Examples of Observational Checklists for different forms of Advocacy

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Crisis

Crisis Intervention Example 1
Michigan Coalition to End Domestic & Sexual Violence  
http://www.wcasa.org/file_open.php?id=786

Crisis Intervention Line Phone Log

[NOTE: Hotline / crisis line staff / volunteers would complete this log after a phone call has ended. It is not possible for most programs to complete such logs after each call. Decide how often you want to collect information from your crisis intervention line (One day a month? One week a quarter?) and make sure all shifts are represented in your sampling plan.]

1. This call was a:
   - ✗ crisis call
   - ✗ call for counseling (not crisis)
   - ✗ call for information, advice or support (caller not in crisis)
   - ✗ crank call [Don't complete the rest of the form]

2. Was the caller calling for:
   - ✗ herself or himself
   - ✗ someone else
   - ✗ generic information request only

3. Did the caller request information about services we offer?
   - ✗ no
   - ✗ yes
     If yes, to what degree do you think the caller received the information she or he wanted?
     - ✗ a great deal
     - ✗ somewhat
     - ✗ a little
     - ✗ not at all
     comments: ____________________________________________

4. Was the caller looking for emotional support?
   - ✗ no
   - ✗ yes
     If yes, to what degree do you think the caller received the support she/he wanted?
     - ✗ a great deal
     - ✗ somewhat
     - ✗ a little
     - ✗ not at all
     comments: ____________________________________________
5. Did the caller request information about other services in the community?
   □ no
   □ yes
   If yes, to what degree do you think the caller received the information she/he wanted?
   □ a great deal
   □ somewhat
   □ a little
   □ not at all
   comments:__________________________________________

6. Did the caller request the address or phone number of another service/agency in the community?
   □ no
   □ yes
   If yes, were you able to provide that information?
   □ yes
   □ no
   comments:__________________________________________

7. Did the caller (or person needing help) have any special communication needs?
   □ no
   □ yes
   If yes, please list:____________________________________
   comments:__________________________________________

8. Did the caller need someone to meet them at the:
   □ hospital or health care agency
   □ police station
   □ no. caller did not need immediate in-person assistance
   If the caller did need someone in-person, were you able to arrange someone to go to them?
   □ yes
   □ no
   comments:__________________________________________
Please write down anything else that would be helpful to know about this call:
Crisis Intervention Example 2

**CRISIS INTERVENTION DATA COLLECTION FORM**

*To be completed by staff or volunteer advocate*

**Service Information**

- Service Date: [ ]
- Start time: [ ]
- End time: [ ]
- Advocate Name: [ ]
- Intervention occurred in conjunction with: [ ] Accompaniment  [ ] Hotline  [ ] Counseling
  - [ ] Follow-Up  [ ] Other (please specify):

**Client Information**

- ID: [ ]
- Gender: [ ]
- DOB/age: [ ]
- Race/Ethnicity: [ ]
- Zip code: [ ]
- Type: [ ] Survivor  [ ] Family member: [ ]
  - (relationship to victim)
- Other: [ ]
  - (relationship to victim)

**Perpetrator Information**

- Gender: [ ]
- Age: [ ]
- Race/Ethnicity: [ ]
- Zip code: [ ]
- Relationship to victim: [ ]

**Outcome Measures**

1. Referrals made: (If a referral is made, specify program/agency name in one or both of the referral columns. Place a check in the contact column if you contacted the referral agency.)

<table>
<thead>
<tr>
<th>Referral to program within our agency</th>
<th>Referral to external agency</th>
<th>Worker contacted referral agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompaniment (specify type)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical (including STI &amp; pregnancy testing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children's services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immigration services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law enforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Did the client verbalize a plan? [ ] No [ ] Yes (If yes, please describe the plan. If no, please describe the circumstance.)

Plan was verbalized: [ ] Spontaneously [ ] After prompting (e.g., “Have you thought about what you might do next?”)

3. The client was able to consider choices and make decisions:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the beginning of this contact:</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>By the end of this contact:</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

4. Did the client acknowledge the support s/he received? [ ] yes [ ] no
   If yes, how was the acknowledgement expressed? (Please check all behaviors that apply):

   Verbal statement of gratitude such as “Thank you”
   Spontaneous physical show of gratitude by the victim/survivor, such as hugging or holding the hand of this advocate
   Asking specifically for this advocate for future services
   Asking for additional information or services
   Asking this advocate to remain with her/him until the procedure was complete
   Other (please specify)
Medical

Medical Advocacy Example 1

Emergency Services (Medical) Evaluation Form

[NOTE: Ideally this questionnaire should be completed within 24 hours of your response call. This tool was designed to measure system change over time.]

This questionnaire is for the purpose of documenting your observations. Thank you!!

1. Date of advocacy call _______________

2. Name of medical facility ____________________________________________

3. Time you received dispatch call: _______________
   Time you arrived at medical facility: _______________
   Time advocacy completed: _______________

4. Overall how would you describe the medical personnel’s reaction/behavior toward the survivor?
   Hostile Neutral Friendly
   1 2 3
   Judgmental Neutral Nonjudgmental
   1 2 3

5. Did you observe the evidence collection? □ yes □ no

5a. If NO, why didn’t you observe?
   □ Evidence collection was finished before I arrived
   □ Survivor did not want any evidence collected
   □ Survivor did not want advocate in the room
   □ Medical personnel did not want advocate in room
   □ Other (describe) ____________________________________________

6. How would you best describe the medical personnel’s performance of the evidence collection?
   Unsure of self Neutral Confident
   1 2 3

7. Did the medical personnel make errors in evidence collection?
   □ Yes □ No □ Don’t Know

8. Did the medical personnel explain collection procedures to the survivor?
9. Did the medical personnel discuss with the survivor their options regarding:
(circle one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STD's</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Did you (advocate) give the survivor knowledge of resources for follow up care regarding:

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STD's</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crime victims compensation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Police Department represented: ______________________________

11. Were you present for the police interview? □ yes □ no

11a. If NO, why were you not present?
□ Police did not respond
□ Survivor was already interviewed
□ Survivor did not want to report
□ Advocate asked to leave by police
□ Other ____________________________

12. If the survivor spoke with police, overall how would you describe the police personnel’s reaction/behavior toward survivor? (check all that apply)

<table>
<thead>
<tr>
<th>Reaction Description</th>
<th>Hostile</th>
<th>Neutral</th>
<th>Friendly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reaction Description</th>
<th>Judgmental</th>
<th>Neutral</th>
<th>Nonjudgmental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

13. What was survivor’s reaction to police interview?
□ Survivor wanted to drop investigation after contact with police
□ Survivor expressed desire to continue after contact with police
□ NA
14. Overall, how would you best describe the interaction between you and the survivor?

Unable to emotionally connect  Neutral  Able to emotionally connect
1  2  3

15. Did you discuss a safety plan regarding physical and emotional safety with survivor before leaving medical facility?

☐ Yes  ☐ No

16. Did you discuss rape myths with the survivor before leaving the medical facility?

☐ Yes  ☐ No

17. Did you validate the survivor's feelings before leaving the medical facility?

☐ Yes  ☐ No

18. Were you able to speak to survivor alone?

☐ Yes  ☐ No

19. Overall, how would you describe your advocacy for the survivor's needs with other systems? Were you:

<table>
<thead>
<tr>
<th>Discounted by police</th>
<th>Neutral</th>
<th>Respected by police</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discounted by medical staff</th>
<th>Neutral</th>
<th>Respected by medical staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Other comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Medical Advocacy Example 2

Post-Advocacy Checklist:
MEDICAL

Use this checklist following all medical advocacy for sexual assault cases. Do not use this checklist while you are actually providing the advocacy. Wait until after the survivor/client has left.

Do not write anything on this form that would identify the survivor.

Do not ask the survivor these questions directly. Base your answers on what you see and hear. You can ask the survivor about what happened when you were not present, but only do so if the question is naturally a part of your advocacy or crisis intervention.

Thank you for your help in collecting this information. The answers you provide will help improve advocacy services in your community and throughout Kentucky.

Advocate: Staff
Volunteer

Type(s) of Case: Sexual Assault
Domestic Violence

Offender was: Acquaintance
Stranger
Family

Survivor identifies as: Female
Male

White
African American
Hispanic
Asian American
Native American
Other

Child (under 13 years)
Adolescent (13-17 years)
Adult (18+ years)

Type(s) of medical services provided:
(select all that apply)
Medical exam (checked for and treated injuries) Yes No I don’t know
Forensic exam (rape kit done to collect evidence) Yes No I don’t know

Name of Facility: ________________________________

# of doctors the survivor had to deal with during this medical care: None

# of nurses the survivor had to deal with during this medical care: None

# of other medical personnel the survivor had to deal with during this medical care: None

Did a SANE/Safe provide any of the exam or treatment? Yes No I don’t know
(Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner)
MEDICAL ADVOCACY:
Did the following events occur? Answer based on what you saw during the exam and what the survivor told you happened.

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Before</th>
<th>During</th>
<th>After</th>
<th>I don't know</th>
<th>Done by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape crisis was contacted by:</td>
<td>Law Enforcement</td>
<td>Hospital</td>
<td>Survivor</td>
<td>Family/Friend</td>
<td>Social Service Provider</td>
</tr>
<tr>
<td>Advocate was allowed to be present during medical exam</td>
<td>Yes</td>
<td>No</td>
<td>I don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “No”, why not?</td>
<td>Started before advocate arrived</td>
<td>Medical personnel refused</td>
<td>Survivor did not want an advocate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service was provided:</td>
<td>Medical Staff</td>
<td>Advocate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survivor (or parent) was told statements to law enforcement and medical person-</td>
<td>Yes</td>
<td>No</td>
<td>Not applicable</td>
<td>I don't know</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>nel are not privileged</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detailed explanation of exam was given</td>
<td>Yes</td>
<td>No</td>
<td>Not applicable</td>
<td>I don't know</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>It was explained that the exam is free</td>
<td>Yes</td>
<td>No</td>
<td>Not applicable</td>
<td>I don't know</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>It was explained that the survivor may be charged for medical treatment</td>
<td>Yes</td>
<td>No</td>
<td>Not applicable</td>
<td>I don't know</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>Survivor’s consent for exam was obtained</td>
<td>Yes</td>
<td>No</td>
<td>Not applicable</td>
<td>I don't know</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>Survivor was told consent can be withdrawn</td>
<td>Yes</td>
<td>No</td>
<td>Not applicable</td>
<td>I don't know</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>Information was provided re: STDs</td>
<td>Yes</td>
<td>No</td>
<td>Not applicable</td>
<td>I don't know</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>Information was provided re: pregnancy</td>
<td>Yes</td>
<td>No</td>
<td>Not applicable</td>
<td>I don't know</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>Clothing was provided (if needed)</td>
<td>Yes</td>
<td>No</td>
<td>Not applicable</td>
<td>I don't know</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>People were present during the exam without the survivor’s permission (including</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
<td>I don’t know</td>
<td></td>
</tr>
<tr>
<td>police)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical personnel treated survivor with respect</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
<td>I don’t know</td>
<td></td>
</tr>
<tr>
<td>Medical personnel said things that were victim-blaming</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
<td>I don’t know</td>
<td></td>
</tr>
<tr>
<td>Medical care was provided at a speed that was comfortable for the survivor</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
<td>I don’t know</td>
<td></td>
</tr>
<tr>
<td>If “Sometimes” or “Never”:</td>
<td>Too Fast</td>
<td>Too Slow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical personnel asked survivor if s/he had questions</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
<td>I don’t know</td>
<td></td>
</tr>
<tr>
<td>I asked survivor if s/he had questions</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
<td>I don’t know</td>
<td></td>
</tr>
<tr>
<td>The doctor(s) appeared to be ___ to the survivor</td>
<td>Helpful</td>
<td>Hurtful</td>
<td>I don’t know</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>The nurse(s) appeared to be ___ to the survivor</td>
<td>Helpful</td>
<td>Hurtful</td>
<td>I don’t know</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>My advocacy appeared to be ___ to the survivor and/or survivor’s family</td>
<td>Helpful</td>
<td>Hurtful</td>
<td>I don’t know</td>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>
Sample Items for Legal Advocacy Client Feedback Form

Thank you in advance for taking the time to answer these questions. I know you are very busy right now, but we really appreciate you telling us what was helpful as well as unhelpful about our legal advocacy program. We take your comments seriously, and we are always trying to improve our services. So remember, please don’t put your name on this sheet and please answer as honestly as you can. We need your feedback!

Thanks again, and good luck to you!

1. I used (name of agency)’s services to:
   (please check all that apply)
   □ help me prepare to testify in court
   □ learn more about my legal rights and options
   □ have someone go with me to court
   □ get a Personal Protection Order
   □ Other (please explain)

Please circle the answer that best matches your feelings or thoughts:

2. (Name of agency)’s staff clearly explained my legal rights and options.
   strongly agree   agree   disagree   strongly disagree

3. (Name of agency)’s staff treated me with respect.
   strongly agree   agree   disagree   strongly disagree

4. (Name of agency)’s staff were caring and supportive.
   strongly agree   agree   disagree   strongly disagree

5. If you wanted a Personal Protection Order, did you get it?
   □ Yes
   □ No
   □ Didn’t want one

6. How helpful was (name of agency) overall in explaining your rights and options to you?
   very helpful   helpful   a little helpful   not at all helpful
7. How helpful was (name of agency) overall in helping you develop a safety plan?
   very helpful  helpful  a little helpful  not at all helpful
   didn’t need one

8. Ways to improve (name of agency)’s legal advocacy program would be to:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
Post-Advocacy Checklist:
LEGAL

Use this checklist following all legal advocacy for sexual assault cases. Do not use this checklist while you are actually providing the advocacy. Wait until after the survivor/client has left.

Do not write anything on this form that would identify the survivor.

Do not ask the survivor these questions directly. Base your answers on what you see and hear. You can ask the survivor about what happened when you were not present, but only do so if the question is naturally a part of your advocacy or crisis intervention.

Thank you for your help in collecting this information. The answers you provide will help improve advocacy services in your community and throughout Kentucky.

Advocate:  _____ Staff  _____ Volunteer

Type(s) of Case:  _____ Sexual Assault  _____ Domestic Violence

Offender was:  _____ Acquaintance  _____ Stranger  _____ Family

Survivor Identifies as:  _____ Female  _____ Male

_____ White  _____ African American  _____ Hispanic

_____ Asian American  _____ Native American  _____ Other

_____ Child (under 13 years)  _____ Adolescent (13-17 years)

_____ Adult (18+ years)

Type(s) of Advocacy:  _____ Police  _____ Prosecutor

_____ Court  _____ Other: ________________________________

Location of Police/Prosecutor/Court (town or county):  ________________________________

# of legal personnel the survivor had to deal with during this legal proceeding:  ________
**LEGAL ADVOCACY:**
Did the following events occur? Answer based on **what you saw during the legal proceedings** and **what the survivor told you happened**.

<table>
<thead>
<tr>
<th>Event</th>
<th>Before</th>
<th>During</th>
<th>After</th>
<th>I don’t know</th>
<th>Law Enforcement</th>
<th>Hospital</th>
<th>Survivor</th>
<th>Family/Friend</th>
<th>Social Service Provider</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape crisis was contacted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocate was allowed to be present during legal proceedings</td>
<td>Yes</td>
<td>No</td>
<td>I don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If “No”, why not?</td>
<td>Started before advocate arrived</td>
<td>Law enforcement refused</td>
<td>Survivor did not want an advocate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service was provided:</th>
<th>Done by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal process was clearly explained</td>
<td>Yes</td>
</tr>
<tr>
<td>Survivors’ rights were explained</td>
<td>Yes</td>
</tr>
<tr>
<td>An appropriate assessment of survivor’s safety was done</td>
<td>Yes</td>
</tr>
<tr>
<td>Appropriate resources were provided for keeping the survivor safe</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| Legal personnel treated survivor with respect                        | Always | Sometimes | Never | I don’t know |             |          |          |               |                        |              |
| Decision whether to file a report or continue with legal process was left up to the survivor or survivor’s parent | Always | Sometimes | Never | I don’t know |             |          |          |               |                        |              |
| Legal personnel put pressure on the survivor or survivor’s parent to take (or not to take) legal actions. | Always | Sometimes | Never | I don’t know |             |          |          |               |                        |              |
| Legal personnel said things that were victim-blaming                 | Always | Sometimes | Never | I don’t know |             |          |          |               |                        |              |
| Legal proceedings were done at a speed that was comfortable for the survivor | Always | Sometimes | Never | I don’t know |             |          |          |               |                        |              |
| If “Sometimes” or “Never”:                                           | Too Fast | Too Slow |          |               |             |          |          |               |                        |              |
| Legal personnel asked survivor if s/he had questions                 | Always | Sometimes | Never | I don’t know |             |          |          |               |                        |              |
| I asked survivor if s/he had questions                               | Always | Sometimes | Never | I don’t know |             |          |          |               |                        |              |

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The police appeared to be ____ to the survivor</td>
</tr>
<tr>
<td>The prosecutor appeared to be ____ to the survivor</td>
</tr>
<tr>
<td>The judge appeared to be ____ to the survivor</td>
</tr>
<tr>
<td>My advocacy appeared to be ____ to the survivor and/or survivor’s family</td>
</tr>
</tbody>
</table>