I can teach my children how to use the telephone to contact the police, fire department, and 911. If my child has a cell phone, I can program important phone numbers into their phone.

➤ I will use “______________________________” as a code with my children and my friends in order to secretly tell them to call for help.

➤ I can also teach some of these strategies to some or all of my children.

➤ When I expect my partner and I are going to have an argument, I will try to move the argument into a space in my home that is low risk, such as ________________________________

(Avoid arguments in areas such as the bathroom, kitchen, or garage, i.e. near weapons or in rooms without access to an exit)
SECTION 2. SAFETY WHEN PREPARING TO LEAVE. Survivors of domestic violence frequently leave the residence they share with their abusing partner. Leaving must be planned carefully in order to increase safety, as abusers often strike back when they believe a survivor is leaving the relationship.

I can use some or all of the following strategies:

➢ I will leave money and an extra set of keys with ____________________________ so I can leave quickly.

➢ I will keep copies of important documents at ________________________________________________

➢ I can leave extra clothes for myself and for my children with ____________________________________________

➢ I will open a savings/checking account at ____________________________________________ in my name, in order to increase financial independence.

➢ If you have a Smart Phone, please refer to the NNEDV Cell Phone Safety Plan (ask your advocate for a copy).

➢ If you can, replace your current phone:
  ○ You can get a donated phone through the Verizon Hopeline (which partners with domestic violence programs) or through a low-income program such as Safe Link Wireless.
  ○ You can purchase a pay-as-you-go phone (METRO PCS), one that isn’t connected to any accounts that the perpetrator might have access to. Make the purchase with cash to avoid the phone being connected to any personal information.

➢ Other things I can do to increase my independence include: ____________________________________________

__________________________________________________________________________________________

➢ I will check with ____________________________ and ____________________________ to see who might let me stay with them temporarily and/or lend me some money when I am leaving my abuser.

➢ I will review and revise my safety plan every ___________ in order to plan the safest way to leave my partner. ____________________________________________ has agreed to help me review and revise this safety plan.

➢ I will rehearse my safety plan and, as appropriate, practice it with some or all of my children.
SECTION 3. ITEMS TO TAKE WHEN LEAVING. When leaving, it is important to take certain items with you. The following items are in order of importance and should be in one location in case you need to leave quickly.

1. Money
   - Checkbook
   - ATM Card
   - Credit Cards

2. Keys (house, car, office)

3. Identification
   - Drivers License and Registration
   - Birth Certificate
   - Children’s Birth Certificate
   - Social Security Cards
   - Passport

4. Important Records
   - School and Vaccination Records
   - WIC paperwork
   - Work permits or green cards
   - Copy of restraining order
   - Divorce Papers
   - Medical Records
   - Insurance Paperwork

5. Other items
   - Medications
   - Photos, Jewelry
   - Children’s Favorite Toy or Blanket
   - Items of Special and Sentimental Value
SECTION 4. WHEN LEAVING, THESE ARE THE TELEPHONE NUMBERS I NEED TO KNOW:

Work (main line): ____________________________ Supervisor (direct line): ____________________________

Family Member(s) (who will keep information confidential): ____________________________ ; ____________________________

Police/ Sheriff’s Dept (local): 9-1-1 or ____________________________

Security/ Police Dept (work): ____________________________

Security/ Police Dept (school): ____________________________

Prosecutor’s Office: ____________________________ Family Advocate: ____________________________

SafeLink (Massachusetts statewide 24/7 toll-free domestic violence hotline): 1-877-785-2020

Other important phone numbers:
SECTION 5. SAFETY IN MY OWN RESIDENCE. There are many steps you can take to increase your safety within the home, small and large. Check all that apply to you.

➢ _____ I can change the locks on my doors and windows

➢ _____ I can replace wooden doors with steel/metal doors

➢ _____ I can install security systems including additional locks, window bars, and poles to wedge against doors.

➢ _____ I can install an outside lighting system that activates when a person is close to the house.

➢ _____ I can purchase rope ladders to be used for escape from second floor windows.

➢ _____ I can install smoke detectors and fire extinguishers for each floor of my house/apartment.

➢ _____ I will teach my children how to call me in the event that my partner takes the children.

➢ _____ I will let the following people know who takes care of my children and who picks up my children. I will let them know that my partner is not permitted to do so. These people include:

________________________________________ (Name of school and school personnel)

________________________________________ (Name of babysitter or daycare)

________________________________________ (Name of teacher)

________________________________________ (Name of person at church)

________________________________________ (Other)

________________________________________ (Other)

________________________________________ (Other)

➢ I can inform __________________________ (neighbor) and

________________________________________ (other) that my partner no longer resides with me, and that they should call the police if he/she is observed near my residence.
SECTION 6. SAFETY WITH A RESTRAINING ORDER. Many abusers obey restraining orders, but some don’t. You may need to ask the police and the courts to enforce your restraining order.

The following are some steps I can take to help the enforcement of my restraining order:

➢ I will keep my restraining order ________________ (location). Always keep it on or near your person.

➢ I will give a copy of my restraining order to the police department in the community where I live, work, and go to school.

➢ I will inform my employer, my children’s school, day care, any religious advisors, my closest friend, and ________________ that I have a restraining order in effect.

➢ If my partner destroys my restraining order, I can get another copy from the clerk’s office.

➢ If my partner violates the protection order, I can call the police and report the violation.

➢ If the police do not help, I can contact my advocate or a domestic violence officer/detective at my community precinct.
SECTION 7. SAFETY ON THE JOB AND IN PUBLIC. it is up to you as to whether or not you want to tell others that you are in a relationship with an abuser and might be at continued risk. Friends, family, and co-workers can help to protect you, but you must carefully consider who you might like to help secure your safety. Check all that apply.

➤ _____ I can inform my boss, security, and __________________________ at work.

➤ _____ I can ask __________________________ to help me screen my telephone calls at work.

➤ _____ When leaving work, I can __________________________

➤ _____ If I use public transit, I can __________________________

➤ _____ If I am driving home, I can __________________________

➤ _____ I can go to different grocery stores and shopping malls to conduct my business and shop at hours that are different from those I kept when residing with my partner.

➤ _____ I can use a different bank and go at hours that are different from those I kept when residing with my partner.
SECTION 8. SAFETY AND DRUG OR ALCOHOL USE.

➢ If my partner is abusing alcohol and/or drugs, I will ________________________________

➢ If my partner is abusing alcohol and/or drugs, I will protect my children by ____________________________
SECTION 9. SAFETY AND EMOTIONAL HEALTH. *The experience of being in a relationship with an abuser can be exhausting and emotionally draining. Self-care is important.*

➢ If I find myself tired, and returning to an abusive situation automatically, I can ____________________________________________________________________________

➢ If I have to communicate with my partner by telephone or in person, I can ____________________________________________________________________________

➢ If I am feeling down, some things I enjoy doing that are safe and make me feel good are ____________________________________________________________________________ *(examples might be yoga, exercise, spending time with family, or taking a hot bath).*

➢ I can always call ____________________________________________________________________________ for emotional support or to talk.

➢ I can read ____________________________________________________________________________ to help me feel stronger.

➢ I can attend workshops and support groups at the domestic violence program or ____________________________________________________________________________ to gain support and strengthen relationships.

➢ I am thankful for ____________________________________________________________________________
SECTION 10. I WILL KEEP THIS DOCUMENT IN A SAFE PLACE. (at/in):


Signature: _______________________________ Date: ______________

Family Advocate Signature: _______________________________ Date: ______________

Borrowed and Adopted from National Center on Domestic and Sexual Violence - Austin, TX – www.ncdsv.org

Adapted and Distributed by:

COMMUNITY ADVOCACY PROGRAM

www.cchers.org/communityadvocacyprogram
Teen Dating Violence Group Evaluation

General Questions

1. What did you like best about this group?

2. If you could change/improve anything about the group, what would it be?

3. Would you recommend this group to someone else?

Questions about the information presented

1. You were satisfied with the variety of information presented in this group.
   Strongly Disagree  Agree  Strongly Agree
   1  2  3  4  5

2. You feel like you have a better understanding of abuse in intimate relationships.
   Strongly Disagree  Agree  Strongly Agree
   1  2  3  4  5

3. The handouts helped you better understand the information being presented.
   Strongly Disagree  Agree  Strongly Agree
   1  2  3  4  5

Questions about the group leaders

1) There were opportunities to participate and ask questions.
   Strongly Disagree  Agree  Strongly Agree
   1  2  3  4  5

2) The group leaders presented the information clearly.
   Strongly Disagree  Agree  Strongly Agree
   1  2  3  4  5

3) The group leaders were able to answer questions and/or provide you with referrals.
   Strongly Disagree  Agree  Strongly Agree
   1  2  3  4  5

For Office Use Only

☐ Facilitator(s):
☐ Where did this group take place?
☐ Session/Week number:
Support Group Evaluation

Co-Facilitators: 
Date: 

General Questions

1. What did you like best about this support group?

2. If you could change/improve anything about the group, what would it be?

3. Would you recommend this group to someone else?

Questions about the Information Presented

1. Were you satisfied with the variety of information presented in this group?
   Strongly Disagree   1  2  3  4  Strongly Agree  5

2. Do you feel like you have a better understanding of abuse in intimate relationships?
   Strongly Disagree   1  2  3  4  Strongly Agree  5

3. Do you think you have better knowledge of your rights & options?
   Strongly Disagree   1  2  3  4  Strongly Agree  5

Questions about the Group Leaders

1. Do you think the group leaders’ presentation style was effective?
   Yes  No  Somewhat

2. Do you think the group leaders helped create a safe space for you to share your story?
   Yes  No  Somewhat

3. Do you feel that the group leaders were able to answer your questions and/or provide you with appropriate referrals?
   Yes  No  Somewhat
Community Advocacy Program

Psycho-Educational Group Evaluation

Questions about the information presented

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you satisfied with the variety of information presented in this group?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Do you feel like you have a better understanding of abuse in intimate relationships?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the handouts help you better understand the information being presented?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Questions about the group leaders

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were opportunities to participate and ask questions?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the group leaders present the information clearly?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Were the group leaders were able to answer questions and/or provide you with referrals?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

General Questions

What did you like best about the group?

If you could change/improve anything about the group, what would it be?

Would you recommend this group to someone else?

Additional Comments:

For Office Use Only

☐ Date:

☐ Facilitator(s):

☐ Location:

☐ Session/Week number:
  ☐ Topic:
Community Advocacy Program
Teen Dating Violence
Pre Test

Please place a T-true or F-false on the line next to the following statements.

Location: ___________________________ Date: ___________________________

Facilitator(s): ___________________________

1) Jealousy and possessiveness can be warning signs of teen dating violence. [ ]
2) Alcohol and drug use cause teen dating violence. [ ]
3) Targets/victims provoke their partners’ violence. [ ]
4) Teen dating violence is a pattern of physically, sexually, verbally and/or emotionally abusive behavior that both people exhibit in a relationship. [ ]
5) Teen boys are just as likely as girls to be victims/targets of teen dating violence. [ ]
6) Teen dating violence can be a result of poor anger management skills. [ ]
7) I have a right to be respected and feel safe in my relationship. [ ]
Community Advocacy Program
Teen Dating Violence
Post Test

Please place a T-true or F-false on the line next to the following statements.

Location: ___________________________ Date: ___________________________
Facilitator(s): ________________________________________________________

1) Jealousy and possessiveness can be warning signs of teen dating violence.
   __________

2) Alcohol and drug use cause teen dating violence.
   __________

3) Targets/victims provoke their partners' violence.
   __________

4) Teen dating violence is a pattern of physically, sexually, verbally and/or emotionally
   abusive behavior that both people exhibit in a relationship.
   __________

5) Teen boys are just as likely as girls to be victims/targets of teen dating violence.
   __________

6) Teen dating violence can be a result of poor anger management skills.
   __________

7) I have a right to be respected and feel safe in my relationship.
   __________

Evaluation

1) Overall, the information presented was helpful.
   Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

2) The facilitators made the group fun and interactive.
   Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

3) I was given the opportunity to participate and express my opinions.
   Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

4) I would recommend this group to other teens.
   Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree
The Community Advocacy Program
Support Group Pre-Survey

Please place a T-true or F-false on the line next to the following statements.

1. A survivor of domestic violence is at more risk in the time right after she or he has left his or her abusive partner. ____

2. Battering is result of momentary loss of temper, or burst of anger. ____

3. Alcohol and drug use causes domestic violence. ____

Please circle all of the answer below you think are true.

4. Warning signs of being in a relationship with an abuser are:
   a. Your partner doesn’t want you to spend much time with friends or family.
   b. Your partner doesn’t like to talk about their feelings when they are tired.
   c. Your partner always wants to know where you are and how to get a hold of you at all times.
   d. Your partner feels that they should control the finances/money.
   e. Your partner doesn’t share the same religious or spiritual beliefs as you do.
   f. Your partner calls you name and puts you down.
   g. Your partner always blames you for any troubles that happen between the two of you.
   h. You and your partner raise your voices while you are arguing.

Please circle yes or no

5. Do you know of places where people can go to get help with domestic violence?
   Yes    No

Please list the resources you know about:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
The Community Advocacy Program
Support Group Post-Survey

Please place a T-true or F-false on the line next to the following statements.

1. A survivor of domestic violence is at more risk in the time right after she or he has left his or her abusive partner. ______

2. Battering is result of momentary loss of temper, or burst of anger. ______

3. Alcohol and drug use causes domestic violence. ______

Please circle all of the answer below you think are true.

4. Warning signs of being in a relationship with an abuser are:
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   g. Your partner always blames you for any troubles that happen between the two of you.
   h. You and your partner raise your voices while you are arguing.

Please circle yes or no

5. Do you know of places where people can go to get help with domestic violence?
   Yes   No

Please list the resources you know about:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Community Advocacy Program

Psycho-Educational Group

Pre-Survey

Age:_____
Gender:________________
Race/Ethnicity:__________________________

Location:____________________________________ Date:__________
Facilitator(s):______________________________, ________________________________

*Please place a T-true or F-false on the line next to the following statements.*

1. Jealousy and possessiveness can be warning signs of domestic violence._____
2. Alcohol and drug use can cause domestic violence._____
3. Victims provoke their partners violence._____
4. Domestic violence is a pattern of physically, sexually, verbally, and/or emotionally abusive behavior that both people exhibit in a relationship._____
5. Abusers minimize, deny, or blame their partners for their violence_____
6. Domestic violence can be a result of poor anger management skills._____
7. Children who are exposed to domestic violence may become more aggressive._____
Community Advocacy Program

Psycho-Educational Group

Post-Survey

Age: ______  
Gender: ________________  
Race/Ethnicity: ________________________

Location: ______________________________________ Date: __________
Facilitator(s): ______________________________________

Please place a T-true or F-false on the line next to the following statements.

1. Jealousy and possessiveness can be warning signs of domestic violence. ______
2. Alcohol and drug use can cause domestic violence. ______
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7. Children who are exposed to domestic violence may become more aggressive. ______