

Outcome Instruments for North Carolina Domestic Violence and Sexual Assault Agencies: Year One Report

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EXECUTIVE SUMMARY

The overall goals of this project are to develop standardized instruments for North Carolina domestic violence and sexual assault agencies so that they may determine their clients' needs and goals, and then document their services' impact on meeting their clients' needs and goals (i.e., determine the outcomes of their services). In order to achieve these goals, the project team undertook several activities during the first year of the two-year project. These activities included: (1) conducting an extensive review of the professional and scientific literature concerning assessment instruments previously used in studies of domestic violence and sexual assault services; (2) surveying North Carolina domestic violence and sexual assault executive directors concerning their opinions about the topics that should be included in these standardized instruments; (3) surveying North Carolina funders concerning their opinions about the topics that should be included in these standardized instruments; (4) conducting focus groups with former clients of domestic violence and sexual assault services to gather their perspectives about the topics that should be included in these standardized instruments.

The project team successfully completed each of these activities. The data from these activities are now being used to develop a set of draft instruments for use by domestic violence and sexual assault service providers to assess incoming clients' needs and goals, and to assess clients' progress toward meeting their needs and achieving their goals. In the second year of this project, and in partnership with domestic violence and sexual assault agencies, the team will evaluate the instruments'

utility and feasibility through a pilot-test with domestic violence and sexual assault clients. Key findings from the first year of the project are the following.

Literature review. Overall, we found a limited number of articles with standardized assessment instruments used to study domestic violence and sexual assault services (n=13). The review determined that standardized, psychometrically sound, instruments are used to assess survivors' experiences with violence, physical health, mental health and substance use. However, researchers often also develop instruments themselves for their studies, without examining the psychometric properties of these approaches. For example, some of these instruments assess survivors' satisfaction with services and capacity to access community resources. Thus, there is a need for the development of standardized, psychometrically sound, instruments for violence survivors.

In addition, the studies we reviewed more often focused on survivors of domestic violence as opposed to sexual assault. Thus, there is an important deficiency of instruments tailored to the specific needs and goals sexual violence survivors.

Furthermore, there were only a handful of studies which attempted to assess the helpfulness of domestic violence and sexual assault agencies services from survivors' points of views. Very few of the articles we reviewed incorporated the survivors' perspectives concerning the types of questions that agencies should ask to determine their clients' needs, goals and outcomes. Therefore, the instrument we are developing will be of critical importance to survivors and the agencies that serve them.

Survey of domestic violence and sexual assault directors. The findings from the directors' survey show that the key types of information the directors believe to be most

helpful to collect from **new clients** across all types of services focus on survivors': (a) goals; (b) extent of violence experienced; (c) mental health; (d) intellectual and developmental disabilities; (e) physical disabilities; (f) knowledge about medical options; (g) knowledge about safety planning; (h) knowledge about emotional consequences of violence; (i) substance use and abuse; (j) coping strategies; and (h) physical health. The findings from the directors' survey show that the key types of information the directors' believe to be most helpful to collect from survivors **to assess outcomes across all types of services after they have provided services**, focus on survivors': (a) goals; (b) knowledge about law and legal options; (c) extent of violence experienced; (d) legal outcomes; (e) satisfaction with services; (f) knowledge about post-assault medical options; (g) mental health; (h) knowledge about safety planning; (i) knowledge about emotional consequences; and (h) coping strategies. Therefore, even though the directors have somewhat different views of the importance of assessing particular areas when the clients enter services and when they leave services, some areas were viewed as being especially important to assess at both of these times, including: the clients' goals, extent of violence experienced, mental health, knowledge about safety planning, and knowledge about emotional consequences. Overall, the director survey results show these types of information as being extremely important areas in which to collect information.

Survey of North Carolina funders. Results of the funders' survey show that the key types of information the funders believe to be most helpful to collect for **new clients** focus on survivors': (a) goals; (b) extent of violence experienced; (c) physical health; (d) mental health; (e) parenting; (f) social support; (g) housing, and (h) demographic

characteristics. Findings from the analysis of the funders' survey show that the key types of information the funders believe to be most helpful to assess **survivors' outcomes at the end of services** include survivors': (a) goals; (b) extent of violence experience; (c) housing; (d) legal outcomes; and (e) satisfaction with services.

Therefore, even though the funders had somewhat different views of the importance of assessing particular areas when the clients enter services and when they leave services, some areas were viewed as being especially important to assess at both of these times, including: the clients' goals, extent of violence experienced, and housing. It is noteworthy that two of these (determination of clients' goals and the extent of violence experienced) were also viewed by the directors as being especially important to assess when clients enter services and after clients have received services to determine outcomes.

Focus groups with former clients of domestic violence and sexual assault services. The focus groups with former clients were conducted to gather information concerning the types of information that the clients believe domestic violence and sexual assault agencies should gather. The majority of participants reported that the providers should not overload women with a number of detailed questions upon their initial intake, nor should they ask extremely personal questions (e.g., those about mental health needs, substance abuse problems, levels of violence experienced) at initial intake. Instead, the participants stated that providers should wait several days for them to adjust to their new circumstances before asking them a variety of personal questions. The majority of focus group participants reported that the domestic violence agencies asked only questions about physical assault, not sexual assault. Even though

the participants were not asked questions about sexual assault, they reported that they had a large number of physical health concerns due to sexual assault (e.g., pregnancy and sexually transmitted diseases) from intimate partners. Participants felt that they should never be asked questions that conveyed that the provider was “judging” them in some way. For example, “Why did you stay so long with an abuser or, why did you let this happen to yourself?”

INTRODUCTION

The overall goal of this project is to develop standardized instruments for North Carolina domestic violence and sexual assault agencies so that the agencies can assess their clients' needs and goals, and can document their services impact on meeting their clients' needs and goals (i.e., determination of client outcomes). Recently GCC-funded research (Macy, 2007) found that North Carolina domestic violence and sexual assault agencies are eager to assess clients' needs and goals and to evaluate how their services meet desired outcomes. Such information not only documents the effectiveness of community-based domestic violence and sexual assault interventions, but also underscores the importance of domestic violence and sexual services to local communities, governments, and funders, which can yield a broader funding base.

However, most agencies do not collect this information because they lack effective tools. Although some agencies have developed instruments to meet their internal needs, the variety of instruments makes inter-agency data compilation and comparison impossible. Such comparison is needed to inform statewide funding and policy decision making. Thus, standardized instruments are needed to assist domestic violence and sexual agencies in assessing clients' needs and goals, and to document clients' progress toward meeting those goals. These instruments must be acceptable to clients, feasible for use in busy agencies, collect data helpful to service providers, funders, and policy makers, and useful to agencies in securing funding for sustainability.

In order to achieve this overall project goal, the project team undertook several activities during the first year of the two-year project. These activities include:

1. Conducting an extensive review of the professional and scientific literature on assessment instruments that have been used to assess domestic violence and sexual assault clients' needs, goals, and outcomes.
2. Developing and implementing a survey of North Carolina domestic violence and sexual assault executive directors to determine the types of information: (a) useful in assessing clients' needs and goals and (b) needed to assess clients' outcomes in response to services.
3. Surveying North Carolina funders to determine the types of information: (a) domestic violence and sexual assault agencies must submit when seeking funds; and (b) preferred by funders, which will help position domestic violence and sexual assault agencies to secure funding.
4. Conducting focus groups with former clients of domestic violence and sexual assault agencies to obtain their perceptions of the types of information domestic violence and sexual assault service providers should gather to: (a) better understand clients' needs and goals, and (b) assess clients' progress in meeting needs and achieving their desired outcomes.

To date, each of these activities has been successfully completed. The results of the first four activities will be detailed in the subsequent sections of this report.

In the second year of this project and using the data gathered from the first year of the project, the project team will draft and refine instruments for use by domestic violence and sexual assault service providers to assess incoming clients' needs and goals, and to assess clients' progress toward meeting their needs and achieving their goals (i.e., outcomes). (In fact, the work to develop and refine the draft instruments is

currently under way.) Upon completion of the preliminary drafts of the instruments the project team will distribute the instruments to key stakeholders (i.e., former domestic violence and sexual assault services clients, domestic violence and sexual assault services providers, coalitions, funders) and experts for review. Stakeholder feedback will be obtained through interviews and meetings. The draft instruments will be revised based on stakeholder feedback.

Following the revision of the instruments and in partnership with domestic violence and sexual assault agencies, the team will evaluate the instruments' utility and feasibility through: (1) a pilot-test with domestic violence and sexual assault clients, and (2) an analysis of their needs, goals and outcomes 6 to 8 weeks after beginning services. While the domestic violence and sexual assault agencies pilot the instruments, the project team will provide ongoing consultation and support to the agencies, as well as help with instrument trouble-shooting. In addition, the project team will conduct a process evaluation of the instrument (e.g., hold focus groups) at each of the pilot agency sites.

Following the pilot testing and the process evaluation, the project team will complete final revisions of the instruments based on the pilot-test data analysis and process evaluation. In addition, the project team will ensure that the pencil-and-paper format is adaptable and appropriate for incorporation into the North Carolina statewide computer information system that is currently under development.

Once the instrument is fully developed and tested, the project team will disseminate the following products: 1) the final instruments will be posted on a Web site and access information sent to all North Carolina domestic violence and sexual assault

agencies; and 2) a report documenting the instrument development will be sent to North Carolina funders to encourage widespread use of the final instruments by funders.

REVIEW OF THE PROFESSIONAL AND SCIENTIFIC LITERATURE

In order to garner all relevant literature that may be useful in the development of the instruments, we conducted searches in five scientific databases at the UNC at Chapel Hill Library system: (1) PubMed, (2) Google Scholar, (3) PsychInfo, (4) Social Work Abstracts, and (5) ERIC.

We used the following search terms (listed below) in the five databases in order to identify all articles that may be helpful in the development of the instruments. We used the same search terms for each database:

- domestic violence AND evaluation;
- intervention programs AND evaluation;
- effectiveness of intimate partner violence services;
- rape services AND effectiveness;
- partner violence AND outcomes;
- partner violence AND effectiveness OR evaluation;
- evaluation of interventions for victims of domestic violence;
- community-based intervention AND sexual assault;
- evaluation AND sexual assault services;
- sexual assault OR partner violence OR domestic violence OR sexual assault OR rape AND goals;
- rape AND goals;
- rape OR sexual assault OR sexual violence OR domestic violence OR partner violence AND service standards or efficacy;

- rape intervention OR sexual assault intervention OR sexual violence intervention OR domestic violence intervention OR partner violence intervention AND treatment effects OR treatment outcomes OR efficacy NOT child abuse OR child sexual abuse OR child sexual assault.

In addition to these efforts to identify all relevant articles, members of the research team held meetings with UNC at Chapel Hill librarians who are expert in finding instruments in order to be certain that an exhaustive literature search was conducted and that all relevant articles and instruments were found.

Following these various search efforts, we initially identified 442 relevant articles. We carefully reviewed all 442 abstracts for each article to determine which articles were relevant for the purposes of this project. In order to determine which articles were relevant, we used the following criteria to decide which articles to include in the review.

- The article describe a study conducted in the United States.
- Participants in the study were at least 18 years old.
- Participants in the study were women.
- Participants were survivors of domestic violence and/or sexual assault.
- The article described a study, which asked survivors directly for information either in person or on the phone, using surveys, questionnaire or scales.
- The article described a study in which the primary settings for participant recruitment or data collection were community-based domestic violence and sexual assault agencies.

Using these inclusion criteria, we determined that 13 articles should be included in our review from the initial 442 that were determined in our search (i.e., about 3% of the

articles). Subsequently, members of the project team reviewed, summarized and abstracted these 13 articles. A summary of the findings from this review can be found in Table 1 in Appendix A.

Overall, we found a limited number of articles with standardized assessment instruments used to study domestic violence and sexual assault services (n=13). The literature review we conducted determined that these 13 articles focused on three areas: (1) survivors' barriers to service; (2) needs for survivors exiting shelters; and (3) the effectiveness of various interventions and services for survivors (e.g., advocacy, counseling, and shelter).

In addition, the review determined that standardized, psychometrically sound instruments are used to assess survivors' experiences with violence, physical health, mental health and substance use. However, researchers have also developed instruments, measures and scales for their specific studies, but these instruments seldom have been examined in terms of their validity or reliability. Readers should note that some of these tools were designed to assess survivors' satisfaction with services and capacity to access community resources. Thus, there is a need for the development of additional standardized instruments for violence survivors.

The studies we reviewed focused often focused on survivors of domestic violence as opposed to sexual assault. Thus, the results of this review show that there is an important deficiency of instruments tailored to the specific needs and goals sexual violence survivors.

In addition, there were only a handful of studies in which survivors' experiences with domestic violence and sexual assault agencies services were assessed. More

specifically, very few of the articles we reviewed determined from survivors the types of questions service providers should ask them to understand survivors' needs, goals and outcomes. Therefore, the instruments we are developing will be of critical importance to survivors and the agencies that serve them.

SURVEY OF NORTH CAROLINA EXECUTIVE DIRECTORS

Director Survey Participants

We developed our sampling frame of domestic violence and/or sexual assault agency executive directors by identifying all North Carolina domestic violence and sexual assault agencies through the Web sites of the following organizations: the North Carolina Council for Women, the North Carolina Coalition Against Sexual Assault (NCCASA), and the North Carolina Coalition Against Domestic Violence (NCCADV). Using the information garnered from these sites, we created a comprehensive database of all North Carolina domestic violence and sexual assault agencies. In addition, members of the project team contacted each of the agencies to confirm and update agency contact information and name of the agency's executive director. This final list of executive directors (n=104) was then used as our sampling frame.

We conducted the survey administration over a 20-week period. To encourage maximum participation and to reduce the response burden for the participants, participants could complete either a paper version or an electronic version of the survey. The participants received information about the Web-based survey in a personalized e-mail, as well as a paper version of the survey delivered to via U.S. mail with a personalized cover letter. To encourage maximum participation, the executive directors were contacted several times during the survey period by e-mail, U.S. mail, and telephone. However, the first e-mail and cover letter provided potential participants several ways of opting out of the study and preventing further contact. In addition, both NCCADV and the NCCASA sent emails to their member programs to notify them about the survey during the survey administration period.

Typically, the executive director of the agency was the best person to respond to the survey. However, we also knew that some agencies had an associate director or other staff member who directs the services the agency provides. In the cover letter that accompanied both the e-mail and paper version of the survey, we invited the directors to either complete the survey themselves or to designate the staff member who they felt was most knowledgeable about services to complete the survey.

Surveys were mailed and e-mailed to 104 agency executive directors. Out of 104 potential participants, we had 80 respondents for response rate of 77%, with 40 completing the web survey and 40 completing the mailed survey.

Instrument. The goal of this survey was to learn what types of information would be most useful to North Carolina sexual assault and domestic violence agencies in better understanding their clients' needs and goals when they enter services, and their outcomes after services were provided. With this in mind, the project team developed the survey instrument based on the extensive review of the literature of domestic violence and sexual assault services (Macy, 2007). The entire survey instrument can be found in Appendix B. After developing an initial survey instrument, the survey was pilot-tested by one staff members at both the NCCADV and the NCCASA. In addition, four individuals who had worked in domestic violence and/or sexual assault service delivery also piloted the instruments. Pilot feedback was garnered from these six individuals. The pilot feedback was used to revise, refine, and finalize the survey.

In the survey, participants were asked about the helpfulness of collecting specific types of information from their clients at two time points: (a) at intake or early in the provision of services (so that agency staff may determine the clients' needs and goals),

and (2) after receiving services (to assess the clients' outcomes in response to services). The survey asked similar questions about the helpfulness of collecting specific types of information from clients for various types of services that domestic violence and sexual assault agencies may provide, including:

- legal advocacy;
- medical advocacy;
- support group;
- group therapy;
- individual counseling; and
- shelter.

The survey was design to asses these various types of services in order to help the project team know if similar or different instruments should be developed for each type of service. The survey instructions asked participants to answer the service questions *only* if their agencies provided that specific service. In addition, the survey also included questions about agency and participant characteristics. The survey was comprised of items that recorded responses using a Likert-scale, as well as open-ended questions that provided space for participants to clarify their responses if they so desired.

Survey analysis. To identify directors' opinions regarding what types of information would be most useful to North Carolina sexual assault and domestic violence agencies in better understanding their clients' needs, goals, and outcomes descriptive statistical analyses were conducted. Specifically, we analyzed participants' responses to the various items with means, standard deviations, and ranking. Statistical

results from the directors' survey can be found in Tables 1 through 12 in Appendix C. When interpreting these results, readers should keep in mind that the mean indicates the average opinion regarding if that specific type of information would be helpful to North Carolina sexual assault and domestic violence agencies in better understanding their clients' needs, goals, and outcomes, from 1= "Absolutely Necessary" to 6= "Not Helpful" and 7= "Harmful," which indicated the opinion that collecting this information could be harmful to clients. Readers should also keep in mind that the standard deviation indicates how much participants' opinions varied from the mean; the larger the standard deviation, the more variability (and less agreement) among the participants' responses to the survey items.

Brief summary of findings. In brief, the findings from the analysis of the directors' survey shows that the key types of information the directors' believe to be most helpful to collect from **new clients** across all types of services are survivors': (a) goals; (b) extent of violence experienced; (c) mental health; (d) intellectual and developmental disabilities; (e) physical disabilities; (f) knowledge about medical options; (g) knowledge about safety planning; (h) knowledge about emotional consequences of violence; (i) substance use and abuse; (j) coping strategies; and (h) physical health. Moreover, the findings from the analysis of the directors' survey show that the key types of information the directors' believe to be most helpful to collect from survivors to assess **outcomes**, across all types of services, are survivors': (a) goals; (b) knowledge about law and legal options; (c) extent of violence experienced; (d) legal outcomes; (e) satisfaction with services; (f) knowledge about post-assault medical options; (g) mental health; (h) knowledge about safety planning; (i) knowledge about emotional consequences; and (h)

coping strategies. Therefore, even though the directors have somewhat different views of the importance of assessing particular areas when the clients enter services and when they leave services, some areas were viewed as being especially important to assess at both of these times, including: the clients' goals, extent of violence experienced, mental health, knowledge about safety planning, and knowledge about emotional consequences as being extremely important areas in which to collect information. Although this summary information is useful, the results of all the analyses conducted cannot be easily presented here. Thus, we encourage readers to review the tables and graphs in Appendix C.

SURVEY OF NORTH CAROLINA FUNDERS

Funder Survey Participants

We developed our sampling frame of funder in two ways. First, the Project Director (Rebecca Macy) gave a presentation about this research to the group of North Carolina funders concerned with domestic violence and sexual assault services at one of their regular meeting in the fall of 2008. At this meeting, members of funding agencies were asked to provide their contact information if they would like to participate in the survey, as well as to nominate other staff members at their funding agencies who might be willing to participate in the survey. In addition, names and the contact information of other relevant funding staff were taken from publically-accessible websites of their funding organization. These efforts resulted in a list of 13 funding staff.

Second, names and the contact information of local North Carolina United Way organizations' executive directors were taken from publically-accessible websites of funding organization. These efforts resulted in a list of 64 names of local North Carolina United Way executive directors. In order to garner the best and most representative response rate from the United Way executive directors, the project team used stratified, random sampling to invite 50% of these executive directors (n=32) to participate in the survey. Participants were stratified by region of the state (i.e., east, central and west), as well as by type of community (i.e., urban and rural) prior to random sampling to ensure representativeness of the participants.

Survey Administration

We conducted the survey administration over a 20-week period. To encourage maximum participation and to reduce the response burden for the participants,

participants could complete either a paper version or an electronic version of the survey. The participants received information about the Web-based survey in a personalized e-mail, as well as a paper version of the survey delivered to via U.S. mail with a personalized cover letter. To encourage maximum participation, the potential funder survey participants were contacted several times during the survey period by e-mail, U.S. mail, and telephone. However, the first e-mail and cover letter provided potential participants several ways of opting out of the study and preventing further contact.

Surveys were mailed and e-mailed to 45 funders. The overall response rate for all funders was 64.44% response rate (i.e., we received 29 completed surveys from 45 sent). From the funders who specifically provide support to domestic violence and sexual assault services, we had an 84.62% response rate from the (i.e., we received 11 completed surveys from the 13 sent). From the random sample of United Way executive directors who received an invitation to participate in the survey, we had a 56.25% response rate (i.e., we received 18 completed surveys from the 32 sent).

Instrument. The goal of this survey was to learn what types of summarized client information that funding agencies would find valuable and want the sexual assault and domestic violence agencies to provide when applying for funding as well as submitting reports and evaluations of their services. With this goal in mind, the project team developed the survey instrument based on the extensive review of the literature of domestic violence and sexual assault services (Macy, 2007), as well as the survey instrument developed for the domestic violence and sexual assault agency directors. The entire survey instrument can be found in Appendix D. The pilot feedback used to

develop the directors' survey was also used to revise, refine, and finalize the funders survey.

In the survey, participants were asked about the helpfulness of collecting specific types of information from the clients of domestic violence and sexual assault agencies two time points: (a) at intake or early in the provision of services (so that agency staff may determine the clients' needs and goals), and (2) after receiving services (to assess the clients' outcomes in response to services). In addition, the survey also included questions about funding agency and participant characteristics. The survey was comprised of items that recorded responses using a Likert-scale, as well as open-ended questions that provided space for participants to clarify their responses if they so desired.

Survey analysis. To identify funders' opinions regarding what types of summarized client information they want sexual assault and domestic violence agencies to provide when applying for funding as well as submitting reports and evaluations of their services, descriptive statistical analyses were conducted. Specifically, we analyzed participants' responses to the various items with means, standard deviations, and ranking. Statistical results from the directors' survey can be found in Tables 13 and 14 in Appendix E. When interpreting these results, readers should keep in mind that the mean indicates the average opinion regarding how helpful that specific type of information would be to North Carolina funders, from 1= "Absolutely Necessary" to 6= "Not Helpful" and 7= "Harmful," which indicated the opinion that collecting this information could be harmful to clients. Readers should also keep in mind that the standard deviation indicates how much participants' opinions varied from the mean; the

larger the standard deviation, the more variability (and less agreement) among the participants' responses to the survey items.

Brief summary of findings. In summary, the findings from the analysis of the funders' survey show that the key types of information the funders believe to be most helpful to collect for **new clients** are survivors': (a) goals; (b) extent of violence experienced; (c) physical health; (d) mental health; (e) parenting; (f) social support; (g) housing and (h) demographic characteristics. In summary, the findings from the analysis of the funders' survey show that the key types of information the funders believe to be most helpful to assess survivors' **outcomes** are survivors': (a) goals; (b) extent of violence experience; (c) housing; (d) legal outcomes; and (e) satisfaction with services. Therefore, even though the funders had somewhat different views of the importance of assessing particular areas when the clients enter services and when they leave services, some areas were viewed as being especially important to assess at both of these times, including: the clients' goals, extent of violence experienced, and housing. It is noteworthy that two of these (determination of clients' goals and the extent of violence experienced) were also viewed by the program directors as being especially important to assess when clients enter services and after clients have received services (to determine outcomes). Although this summary information is useful, the results of all the analyses conducted cannot be easily presented here. Thus, we encourage readers to review the tables and graphs in Appendix E.

FOCUS GROUPS WITH FORMER CLIENTS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT AGENCIES

In order to ensure that client perspectives were taken into account in the development of the instruments, we conducted four focus groups with former clients of domestic violence and sexual assault agencies. The goal of these focus groups was to obtain consumer perceptions of the types of information domestic violence and sexual assault agencies should gather to: (a) better understand clients' needs and goals, and (b) assess clients' progress in meeting needs and achieving their desired goals (i.e., their outcomes of services).

Although violence survivors are the primary clientele of these agencies' services, little research has investigated consumers' perceptions of how domestic violence and sexual assault service providers can best assess clients' needs, goals and outcomes. Therefore, conducting focus groups with this population was a crucial first step in addressing important knowledge gaps. Furthermore, the data gathered from the focus group participants will strongly enhance the utility of the standard instruments. The focus groups provided a unique opportunity for the research team to learn directly from consumers of domestic violence and sexual assault services about the types of information domestic violence and sexual assault services providers should collect regarding clients' needs, goals, and outcomes. As such, these focus groups represent a critical link in informing the development of standard instruments that are the ultimate goal and product of this research.

Focus Group Procedures

The extensive review of the literature conducted by the project team determined that no surveys or questionnaires exist to assess the service priorities of consumers of domestic violence and sexual assault services. Thus, qualitative research methods are an important first step in addressing the goals of this project. The project team selected the focus group method because, relative to individual interviews, this type of qualitative data collection allows the greatest number and diversity of former consumers of domestic violence and sexual assault services to participate in the research. In addition, the group discussion interaction is likely to reveal a range of ideas and perspectives that will add to the quality of the information gathered.

In order to select NC domestic violence and sexual assault agencies to invite to serve as the focus group sites, the project team determined the following criteria.

- In order to garner the opinions from former clients of domestic violence and sexual assault services, at least two of the agencies should provide both domestic violence and sexual assault services, at least one of the agencies should provide sexual assault services only, and at least one of the agencies should domestic violence services only.
- In order to garner opinions from a diverse group of former clients (e.g., age and race, socioeconomic status), the agencies should be located in communities with diverse communities.
- In order to garner opinions from former clients who live in rural and urban communities, at least two of the agencies should be located in rural communities and at least two of the agencies should be located in urban communities.

- The project team also decided that the research collaborations with the domestic violence and sexual assault agencies would be enhanced if the agencies were within two hours driving distance of Chapel Hill, NC (i.e., where the project team is located). By adding this inclusion criterion to the focus groups procedures, the research team was better able to provide participant recruitment training to agency staff, as well as meet with agency staff as needed throughout the focus group data collection.

In addition to these criteria, members of the project team consulted with the NC Coalition Against Domestic Violence and the NC Coalition Against Sexual Assault. Based on these criteria and consultations with the Coalitions, the research team invited the following agencies as focus group sites:

- Family Violence and Rape Crisis Center (Chatam County);
- Interact (Wake County);
- Orange County Rape Crisis Center;
- SafeSpace, Inc. (Franklin County).

All four agencies agreed to serve as focus group sites and to lead participant recruitment.

Focus group participants. In order to minimize the risk of focus group participation to survivors of domestic violence and sexual assault, the project team elected to invite former clients of domestic violence and sexual assault services to participate in these focus groups. The project team defined “former clients” as those clients who were no longer actively receiving services and who were not in current crisis or danger from a current or former partner (husband, boyfriend, or date) or from a

perpetrator. Further, the project team defined “not in current crisis or danger” in the following ways: The violence survivor:

- had stable housing and a stable economic situation;
- was not in emotional distress;
- was not in a relationship with a dangerous partner;
- was not being stalked or threatened by anyone;
- did not have life circumstances requiring that she regularly came into contact with the perpetrator (e.g., ongoing child custody court case or ongoing prosecution court case).

These participant recruitment criteria were developed in consultation with Katherine Johnson, the Associate Executive Director of Interact in Raleigh, NC. Interact is the domestic violence and sexual assault agency for Wake County, NC.

The service providers at the four agencies that hosted the focus group identified and made initial contact with potential participants. The staff at these agencies concurred with the project team that it would be best if their staff made the initial contact with former clients regarding the focus groups in order to maintain client confidentiality for clients who choose not to participate in the focus groups. All agency staff at each site involved with recruitment participated in a training session on the protection of human subjects that was led by the project team. The training sessions included information on the UNC Human Subjects Board-approved recruitment procedures, as well as human subjects ethics and protections. This training meeting was held on-site at each agency with all staff members who were part of the recruitment efforts.

As a way of increasing participation levels by easing the burden of participation, a doctoral-level research assistant traveled to each of the agency sites to conduct the focus groups. One focus group session was held at each organization's site. Two audio recordings were made of each focus group using both a digital audio recorder and an audiocassette tape recorder. The average length for each focus group discussion was 73 minutes, ranging from 45 to 90 minutes.

The group facilitator directed the focus group discussions using a standardized focus group guide. The research team developed the focus group discussion guide based on their review of the research; the guide used open-ended questions in a semi-structured format, which allowed for the widest range of responses. A copy of the focus group guide is included in Appendix F.

Reader should note that focus group guide includes general questions about the types of information domestic violence and sexual assault service providers should ask survivors to understand their needs, goals and outcomes. The focus group guide does not include questions specific to the participants' experiences with the four host agencies. As a result, the focus group findings should not be interpreted as in any way evaluative of the agencies that hosted the focus groups.

Twenty two former clients of domestic violence and sexual assault services participated in the four focus groups. On average, each focus group had five participants, ranging from three participants in one focus group to eight participants in the largest focus group.

In addition to their participation in the focus group discussion, the participants were invited to complete a brief, two-page survey collecting demographic information

(e.g., age, race and ethnicity, education). The collection of such information enabled the project team to provide aggregate, demographic information about the focus groups participants. A copy of the survey is included in Appendix G. The results of the demographic questionnaire are shown in Table 1.

Table 1. Former Client Focus Groups: Participant Demographic Characteristics

Participant Characteristics	%
	(N=22)
Age	
Range	20-79
Mean	39.5
Race/Ethnicity	
Caucasian	77%
African American	18%
Native American	5%
Education	
Less than High School	9%
Completed High school or GED	9%
Completed Some College Coursework	31%
Completed College Degree	14%
Graduate Coursework	37%
Employment	
Work Full-Time	46%
Full-Time Homemaker	14%
Do Not Work or Attend School	14%

Focus Group Results

In brief, findings from the former client focus groups revealed that the key types of information that consumer's believe DV and SA agencies should gather (a) to better understand clients' needs and goals, and (b) to assess clients' progress in meeting needs and achieving their desired goals and outcomes are as follows:

- Providers should not overload women with a number of detailed questions upon their initial intake. Participants stated that the only questions that should be asked are

those that are immediately relevant to ensuring that the woman's safety is secured and basic needs are met. After a woman has had time to adjust to her circumstances, then more detailed questions concerning goals and outcomes should be asked.

"When you first come in, they should get you settled. They want to jump right in. You're in this shock situation and it is hard to think of what the next step is gonna be. But, if you don't do that they act like, 'oh, she don't wanna be here and she don't want help'...sometimes it takes people awhile to get accustomed to where they are."

–Focus group participant

"Yeah, when you initially come in you're in shock and so scared. Only a few initial questions is as much as you can do and then it takes a few days to settle in, know the routine of the shelter, know that you are in a safe place and it is gonna be okay. Then maybe a few more days down the road you can start to process the more difficult questions."

-Focus group participant

- When women first come into an agency seeking services it would be helpful to have the provider briefly explain how the agency services will work over the course of the next few days.
- The majority of women reported that they were more likely to answer more personal questions (e.g., those about mental health needs, substance abuse problems, level of violence experienced) honestly if providers waited several days for them to adjust to their new circumstances before asking them.

- The majority of women reporting to domestic violence agencies were only asked questions about physical assault. Women stated that they were never asked questions about sexual assault, but had a large number of physical health concerns due to sexual assault (e.g., pregnancy and sexually transmitted diseases) from intimate partners.

“Some women have to steal pregnancy tests ...and other things, like Monistat because they can’t afford them...and women have to wait for their Medicaid, or if they don’t have children, they can’t get [them] through Medicaid at all.”

–Focus group participant

- Women reported extremely limited knowledge of their legal, housing, job and school options. Women requested that they be linked with additional service providers who can provide them with specific direction in these areas.

“Why am I educating the people who should be helping me? This leaves me so overwhelmed and completely helpless. I’m constantly being shuffled from agency to agency being told I can’t help you with this. I am a confident, self-sufficient woman being treated like an adolescent.”

–Focus group participant

“I need more help with school, but I need to know if social services will still help me. I mean if I can’t pay my bills, how will I go back to school? Will I have enough to support me and my child, put a roof over our heads, feed her, buy diapers? I mean, I have no idea how this works.”

–Focus group participant

- Many of the women felt that more steps need to be taken to protect their confidentiality. For example, some of the women had been found by their partners at other shelters because the partner was able to use a “Google” web search in order to find the shelter name and address on the internet.
- Women felt that they should never be asked questions that conveyed that the provider was “judging” them in some way. For example, why did stay so long with an abuser or, why did you let this happen to yourself?

“We need the staff to be open and available...Some, before this shelter, didn’t understand that we are not criminals in hiding. We need a friend who will not judge us.”

–Focus group participant

“I think it is a matter of listening and being empathetic. Just offering simple steps of healing.”

–Focus group participant

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APPENDIX A: Summary of Literature Review Findings on Instruments Used with Domestic Violence (DV) and Sexual Assault (SA) Victims/Survivors

Article/Report	Findings of Study	Instruments Used	Research Strengths and Limitations
Bennett & O'Brien (2007)- Study of women to assess the effectiveness of coordinated services for women who are both survivors of domestic violence and abusers of alcohol or other drugs.	<ul style="list-style-type: none"> • Substance use declines during the period of service reception, whereas self-efficacy increases. • Women with co-occurring substance abuse and domestic violence benefit from coordinated programs 	<ul style="list-style-type: none"> • Conflict Tactics Scale • Women's Experience of Battering • Domestic Violence Self-Efficacy • Substance Use Days (SUD)- woman's report of the total number of days in the past month when she used psychoactive drugs and/or alcohol 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Conducted research in a community-based agency • Use of valid and reliable measures • Assessed multiple areas of survivors' needs • Assessed service efficacy <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Focused only on DV survivors; usefulness of measures for SA survivors is unknown
Benett et. al (2004)- Study of women receiving advocacy, shelter, hotline or counseling services at 1 of 54 state-funded domestic violence programs in Illinois.	<ul style="list-style-type: none"> • Domestic violence survivors gain important information about violence and increase their support during their participation in domestic violence counseling, advocacy, and hotline services • Domestic violence survivors perceive an improvement in their decision-making ability during their participation in domestic violence counseling and advocacy services • Domestic violence survivors increase their self-efficacy and coping skills while participating in domestic violence counseling 	<ul style="list-style-type: none"> • Empowerment Scale • Rosenberg Self-Esteem Scale • Personal Problem-Solving Inventory 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Conducted research in a community-based agency setting • Use of valid and reliable measures • Assessed multiple areas of survivors' needs • Development of new measures to assess survivors' needs • Assessed service efficacy • Assessed survivors' service satisfaction <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Validity and reliability of some measures is unknown • Focused only on DV survivors; usefulness of measures for SA survivors is unknown • Substantial portions of data missing at follow-up

	<p>programs</p> <ul style="list-style-type: none"> • Domestic violence survivors feel safe while in shelter • The effects of domestic violence counseling programs are small but significant 		
<p>Brown et. al (2005)- Study of women who had used a shelter, were stabilized and were out of crisis to determine how battered women's intimate partner abuse and subsequent experiences and expectations of shelter services and assistance of the criminal justice system affected their work and employment opportunities.</p>	<ul style="list-style-type: none"> • 12 of 13 women expected to work or pursue a career; 10 of 13 had interest in pursuing or completing educational or licensing requirements; 12 of 13 wanted a future of peace and freedom • 9 of 13 women did not want to return to their abuser • 8 of 13 women wanted to reestablish a positive and stable parental role • 7 of 13 women held positive views about the shelter support and resources they received; 9 of 13 requested continued counseling support beyond their shelter residency; 9 of 13 reported negative experiences with the legal system; 10 of 13 reported negative experiences with law enforcement • Most participants stated that shelters were supportive; most expected shelters to 	<ul style="list-style-type: none"> • Cognitive Distortion Scale (CDS) • Satisfaction With Life Scale (SWLS) 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Use of valid and reliable measures • Assessed multiple areas of survivors' needs <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Small sample size; only studied 13 women • Study findings were limited to the experiences of women who sought support and refuge by going to shelters; thus, findings are not generalizable to all DV survivors • Focused only on DV survivors; usefulness of measures for SA survivors is unknown

	assist them with their goal of economic independence by securing employment and housing		
Bybee & Sullivan (2002)- Study of women who had spent at least 1 night in a shelter to explore the meditational process through which change occurred.	<ul style="list-style-type: none"> • Women with advocates had more social support, greater effectiveness at accessing resources, higher quality of life, and less abuse. • Effect of intervention on reabuse was relatively small 	<ul style="list-style-type: none"> • Extensive interviews • Conflict Tactics Scale • 4-point scale for rating the effectiveness in obtaining resources including: housing, material goods, education, employment, health care, child care, transportation, social support, legal assistance, financial issues, and child issues • 9 items to assess social support, including amount of support, quality of support, and overall satisfaction with support measured on a 7-point scale • 7-point scale to measure quality of life 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Use of valid and reliable measures • Assessed multiple areas of survivors' needs • Development of new measures to assess survivors' needs • Assessed service efficacy <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Most participants had low incomes, and all had previously sought help; thus, the results are not generalizable to all battered women • Validity and reliability of some measures is unknown • Most women were AA or white; none of the women lived in rural communities; thus, the results are not generalizable to all battered women • Focused only on DV survivors; usefulness of measures for SA survivors is unknown
Bybee & Sullivan (2005)- A three-year follow-up study of women who had spent at least 1 night in a Michigan shelter.	<ul style="list-style-type: none"> • Decrease in abuse for women who had worked with advocates. • The risk of being abused 3 years post-shelter stay was heightened by a number of factors present 1 <i>year prior</i>, including women's (1) having experienced abuse in the 6 months before that 	<ul style="list-style-type: none"> • Conflicts Tactics Scale • 7-point scale for social support 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Longitudinal study, including follow-up after three years • Strong sample size for a longitudinal study • Use of valid and reliable measures • Assessed multiple areas of survivors' needs • Development of new measures to assess survivors' needs

	<p>point; (2) having difficulties accessing resources; (3) having problems with the state welfare system; and (4) having people in their social network who made their lives difficult.</p> <ul style="list-style-type: none"> • Women were at <i>less</i> risk of abuse if, 1 year earlier, they (1) were employed; (2) reported higher quality of life; and (3) had people in their networks who provided practical help and/or were available to talk about personal matters. • Findings support the hypothesis that access to resources and social support serve as protective factors against continued abuse. • Women were experiencing the same rate of victimization at 3-year follow-up that they were at 2-year follow-up. • 3 year follow-up- positive effects of having received advocacy services were not significant. 		<ul style="list-style-type: none"> • Assessed service efficacy <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Validity and reliability of some measures is unknown • Focused only on DV survivors; usefulness of measures for SA survivors is unknown
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<p>Campbell (1998)- Study of rape survivors to assess resources available in the community.</p>	<ul style="list-style-type: none"> • One group had positive experiences with all 3 systems, one group only had positive experiences with the health system, and the third group had difficulty with all three systems. 	<ul style="list-style-type: none"> • Community Resources Scale • Community Coordination of Services scale • System Action, System Fit, and System Advocacy 	<ul style="list-style-type: none"> • <u>Strengths:</u> • National, random sample • Asked survivors about their perceptions of available resources in the community • Development of new measures to assess survivors' needs • Assessed survivors' service satisfaction • <u>Limitations:</u> • Validity and reliability of some measures is unknown • Focused only on SA survivors; usefulness of measures for DV survivors is unknown.
<p>Chronista & McWhirter (2006)- Study of women who had experienced abuse and were interested in participating in a career counseling group to develop and examine the effectiveness of The Advancing Career Counseling and Employment Support for Survivors (ACCESS) program.</p>	<ul style="list-style-type: none"> • Participation in the standard intervention resulted in significant improvements in career-search self-efficacy at posttest • There were no statistically significant between-groups differences or within-group changes in participants' perceived career supports at posttest or follow-up. • Intervention was effective for improved career search self-efficacy 	<ul style="list-style-type: none"> • Abuse Experiences Checklist • Critical Consciousness of Domestic Violence Measure (CCDV) • Battered Women's Perceived Career Barriers Measure • Battered Women's Perceived Career Support Measure • Goal identification and ranking measure • Career-Search Self-Efficacy Scale (CSES) • Career Outcome Expectations Scale (COES) • Hollingshead's Four Factor Index of Social Status 	<ul style="list-style-type: none"> • <u>Strengths:</u> • Use of valid and reliable measures • Assessed multiple areas of survivors' needs, though focus on career development • Development of new measures to assess survivors' needs • Assessed service efficacy • Use of an experimental design in a community setting • Use of a manualized intervention, and what may be a first attempt to define, operationalize, and measure critical consciousness in a career intervention study with adult domestic violence survivors • The initial reliability and validity data gathered with battered women residing in shelters established a

			<p>basis for use of the measures.</p> <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Relatively small sample size • Validity and reliability of some measures is unknown
<p>Constantino & Kim (2005)- Study of 24 women (12 in intervention, 12 in control group) who were first-time residents of a domestic violence shelter to test the effectiveness of a social support intervention.</p>	<ul style="list-style-type: none"> • Intervention group had greater improvement in psychological distress symptoms and greater improvement in perceived availability of social support; less health care utilization • Social support interventions for women in shelters are effective in improving health outcomes 	<ul style="list-style-type: none"> • HSQ (Health Screening Questionnaire) • BSI (Brief Symptom Inventory) to measure psychological distress • ISEL (Interpersonal Self-Evaluation List) 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Investigation of an intervention for improving psychological distress among battered women • Conducted research in a community-based agency setting • Use of valid and reliable measures • Assessed multiple areas of survivors' needs • Assessed service efficacy <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Small sample size • All subjects had used a DV shelter; thus the generalizability of findings is limited • Focused only on DV survivors; usefulness of measures for SA survivors is unknown
<p>Roth et. al (1988)- Study of rape survivors to evaluate the effectiveness of 1 year of group psychotherapy in reducing the long-term psychological aftereffects of sexual assault.</p>	<ul style="list-style-type: none"> • Therapy subjects improved on rape fears and the full-scale MFS. • Initial worsening of symptoms but by the 20th session, therapy subjects showed significant improvement with additional improvement after treatment 	<ul style="list-style-type: none"> • Modified Fear Survey (MFS) • SCL-90-R • Intrusion and Denial subscales of the Impact of Event Scale • Self-Adjustment Scale- Self-Report (SAS-SR) 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Use of valid and reliable measures • Assessed multiple areas of survivors' needs • Assessed service efficacy <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Small sample (n=13) • All subjects were white; thus the generalizability of findings are limited • Focused only on SA survivors; usefulness of measures for DV survivors is unknown

<p>Sullivan et. al. (1992)- Study of women exiting an emergency shelter to assess their needs.</p>	<ul style="list-style-type: none"> • Battered women need numerous community resources upon their shelter exit, including legal assistance, employment and housing. • 50% needed 10 of the 11 resource options (material goods and services, social support, education, healthcare, finances, legal assistance, employment, transportation, childcare, and issues for their children). • Women of Color were more likely than white women to mention needing health care, material goods and resources for their children. • Women who needed childcare were younger; women needing healthcare were more likely to be Women of Color; women needing material goods tended to be receiving governmental assistance, were unemployed, unmarried, not living w/ their assailants, and more likely to be women of Color 	<ul style="list-style-type: none"> • Abuse Subscale of Straus' Conflict Tactic Scale 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Use of valid and reliable measures • Assessed service efficacy <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Focused only on DV survivors; usefulness of measures for SA survivors is unknown
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<p>Sullivan & Rumpitz (1994)- Study of African American women who had used a domestic violence shelter to test the effectiveness of an advocacy intervention.</p>	<ul style="list-style-type: none"> • 10 weeks post-intervention, African American women were less likely to be with their assailants; more likely to work on health issues, material goods and financial issues. • Higher levels of social support and better reported quality of life. 	<ul style="list-style-type: none"> • Emotional attachment to assailant measured by a 13 item true/false scale • Straus' Conflict Tactics Scale Violence subscale • Index of Psychological Abuse • CES-D (Center for Epidemiologic Studies- Depression Scale) • 1st 40 items of the Kilpatrick's Rape Aftermath Symptom Test (RAST) • Self-efficacy scale made for this study • Modification of Andrews and Withey's Quality of Life measure • Levenson's Internal-Powerful Others-Chance (IPC) scale • Effectiveness in obtaining resources (EOR) scale • Social support assessed by a measure developed by Bogat, Chin, Sabbath and Schwartz. 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Use of valid and reliable measures • Assessed multiple areas of survivors' needs • Development of new measures to assess survivors' needs • Assessed service efficacy • Assessed survivors' service satisfaction <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Validity and reliability of some measures is unknown • Focused only on DV survivors; usefulness of measures for SA survivors is unknown
<p>Tan et. al. (1995)- Study of 141 women (71 in a control group) who had stayed at a shelter at least one night to examine the effects of an advocacy intervention on</p>	<ul style="list-style-type: none"> • Prior to the shelter, 84% were involved with their assailants; upon shelter exit, only 35%; 10 weeks after exit, 40%; 6 months later, 34% • The most common source of social support was relatives and friends. A majority also mentioned staff of formal organizations 	<ul style="list-style-type: none"> • Conflict Tactics Scale • Individual Psychological Abuse • Modification of Andres and Withey's (1976) Quality of Life measure • Center for Epidemiological Studies- Depression Scale (CES-D) • Effectiveness of Obtaining 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Use of valid and reliable measures • Assessed multiple areas of survivors' needs • Development of new measures to assess survivors' needs • Assessed service efficacy • Assessed survivors' service satisfaction <p><u>Limitations:</u></p>

<p>battered women's overall psychological well-being and ability to remain free from abuse.</p>	<p>and their children as other sources of support; 1/3 mentioned their assailants and/or the staff of the local shelter.</p> <ul style="list-style-type: none"> • Satisfaction with social support was highly related to women's overall psychological well-being; number of close friends also related to psychological well-being • Women with more social support were less likely to be depressed. • Size of network was irrelevant; closeness was most important 	<p>Resources scale</p> <ul style="list-style-type: none"> • Social support measured by an instrument developed by Bogat, Chin, Sabbath, and Schwartz (1983) 	<ul style="list-style-type: none"> • Validity and reliability of some measures is unknown • Focused only on DV survivors; usefulness of measures for SA survivors is unknown
<p>Wasco et. al. (2004)- Study of women who had received sexual assault services from 1 of 33 programs in Illinois to evaluate the effectiveness of services.</p>	<ul style="list-style-type: none"> • Services provided to rape survivors provided support, increased information and knowledge, and helped survivors to understand options and make decisions. 	<ul style="list-style-type: none"> • Researchers developed instruments to assess services 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Conducted research in a community-based agency setting • Development of new measures to assess survivors' needs • Assessed service efficacy • Assessed survivors' service satisfaction <p><u>Limitations:</u></p> <ul style="list-style-type: none"> • Study participants and services were all in Illinois • Study employed a post-only design for all services except counseling; therefore, it could not conclude that change in participants was a result of services. • Validity and reliability of some

			<p>measures is unknown</p> <ul style="list-style-type: none">• Focused only on DV survivors; usefulness of measures for SA survivors is unknown• For counseling services, a control group was not used• Because this evaluation did not collect information about the content of services, unable to determine the differences in effectiveness among agencies' service delivery methods.
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APPENDIX B

North Carolina Survey of Domestic Violence & Sexual Assault Services Agency Directors: Assessing Clients' Needs, Goals and Outcomes

Background

North Carolina's sexual assault and domestic violence agencies have expressed a need for standardized forms to collect information on their clients' needs, goals, and outcomes. Such information will be valuable to agencies in planning programs for individual clients and in evaluating agency services. In addition, when provided in a confidential summary, this information will be useful to agencies in providing their funding organizations with comprehensive, meaningful data that fulfills funders' reporting requirements.

Recent enactment of state legislation, *Communications with Agents of Rape Crisis and Domestic Violence Programs Privileged* (NC Statute 8-53.12.), ensures the legal status of survivors' information (as collected by domestic violence and sexual assault agency service providers) as privileged communication, which is protected from forced disclosure. Therefore, sexual assault and domestic violence agencies can now be confident that the information they collect from survivors can be kept confidential. Thus, the time is right to develop standardized assessment and outcome tools to help these agencies provide the highest level of services to their clients and to ensure that their agencies' protocols meet the demands for privileged communication.

Survey Goal

The goal of this survey is to learn what types of information would be most useful to North Carolina sexual assault and domestic violence agencies in better understanding their clients' needs, goals, and outcomes. Based on the types of services offered, different agencies may need different types of information about clients who receive their services. For example, agencies that offer medical advocacy services may need assessment forms that will inform them about a client's medical condition to facilitate provision of the appropriate services. In addition, various types of information may be helpful to agencies at different points in time. For example, at intake or early in the provision of services, it may be most helpful to learn about the client's goals, whereas at a later point, it may be more helpful to learn whether the client fulfilled his or her goals. The information gathered in this survey will be used by our research team to develop a set of standardized forms that agencies will have the option of using to collect client information.

Directions for Survey Completion

Each section of the survey asks whether your agency provides a particular type of service (e.g., legal advocacy, medical advocacy). Please answer the survey questions *only if* your agency provides the particular service in question. You will be asked about the helpfulness of collecting specific types of information from your clients at two time points: (a) at intake or early in the provision of services (so that you may determine the clients' needs and goals), and (2) after receiving services (to assess the clients' outcomes in response to services). If your agency does NOT provide a particular type of service, please skip that section and move on to the next section.

The survey asks similar questions about the helpfulness of collecting specific types of information from clients for each type of service. The survey is design this way to help the research team know if similar or different instruments should be developed for each type of service.

Please be completely honest and candid in your answers. There are no right or wrong answers. We are truly interested in your opinions.

A. LEGAL ADVOCACY (*Help with law enforcement, civil court and criminal court consistent with domestic violence/sexual advocacy role*)

A1. My agency provides legal advocacy services: (*Please circle your response*)

Yes → *Please go to Question A2, below.*

No → *Please skip to Question B1, on page 7.*

A2. In order to provide the best **legal advocacy services to new or relatively new clients**, how helpful would it be to know the following types of information:

(Please circle your response)

A2a. Goals the client wants to accomplish during legal advocacy:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2b. Client’s knowledge concerning laws and their legal options:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2c. Extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2d. Client’s knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2e. Physical health of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2f. Mental health of the client (e.g., depression, anxiety, schizophrenia, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2g. Substance use/abuse by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2h. Ability of client to carry out everyday tasks (e.g., housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

A2i. Parenting of client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2j. Social support of the client (supportive relationships, friends, family)						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2k. School/employment status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2l. Housing of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2m. Legal/criminal status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2n. Intellectual/developmental disabilities of the client (mental retardation):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2o. Physical disability of the client (e.g., deafness, blindness, wheelchair user):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2p. Demographic characteristics of the client (age, income, education, children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2q. Racial/ ethnic/ cultural heritage characteristics of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2r. Religion/religious practices of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2s. Sexual orientation of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2t. Immigration status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

A2u. Coping strategies of the client:

Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
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A2v. Other: *(Please describe in detail and provide examples, if possible)*

A3. To understand whether or to what extent **legal advocacy services helped clients** who received these services, how helpful would it be to know the following types of information about your clients **after they have received the services**:

(Please circle your response)

A3a. Client's progress toward meeting their goals for legal advocacy services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3b. Changes in the client's knowledge concerning laws and their legal options:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3c. Changes in the extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3d. Changes in client's knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3e. Physical health changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3f. Mental health changes of the client (e.g., depression, anxiety, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3g. Substance use/abuse changes by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3h. Change in client's ability to carry out everyday tasks (housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3i. Parenting changes in the client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3j. Social support changes of the client (supportive relationships, social networks):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3k. School/employment changes of client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

A3l. Housing changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3m. Legal/criminal status changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3n. Legal outcomes of the client's case (e.g., received protective order, perpetrator convicted.):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2o. Coping strategies changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3p. Client's satisfaction with legal advocacy services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3q. Other: <i>(Please describe in detail and provide examples, if possible)</i>						

B. MEDICAL ADVOCACY (*Providing information and support during medical appointments and procedures*)

B1. My agency provides medical advocacy services: (*Please circle your response*)

Yes → *Please go to Question B2, below.*

No → *Please skip to Question C1, on page 12.*

B2. In order to provide the best medical advocacy services to new or relatively new clients, how helpful would it be to know the following types of information:

(*Please circle your response*)

B2a. Goals the client wants to accomplish during medical advocacy:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2b. Client's knowledge concerning post-assault medical options and services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2c. Extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2d. Client's knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2e. Physical health of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2f. Mental health of the client (e.g., depression, anxiety, schizophrenia, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2g. Substance use/abuse by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2h. Ability of client to carry out everyday tasks (e.g., housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2i. Parenting of client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

B2j. Social support of the client (e.g., supportive relationships, family, friends):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2k. School/employment status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2l. Housing of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2m. Legal/criminal status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2n. Intellectual/developmental disabilities of the client (mental retardation):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2o. Physical disability of the client (e.g., deafness, blindness, wheelchair user):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2p. Demographic characteristics of the client (age, income, education, children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2q. Racial/ ethnic/ cultural heritage characteristics of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2r. Religion/religious practices of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2s. Sexual orientation of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2t. Immigration status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2u. Coping strategies of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

B2v. Other: *(Please describe in detail and provide examples, if possible.)*

B3. To better understand whether or to what extent **medical advocacy services** helped clients, how helpful would it be to know the following types of information about your clients **after they have received these services**:

(Please circle your response)

B3a. Client's progress toward meeting their goals for medical advocacy services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3b. Client's knowledge concerning post-assault medical options/services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3c. Changes in the extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3d. Changes in client's knowledge about emotional consequences of violence						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3e. Physical health changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3f. Mental health changes of the client (e.g., depression, anxiety, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3g. Substance use/abuse changes by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3h. Change in client's ability to carry out everyday tasks (e.g., housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3i. Parenting changes in the client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3j. Support changes of the client (e.g., supportive relationships, social networks):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3k. School/employment changes of client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

B3l. Housing changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3m. Legal/criminal status changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2n. Coping strategies changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3o. Client's satisfaction with medical advocacy services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3p. Other: <i>(Please describe in detail and provide examples, if possible.)</i>						

C. SUPPORT GROUP (*Mutual aid group where survivors offer support to one another; may or may not be led by trained staff/volunteer*)

C1. My agency provides support group services: (*Please circle your response*)

Yes → Please go to Question C2, below.

No → Please skip to Question D1, on page 17.

C2. In order to provide the best support group services to new or relatively new clients, how helpful would it be to know the following types of information:

(Please circle your response)

C2a. Goals the client wants to accomplish during the support group:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2b. Client's knowledge concerning safety planning/strategies to increase safety:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2c. Extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2d. Client's knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2e. Physical health of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2f. Mental health of the client (e.g., depression, anxiety, schizophrenia, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2g. Substance use/abuse by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2h. Ability of client to carry out everyday tasks (e.g., housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2i. Parenting of client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

C2j. Social support of the client (e.g., supportive relationships, social networks):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2k. School/employment status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2l. Housing of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2m. Legal/criminal status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2n. Intellectual/developmental disabilities of the client (mental retardation):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2o. Physical disability of the client (e.g., deafness, blindness, wheelchair user):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2p. Demographic characteristics of the client (age, income, education, children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2q. Racial/ ethnic/ cultural heritage characteristics of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2r. Religion/religious practices of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2s. Sexual orientation of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2t. Immigration status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C2u. Coping strategies of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

C2v. Other: *(Please describe in detail and provide examples, if possible.)*

C3. To understand whether and to what extent support group services helped clients who received such services, how helpful would it be to know the following types of information about your clients after they have received the services:

(Please circle your response)

C3a. Client's progress toward meeting their goals for the support group:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3b. Changes in client's knowledge concerning safety planning/strategies to increase safety:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3c. Changes in the extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3d. Changes in client's knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3e. Physical health changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3f. Mental health changes of the client (depression, anxiety, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3g. Substance use/abuse changes by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3h. Change in client's ability to carry out everyday tasks (housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3i. Parenting changes in the client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3j. Support changes of the client (e.g., supportive relationships, social networks):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

C3k. School/employment changes of client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3l. Housing changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3m. Legal/criminal status changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3n. Coping strategies changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3o. Client's satisfaction with support group services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
C3p. Other: <i>(Please describe in detail and provide examples, if possible.)</i>						

D. GROUP THERAPY (*Survivors receive therapeutic services in a group format led by a trained counselor/ professional*)

D1. My agency provides group therapy services: (*Please circle your response*)

Yes → *Please go to Question D2, below.*

No → *Please skip to Question E1, on page 22.*

D2. In order to provide the best group therapy services to new or relatively new clients, how helpful would it be to know the following types of information:

(*Please circle your response*)

D2a. Goals the client wants to accomplish during group therapy:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2b. Client's knowledge concerning safety planning/strategies to increase safety:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2c. Extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2d. Client's knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2e. Physical health of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2f. Mental health of the client (e.g., depression, anxiety, schizophrenia, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2g. Substance use/abuse by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2h. Ability of client to carry out everyday tasks (e.g., housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

D2i. Parenting of client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2j. Social support of the client (e.g., supportive relationships, social networks):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2k. School/employment status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2l. Housing of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2m. Legal/criminal status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2n. Intellectual/developmental disabilities of the client (mental retardation):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2o. Physical disability of the client (e.g., deafness, blindness, wheelchair user):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2p. Demographic characteristics of the client (age, income, education, children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2q. Racial/ ethnic/ cultural heritage characteristics of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2r. Religion/religious practices of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2s. Sexual orientation of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2t. Immigration status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

D2u. Coping strategies of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D2v. Other: <i>(Please describe in detail and provide examples, if possible.)</i>						

D3. To understand whether and to what extent group therapy services helped clients who received such services, how helpful would it be to know the following types of information about your clients after they have received the services:

(Please circle your response)

D3a. Client's progress toward meeting their goals for group therapy services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3b. Changes in client's knowledge concerning safety planning/strategies to increase safety:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3c. Changes in the extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3d. Changes in client's knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3e. Physical health changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3f. Mental health changes of the client (e.g., depression, anxiety, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3g. Substance use/abuse changes by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3h. Change in client's ability to carry out everyday tasks (e.g., housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3i. Parenting changes in the client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3j. Support changes of the client (e.g., supportive relationships, social networks):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

D3k. School/employment changes of client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3l. Housing changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3m. Legal/criminal status changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3n. Coping strategies changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3o. Client's satisfaction with group therapy services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
D3p. Other: <i>(Please describe in detail and provide examples, if possible.)</i>						

E. INDIVIDUAL COUNSELING (*Information, support, or education provided by agency staff or volunteers in individual meetings, not individual therapy provided by mental health professional*)

E1. My agency provides individual counseling services: (*Please circle your response*)

Yes → Please go to Question E2, below.

No → Please skip to Question F1, on page 27.

E2. In order to provide the best **individual counseling services to new or relatively new clients**, how helpful would it be to know the following types of information:

(Please circle your response)

E2a. Goals the client wants to accomplish during individual counseling:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2b. Client's knowledge concerning safety planning/strategies to increase safety:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2c. Extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2d. Client's knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2e. Physical health of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2f. Mental health of the client (e.g., depression, anxiety, schizophrenia, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2g. Substance use/abuse by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2h. Ability of client to carry out everyday tasks (e.g., housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

E2i. Parenting of client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2j. Social support of the client (e.g., supportive relationships, social networks):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2k. School/employment status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2l. Housing of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2m. Legal/criminal status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2n. Intellectual/developmental disabilities of the client (mental retardation):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2o. Physical disability of the client (e.g., deafness, blindness, wheelchair user):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2p. Demographic characteristics of the client (age, income, education, children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2q. Racial/ ethnic/ cultural heritage characteristics of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2r. Religion/religious practices of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2s. Sexual orientation of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E2t. Immigration status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

E2u. Coping strategies of the client:**Absolutely
Necessary****Extremely
Helpful****Very
Helpful****Somewhat
Helpful****A Little
Helpful****Not
Helpful****Hurtful****E2v. Other:** *(Please describe in detail and provide examples, if possible.)*

E3. To understand whether and to what extent **individual counseling services helped clients** who received those services, how helpful would it be to know the following types of information about your clients **after they have received the services**:

(Please circle your response)

E3a. Client's progress toward meeting their goals for individual counseling:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3b. Changes in the client's knowledge concerning safety planning/strategies to increase safety:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3c. Changes in the extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3d. Changes in client's knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3e. Physical health changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3f. Mental health changes of the client (e.g., depression, anxiety, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3g. Substance use/abuse changes by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3h. Change in client's ability to carry out everyday tasks (e.g., housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3i. Parenting changes in the client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3j. Support changes of the client (e.g., supportive relationships, social networks):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

E3k. School/employment changes of client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3l. Housing changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3m. Legal/criminal status changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3n. Coping strategies changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3o. Client's satisfaction with individual counseling:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
E3p. Other: <i>((Please describe in detail and provide examples, if possible.))</i>						

F. SHELTER SERVICES

F1. My agency provides shelter services: *(Please circle your response)*

Yes → Please go to Question F2, below.

No → Please skip to Question G1, on page 32.

F2. In order to provide the best shelter services to new or relatively new clients, how helpful would it be to know the following types of information:

(Please circle your response)

F2a. Goals the client wants to accomplish while living in the shelter:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2b. Client's knowledge concerning safety planning/strategies to increase safety:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2c. Extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2d. Client's knowledge about emotional consequences of violence :						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2e. Physical health of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2f. Mental health of the client (e.g., depression, anxiety, schizophrenia, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2g. Substance use/abuse by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2h. Ability of client to carry out everyday tasks (e.g., housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2i. Parenting of client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

F2j. Social support of the client (e.g., supportive relationships, social networks):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2k. School/employment status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2l. Housing of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2m. Legal/criminal status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2n. Intellectual/developmental disabilities of the client (mental retardation):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2o. Physical disability of the client (e.g., deafness, blindness, wheelchair user):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2p. Demographic characteristics of the client (age, income, education, children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2q. Racial/ ethnic/ cultural heritage characteristics of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2r. Religion/religious practices of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2s. Sexual orientation of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F2t. Immigration status of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

F2u. Coping strategies of the client:**Absolutely
Necessary****Extremely
Helpful****Very
Helpful****Somewhat
Helpful****A Little
Helpful****Not
Helpful****Hurtful****F2v. Other:** *(Please describe in detail and provide examples, if possible.)*

F3. To understand whether or to what extent **shelter services helped clients** who received those services, how helpful would it be to know the following types of information about your clients **after they have received the shelter services**:

(Please circle your response)

F3a. Client's progress toward meeting their goals for shelter:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3b. Changes in the client's knowledge concerning safety planning/strategies to increase safety:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3c. Changes in the extent of violence and trauma experienced by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3d. Changes in client's knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3e. Physical health changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3f. Mental health changes of the client (e.g., depression, anxiety, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3g. Substance use/abuse changes by the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3h. Change in client's ability to carry out everyday tasks (e.g., housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3i. Parenting changes in the client (if she/he has children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3j. Support changes of the client (e.g., supportive relationships, social networks):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

F3k. School/employment changes of client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3l. Housing changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3m. Legal/criminal status changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3n. Legal outcomes of the client's case (e.g., received protective order, perpetrator convicted):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3o. Coping strategies changes of the client:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3p. Client's satisfaction with the shelter services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
F3q. Other: <i>(Please describe in detail and provide examples, if possible.)</i>						

G. CURRENT PRACTICE PROTOCOLS: ASSESSMENT OF CLIENTS' NEEDS AND OUTCOMES

G1. Does your agency currently use any forms or guides to assess clients' needs at intake (or soon after intake)?: *(Please check the box beside your response)*

- Yes** → *Please include a copy of the form/forms when you return this survey.*
 No .

G2. Does your agency currently use any forms or guides to assess clients' outcomes after they have received services?: *(Please check the box beside your response)*

- Yes** → *Please include a copy of the form/forms when you return this survey.*
 No.

G3. May we contact you to learn more about the forms that you use to assess clients' needs and outcomes, or why you do not use such forms?
(Please check the box beside your response)

- Yes**
 No

H. INFORMATION ABOUT YOU

H1. Please provide the title that best describes your current position (for example, executive director, associate/assistant director, program director, advocate):

(Please write title here)

H2. How long have you held your current position? *(Please check the box beside your response)*

- Less than one year**
- 1 to 5 years**
- 6 to 10 years**
- More than 10 years**

H3. In total, how many years have you provided domestic violence services, as a staff member (not a volunteer) at this agency or at any agency? *(Please check the box beside your response)*

- Never**
- Less than one year**
- 1 to 5 years**
- 6 to 10 years**
- More than 10 years**

H4. In total, how many years have you provided sexual assault services, as a staff member (not a volunteer) at this agency or at any agency? *(Please check the box beside your response)*

- Never**
- Less than one year**
- 1 to 5 years**
- 6 to 10 years**
- More than 10 years**

H5. Please estimate the percentage of your time spent providing direct services to clients (e.g., providing crisis, advocacy, counseling, or other services): *(Please check the box beside your response)*

- 0%**
- 1-25%**
- 26% to 50%**
- 51% to 75%**
- 76% or more**

H6. What is the highest level of education that you have completed? *(Please check the box beside your response)*

- Some high school**
- High school graduate/GED**
- Some college/university**
- Completed community college/associate degree**
- Completed 4-year college/university degree**
- Completed master's graduate degree**
- Completed doctoral graduate degree**

H7. What is your race? *(Please check boxes for all responses that apply)*

- African American**
- Asian American/Pacific Islander**
- Native American**
- White/Caucasian**

H8. Are you Hispanic/Latino? *(Please check the box beside your response)*

- Yes**
- No**

H9. What is your gender? *(Please check the box beside your response)*

- Female**
- Male**

H10. What type of violence services does your agency provide? *(Please check the box beside your response)*

- Domestic violence services only**
- Sexual assault services only**
- Both domestic violence and sexual assault services**

H11. Is there anything more you would like us to know?

Are there aspects of the services your agency provides that we have overlooked?

Do you have any advice you would like to give the researchers who are developing the forms to collect survivor information?

**THANK YOU FOR COMPLETING THIS SURVEY. YOUR ANSWERS AND
TIME ARE VERY IMPORTANT TO THIS RESEARCH!**

**APPENDIX C:
Survey Findings from Directors of North Carolina
Domestic Violence and Sexual Assault Services Agencies**

Table 1: To provide legal advocacy to new clients, how helpful would it be to know the following types of information

* Range. Note: Ties exist amongst some rankings.

<i>Legal Advocacy (New)</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-20)*
Goals the client wants to accomplish during legal advocacy	44 (55.0%)	19 (23.8%)	10 (12.5%)	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	1.60 (.822)	1
Client's knowledge concerning laws and their legal options	13 (16.3%)	22 (27.5%)	22 (27.5%)	13 (16.3%)	5 (6.3%)	0 (0%)	0 (0%)	2.67 (1.155)	8
Extent of violence and trauma experienced by the client	33 (41.3%)	24 (30.0%)	12 (15.0%)	6 (7.5%)	1 (1.3%)	0 (0%)	0 (0%)	1.92 (1.017)	2
Client's knowledge about emotional consequences of violence	10 (12.5%)	23 (28.8%)	25 (31.3%)	10 (12.5%)	5 (6.3%)	2 (2.5%)	0 (0%)	2.77 (1.203)	10
Physical health of the client	12 (15.0%)	19 (23.8%)	24 (30.0%)	14 (17.5%)	5 (6.3%)	2 (2.5%)	0 (0%)	2.83 (1.248)	11
Mental health of the client	17 (21.3%)	33 (41.3%)	19 (23.8%)	3 (3.8%)	3 (3.8%)	1 (1.3%)	0 (0%)	2.28 (1.066)	3
Substance use/abuse by the client	14 (17.5%)	25 (31.3%)	22 (27.5%)	9 (11.3%)	4 (5.0%)	1 (1.3%)	1 (1.3%)	2.62 (1.265)	7.5
Ability of client to carry out everyday tasks	4 (5.0%)	26 (32.5%)	19 (23.8%)	17 (21.3%)	7 (8.8%)	3 (3.8%)	0 (0%)	3.08 (1.230)	14
Parenting of client	14 (17.5%)	18 (22.5%)	19 (23.8%)	14 (17.5%)	7 (8.8%)	4 (5.0%)	0 (0%)	2.92 (1.421)	13
Social support of the client	5 (6.3%)	32 (40.0%)	29 (36.3%)	7 (8.8%)	3 (3.8%)	0 (0%)	0 (0%)	2.62 (.894)	7.5
School/employment status of the client	5 (6.3%)	19 (23.8%)	25 (31.3%)	16 (20.0%)	4 (5.0%)	5 (6.3%)	0 (0%)	3.14 (1.253)	15
Housing of the client	10 (12.5%)	26 (32.5%)	20 (25.0%)	15 (18.8%)	2 (2.5%)	1 (1.3%)	0 (0%)	2.68 (1.112)	9
Legal/criminal status of the client	19 (23.8%)	23 (28.8%)	19 (23.8%)	8 (10.0%)	2 (2.5%)	3 (3.8%)	1 (1.3%)	2.52 (1.379)	6
Intellectual/developmental disabilities of the client	15 (18.8%)	34 (42.5%)	15 (18.8%)	10 (12.5%)	0 (0%)	1 (1.3%)	0 (0%)	2.32 (1.029)	5
Physical disability of the client	22 (27.5%)	23 (28.8%)	19 (23.8%)	8 (10.0%)	2 (2.5%)	1 (1.3%)	0 (0%)	2.31 (1.162)	4
Demographic characteristics of the client	7 (8.8%)	16 (20.0%)	24 (30.0%)	14 (17.5%)	7 (8.8%)	7 (8.8%)	0 (0%)	3.25 (1.396)	16
Racial/ethnic/cultural heritage characteristics of the client	3 (3.8%)	16 (20.0%)	19 (23.8%)	17 (21.3%)	11 (13.8%)	9 (11.3%)	0 (0%)	3.59 (1.396)	18
Religious/religious practices of the client	0 (0%)	8 (10.0%)	17 (21.3%)	20 (25.0%)	12 (15.0%)	18 (22.5%)	0 (0%)	4.20 (1.325)	19
Sexual orientation of the client	1 (1.3%)	6 (7.5%)	19 (23.8%)	17 (21.3%)	11 (13.8%)	18 (22.5%)	3 (3.8%)	4.29 (1.450)	20
Immigration status of the client	7 (8.8%)	14 (17.5%)	21 (26.3%)	14 (17.5%)	9 (11.3%)	6 (7.5%)	4 (5.0%)	3.51 (1.606)	17
Coping strategies of the client	4 (5.0%)	28 (35.0%)	26 (32.5%)	11 (13.8%)	4 (5.0%)	2 (2.5%)	0 (0%)	2.85 (1.087)	12

Table 2: To understand how legal advocacy helped clients, how helpful would it be to know the following types of information.

<i>Legal Advocacy (Change)</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-15)
Client's progress toward meeting their goals for legal advocacy services	15 (18.8%)	39 (48.8%)	15 (18.8%)	4 (5.0%)	0 (0%)	0 (0%)	0 (0%)	2.11 (.792)	3
Changes in the client's knowledge concerning laws and their legal options	8 (10.0%)	34 (42.5%)	23 (28.8%)	6 (7.5%)	0 (0%)	1 (1.3%)	0 (0%)	2.43 (.901)	5
Changes in the extent of violence and trauma experienced by the client	11 (13.8%)	43 (53.8%)	12 (15.0%)	4 (5.0%)	0 (0%)	2 (2.5%)	0 (0%)	2.24 (.971)	4
Changes in client's knowledge about emotional consequences of violence	3 (3.8%)	44 (55.0%)	15 (18.8%)	9 (11.3%)	1 (1.3%)	1 (1.3%)	0 (0%)	2.51 (.915)	7.5
Physical health changes of the client	2 (2.5%)	25 (31.3%)	25 (31.3%)	14 (17.5%)	4 (5.0%)	2 (2.5%)	0 (0%)	2.99 (1.068)	14
Mental health changes of the client	9 (11.3%)	34 (42.5%)	19 (23.8%)	8 (10.0%)	3 (3.8%)	0 (0%)	0 (0%)	2.48 (.988)	6
Substance use/abuse changes by the client	10 (12.5%)	25 (31.3%)	20 (25.0%)	10 (12.5%)	5 (6.3%)	3 (3.8%)	0 (0%)	2.78 (1.283)	9
Change in client's ability to carry out everyday tasks	3 (3.8%)	29 (36.3%)	20 (25.0%)	10 (12.5%)	7 (8.8%)	3 (3.8%)	0 (0%)	2.97 (1.222)	13
Parenting changes in the client	7 (8.8%)	27 (33.8%)	18 (22.5%)	9 (11.3%)	9 (11.3%)	3 (3.8%)	0 (0%)	2.93 (1.326)	12
Social support changes of the client	4 (5.0%)	29 (36.3%)	27 (33.8%)	8 (10.0%)	5 (6.3%)	0 (0%)	0 (0%)	2.74 (.972)	8
School/employment changes of the client	1 (1.3%)	26 (32.5%)	22 (27.5%)	13 (16.3%)	7 (8.8%)	1 (1.3%)	0 (0%)	3.03 (1.076)	15
Housing changes of the client	8 (10.0%)	24 (30.0%)	22 (27.5%)	14 (17.5%)	4 (5.0%)	1 (1.3%)	0 (0%)	2.79 (1.130)	10
Legal/criminal status changes of the client	13 (16.3%)	19 (23.8%)	26 (32.5%)	5 (6.3%)	3 (3.8%)	4 (5.0%)	3 (3.8%)	2.86 (1.539)	11
Legal outcomes of the client's case	35 (43.8%)	29 (36.3%)	8 (10.0%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.66 (.731)	1
Coping strategies changes of the client	7 (8.8%)	35 (43.8%)	22 (27.5%)	6 (7.5%)	2 (2.5%)	1 (1.3%)	0 (0%)	2.51 (.974)	7.5
Client's satisfaction with legal advocacy services	25 (31.3%)	40 (50.0%)	5 (6.3%)	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	1.78 (.697)	2

Table 3: To provide medical advocacy to new clients, how helpful would it be to know the following types of information.

<i>Medical advocacy- new</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-20)
Goals the client wants to accomplish during medical advocacy	22 (27.5%)	17 (21.3%)	8 (10.0%)	3 (3.8%)	1 (1.3%)	0 (0%)	0 (0%)	1.90 (1.005)	2
Client's knowledge concerning post-assault medical options and services	13 (16.3%)	24 (30.0%)	7 (8.8%)	5 (6.3%)	1 (1.3%)	1 (1.3%)	0 (0%)	2.22 (1.119)	5
Extent of violence and trauma experienced by the client	21 (26.3%)	22 (27.5%)	7 (8.8%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.76 (.764)	1
Client's knowledge about emotional consequences of violence	7 (8.8%)	28 (35.0%)	11 (13.8%)	3 (3.8%)	1 (1.3%)	1 (1.3%)	0 (0%)	2.33 (.993)	7
Physical health of the client	14 (17.5%)	20 (25.0%)	12 (15.0%)	3 (3.8%)	1 (1.3%)	0 (0%)	1 (1.3%)	2.24 (1.176)	6
Mental health of the client	13 (16.3%)	25 (31.3%)	9 (11.3%)	3 (3.8%)	1 (1.3%)	0 (0%)	0 (0%)	2.10 (.922)	3
Substance use/abuse by the client	8 (10.0%)	25 (31.3%)	7 (8.8%)	7 (8.8%)	0 (0%)	3 (3.8%)	1 (1.3%)	2.59 (1.403)	11
Ability of client to carry out everyday tasks	3 (3.8%)	19 (23.8%)	9 (11.3%)	12 (15.0%)	4 (5.0%)	3 (3.8%)	1 (1.3%)	3.16 (1.419)	13
Parenting of the client	3 (3.8%)	18 (22.5%)	12 (15.0%)	5 (6.3%)	6 (7.5%)	6 (7.5%)	1 (1.3%)	3.29 (1.579)	14
Social support of the client	3 (3.8%)	27 (33.8%)	12 (15.0%)	8 (10.0%)	1 (1.3%)	0 (0%)	0 (0%)	2.55 (.901)	10
School/employment status of the client	2 (2.5%)	13 (16.3%)	15 (18.8%)	9 (11.3%)	9 (11.3%)	2 (2.5%)	1 (1.3%)	3.39 (1.358)	15
Housing of the client	6 (7.5%)	18 (22.5%)	12 (15.0%)	8 (10.0%)	6 (7.5%)	1 (1.3%)	0 (0%)	2.86 (1.281)	12
Legal/criminal status of the client	7 (8.8%)	16 (20.0%)	6 (7.5%)	4 (5.0%)	8 (10.0%)	5 (6.3%)	5 (5.0%)	3.42 (1.918)	16
Intellectual/developmental disabilities of the client	12 (15.0%)	18 (22.5%)	11 (13.8%)	8 (10.0%)	1 (1.3%)	1 (1.3%)	0 (0%)	2.43 (1.188)	8
Physical disability of the client	16 (20.0%)	20 (25.0%)	7 (8.8%)	6 (7.5%)	2 (2.5%)	0 (0%)	0 (0%)	2.18 (1.126)	4
Demographic characteristics of the client	3 (3.8%)	10 (12.5%)	15 (18.8%)	8 (10.0%)	7 (8.8%)	7 (8.8%)	1 (1.3%)	3.61 (1.537)	17.5
Racial/ethnic/cultural heritage characteristics of the client	2 (2.5%)	14 (17.5%)	7 (8.8%)	10 (12.5%)	9 (11.3%)	7 (8.8%)	2 (2.5%)	3.76 (1.632)	18
Religious/religious practices of the client	2 (2.5%)	12 (15.0%)	6 (7.5%)	12 (15.0%)	10 (12.5%)	8 (10.0%)	1 (1.3%)	3.86 (1.562)	19
Sexual orientation of the client	1 (1.3%)	12 (15.0%)	9 (11.3%)	10 (12.5%)	7 (8.8%)	10 (12.5%)	2 (2.5%)	3.94 (1.618)	20
Immigration status of the client	3 (3.8%)	14 (17.5%)	10 (12.5%)	8 (10.0%)	7 (8.8%)	7 (8.8%)	2 (2.5%)	3.61 (1.662)	17.5
Coping strategies of the client	3 (3.8%)	29 (36.3%)	13 (16.3%)	3 (3.8%)	2 (2.5%)	0 (0%)	0 (0%)	2.44 (.861)	9

Table 4: To understand how medical advocacy helped clients, how helpful would it be to know the following types of information

<i>Medical Advocacy- change</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-15)
Client's progress toward meeting their goals for medical advocacy services	13 (16.3%)	25 (31.3%)	12 (15.0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1.98 (.714)	3
Client's knowledge concerning post-assault medical options/ services	13 (16.3%)	29 (36.3%)	7 (8.8%)	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	1.96 (.747)	2
Changes in the extent of violence and trauma experienced by the client	11 (13.8%)	24 (30.0%)	10 (12.5%)	5 (6.3%)	1 (1.3%)	0 (0%)	0 (0%)	2.24 (.971)	5
Changes in client's knowledge about emotional consequences of violence	7 (8.8%)	25 (31.3%)	12 (15.0%)	6 (7.5%)	0 (0%)	1 (1.3%)	0 (0%)	2.41 (1.004)	7
Physical health changes of the client	6 (7.5%)	28 (35.0%)	10 (12.5%)	6 (7.5%)	0 (0%)	1 (1.3%)	0 (0%)	2.39 (.981)	6
Mental health changes of the client	11 (13.8%)	27 (33.8%)	8 (10.0%)	5 (6.3%)	0 (0%)	0 (0%)	0 (0%)	2.14 (.872)	4
Substance use/abuse changes by the client	7 (8.8%)	21 (26.3%)	13 (16.3%)	5 (6.3%)	0 (0%)	4 (5.0%)	0 (0%)	2.64 (1.306)	10
Changes in client's ability to carry out everyday tasks	3 (3.8%)	20 (25.0%)	13 (16.3%)	9 (11.3%)	5 (6.3%)	1 (1.3%)	0 (0%)	2.92 (1.181)	11
Parenting changes in the client	1 (1.3%)	18 (22.5%)	14 (17.5%)	5 (6.3%)	7 (8.8%)	4 (5.0%)	0 (0%)	3.22 (1.358)	13
Social support changes of the client	3 (3.8%)	27 (33.8%)	11 (13.8%)	7 (8.8%)	2 (2.5%)	1 (1.3%)	0 (0%)	2.63 (1.058)	9
School/employment changes of client	2 (2.5%)	15 (18.8%)	15 (18.8%)	7 (8.8%)	8 (10.0%)	3 (3.8%)	0 (0%)	3.26 (1.322)	14
Housing changes of the client	2 (2.5%)	17 (21.3%)	16 (20.0%)	10 (12.5%)	5 (6.3%)	1 (1.3%)	0 (0%)	3.04 (1.131)	12
Legal/criminal status changes of the client	5 (6.3%)	13 (16.3%)	11 (13.8%)	8 (10.0%)	4 (5.0%)	7 (8.8%)	1 (1.3%)	3.37 (1.642)	15
Coping strategies changes of the client	6 (7.5%)	27 (33.8%)	11 (13.8%)	4 (5.0%)	2 (2.5%)	1 (1.3%)	0 (0%)	2.45 (1.064)	8
Client's satisfaction with medical advocacy services	20 (25.0%)	27 (33.8%)	2 (2.5%)	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	1.73 (.723)	1

Table 5: To provide support group services to new clients, how helpful would it be to know the following types of information.

<i>Support group- new</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-21)
Goals the client wants to accomplish during support group	28 (35.0%)	35 (43.8%)	11 (13.8%)	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	1.83 (.773)	1
Client's knowledge concerning safety planning/strategies to increase safety	20 (25.0%)	34 (42.5%)	13 (16.3%)	8 (10.0%)	0 (0%)	1 (1.3%)	0 (0%)	2.17 (1.025)	4
Extent of violence and trauma experienced by the client	20 (25.0%)	37 (46.3%)	16 (20.0%)	3 (3.8%)	0 (0%)	0 (0%)	0 (0%)	2.03 (.800)	2
Client's knowledge about emotional consequences of violence	14 (17.5%)	36 (45.0%)	21 (26.3%)	5 (6.3%)	0 (0%)	0 (0%)	0 (0%)	2.22 (.826)	5
Physical health of the client	5 (6.3%)	25 (31.3%)	21 (26.3%)	13 (16.3%)	9 (11.3%)	3 (3.8%)	0 (0%)	3.07 (1.268)	13
Mental health of the client	25 (31.3%)	32 (40.0%)	13 (16.3%)	3 (3.8%)	3 (3.8%)	0 (0%)	0 (0%)	2.04 (1.012)	3
Substance use/abuse by the client	16 (20.0%)	32 (40.0%)	17 (21.3%)	6 (7.5%)	4 (5.0%)	1 (1.3%)	0 (0%)	2.38 (1.143)	6
Ability of client to carry out everyday tasks	7 (8.8%)	25 (31.3%)	19 (23.8%)	20 (25.0%)	4 (5.0%)	1 (1.3%)	0 (0%)	2.89 (1.138)	11
Parenting of the client	4 (5.0%)	26 (32.5%)	23 (28.8%)	17 (21.3%)	6 (7.5%)	0 (0%)	0 (0%)	2.93 (1.050)	12
Social support of the client	6 (7.5%)	34 (42.5%)	27 (33.8%)	9 (11.3%)	0 (0%)	0 (0%)	0 (0%)	2.51 (.808)	9
School/employment status of the client	3 (3.8%)	15 (18.8%)	25 (31.3%)	22 (27.5%)	10 (12.5%)	0 (0%)	1 (1.3%)	3.33 (1.136)	15
Housing of the client	5 (6.3%)	18 (22.5%)	27 (33.8%)	18 (22.5%)	7 (8.8%)	1 (1.3%)	0 (0%)	3.09 (1.110)	14
Legal/criminal status of the client	9 (11.3%)	16 (20.0%)	22 (27.5%)	10 (12.5%)	8 (10.0%)	9 (11.3%)	2 (2.5%)	3.36 (1.622)	16
Intellectual/developmental disabilities of the client	16 (20.0%)	25 (31.3%)	20 (25.0%)	9 (11.3%)	3 (3.8%)	1 (1.3%)	0 (0%)	2.47 (1.161)	8
Physical disability of the client	14 (17.5%)	23 (28.8%)	23 (28.8%)	9 (11.3%)	5 (6.3%)	1 (1.3%)	0 (0%)	2.61 (1.196)	10
Demographic characteristics of the client	4 (5.0%)	13 (16.3%)	21 (26.3%)	16 (20.0%)	16 (20.0%)	5 (6.3%)	1 (1.3%)	3.61 (1.377)	18
Racial/ethnic/cultural heritage characteristics of the client	2 (2.5%)	18 (22.5%)	17 (21.3%)	22 (27.5%)	11 (13.8%)	4 (5.0%)	2 (2.5%)	3.55 (1.351)	17
Religious/religious practices of the client	1 (1.3%)	14 (17.5%)	15 (18.8%)	25 (31.3%)	14 (17.5%)	5 (6.3%)	1 (1.3%)	3.75 (1.264)	20
Sexual orientation of the client	4 (5.0%)	12 (15.0%)	23 (28.8%)	15 (18.8%)	11 (13.8%)	8 (10.0%)	2 (2.5%)	3.65 (1.466)	19
Immigration status of the client	3 (3.8%)	9 (11.3%)	14 (17.5%)	23 (28.8%)	10 (12.5%)	12 (15.0%)	4 (5.0%)	4.07 (1.519)	21
Coping strategies of the client	12 (15.0%)	30 (37.5%)	26 (32.5%)	6 (7.5%)	2 (2.5%)	0 (0%)	0 (0%)	2.42 (.942)	7

Table 6: To understand how support group services helped clients, how helpful would it be to know the following types of information.

<i>Support group- change</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-13)
Client's progress toward meeting their goals for legal advocacy services	17 (21.3%)	46 (57.5%)	10 (12.5%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.93 (.648)	2
Changes in the client's knowledge concerning safety planning/strategies to increase safety	14 (17.5%)	45 (56.3%)	12 (15.0%)	2 (2.5%)	1 (1.3%)	1 (1.3%)	0 (0%)	2.12 (.885)	3
Changes in the extent of violence and trauma experienced by the client	13 (16.3%)	44 (55.0%)	13 (16.3%)	5 (6.3%)	0 (0%)	0 (0%)	0 (0%)	2.13 (.777)	4
Changes in client's knowledge about emotional consequences of violence	9 (11.3%)	49 (61.3%)	13 (16.3%)	3 (3.8%)	0 (0%)	0 (0%)	0 (0%)	2.14 (.669)	5
Physical health changes of the client	2 (2.5%)	25 (31.3%)	25 (31.3%)	13 (16.3%)	7 (8.8%)	3 (3.8%)	0 (0%)	3.09 (1.164)	11.5
Mental health changes of the client	11 (13.8%)	38 (47.5%)	16 (20.0%)	6 (7.5%)	2 (2.5%)	0 (0%)	0 (0%)	2.32 (.926)	7
Substance use/abuse changes by the client	12 (15.0%)	25 (31.3%)	22 (27.5%)	11 (13.8%)	5 (6.3%)	0 (0%)	0 (0%)	2.63 (1.124)	9
Change in client's ability to carry out everyday tasks	5 (6.3%)	26 (32.5%)	23 (28.8%)	13 (16.3%)	6 (7.5%)	1 (1.3%)	0 (0%)	2.89 (1.117)	10.5
Parenting changes in the client	6 (7.5%)	23 (28.8%)	23 (28.8%)	15 (18.8%)	6 (7.5%)	0 (0%)	0 (0%)	2.89 (1.087)	10.5
Support changes of the client	4 (5.0%)	40 (50.0%)	22 (27.5%)	7 (8.8%)	1 (1.3%)	0 (0%)	0 (0%)	2.47 (.798)	8
School/employment changes of the client	5 (6.3%)	17 (21.3%)	24 (30.0%)	18 (22.5%)	9 (11.3%)	1 (1.3%)	0 (0%)	3.16 (1.159)	12
Housing changes of the client	4 (5.0%)	18 (22.5%)	28 (35.0%)	17 (21.3%)	8 (10.0%)	0 (0%)	0 (0%)	3.09 (1.055)	11.5
Legal/criminal status changes of the client	3 (3.8%)	27 (33.8%)	14 (17.5%)	13 (16.3%)	11 (13.8%)	6 (7.5%)	1 (1.3%)	3.32 (1.463)	13
Coping strategies changes of the client	12 (15.0%)	40 (50.0%)	21 (26.3%)	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	2.17 (.724)	6
Client's satisfaction with support group services	35 (43.8%)	34 (42.5%)	6 (7.5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1.61 (.634)	1

Table 7: To provide group therapy to new clients, how helpful would it be to know the following types of information.

<i>Group therapy- new</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-18)
Goals the client wants to accomplish during group therapy	12 (15.0%)	9 (11.3%)	7 (8.8%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1.82 (.819)	1
Client's knowledge concerning safety planning/strategies to increase safety	8 (10.0%)	10 (12.5%)	7 (8.8%)	2 (2.5%)	0 (0%)	1 (1.3%)	0 (0%)	2.25 (1.175)	5.5
Extent of violence and trauma experienced by the client	7 (8.8%)	15 (18.8%)	6 (7.5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1.96 (.693)	2
Client's knowledge about emotional consequences of violence	5 (6.3%)	12 (15.0%)	10 (12.5%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	2.25 (.799)	5.5
Physical health of the client	3 (3.8%)	9 (11.3%)	10 (12.5%)	3 (3.8%)	2 (2.5%)	1 (1.3%)	0 (0%)	2.82 (1.219)	9
Mental health of the client	9 (11.3%)	12 (15.0%)	5 (6.3%)	0 (0%)	2 (2.5%)	0 (0%)	0 (0%)	2.07 (1.086)	3
Substance use/abuse by the client	10 (12.5%)	8 (10.0%)	7 (8.8%)	0 (0%)	1 (1.3%)	1 (1.3%)	0 (0%)	2.15 (1.262)	4.5
Ability of client to carry out everyday tasks	4 (5.0%)	9 (11.3%)	8 (10.0%)	4 (5.0%)	2 (2.5%)	1 (1.3%)	0 (0%)	2.79 (1.287)	8
Parenting of client	3 (3.8%)	6 (7.5%)	10 (12.5%)	5 (6.3%)	3 (3.8%)	0 (0%)	0 (0%)	2.96 (1.160)	11
Social support of the client	4 (5.0%)	10 (12.5%)	10 (12.5%)	3 (3.8%)	1 (1.3%)	0 (0%)	0 (0%)	2.54 (.999)	7
School/employment status of the client	3 (3.8%)	5 (6.3%)	9 (11.3%)	7 (8.8%)	4 (5.0%)	0 (0%)	0 (0%)	3.14 (1.208)	13
Housing of the client	5 (6.3%)	4 (5.0%)	9 (11.3%)	6 (7.5%)	4 (5.0%)	0 (0%)	0 (0%)	3.00 (1.305)	12
Legal/criminal status of the client	5 (6.3%)	8 (10.0%)	7 (8.8%)	4 (5.0%)	3 (3.8%)	0 (0%)	1 (1.3%)	2.86 (1.484)	10
Intellectual/developmental disabilities of the client	8 (10.0%)	8 (10.0%)	7 (8.8%)	3 (3.8%)	2 (2.5%)	0 (0%)	0 (0%)	2.39 (1.227)	6.5
Physical disability of the client	8 (10.0%)	6 (7.5%)	11 (13.8%)	1 (1.3%)	2 (2.5%)	0 (0%)	0 (0%)	2.39 (1.166)	6.5
Demographic characteristics of the client	2 (2.5%)	4 (5.0%)	11 (13.8%)	4 (5.0%)	6 (7.5%)	0 (0%)	1 (1.3%)	3.43 (1.372)	14
Racial/ethnic/cultural heritage characteristics of the client	1 (1.3%)	6 (7.5%)	8 (10.0%)	7 (8.8%)	4 (5.0%)	1 (1.3%)	1 (1.3%)	3.50 (1.374)	15
Religious/religious practices of the client	1 (1.3%)	3 (3.8%)	6 (7.5%)	10 (12.5%)	5 (6.3%)	1 (1.3%)	1 (1.3%)	3.81 (1.302)	18
Sexual orientation of the client	1 (1.3%)	4 (5.0%)	11 (13.8%)	6 (7.5%)	4 (5.0%)	1 (1.3%)	1 (1.3%)	3.54 (1.319)	16
Immigration status of the client	1 (1.3%)	4 (5.0%)	9 (11.3%)	5 (6.3%)	6 (7.5%)	1 (1.3%)	2 (2.5%)	3.79 (1.500)	17
Coping strategies of the client	8 (10.0%)	9 (11.3%)	9 (11.3%)	0 (0%)	1 (1.3%)	0 (0%)	0 (0%)	2.15 (.989)	4.5

Table 8: To understand how group therapy helped clients, how helpful would it be to know the following types of information.

<i>Group therapy- change</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-15)
Client's progress toward meeting their goals for group therapy services	8 (10.0%)	16 (20.0%)	3 (3.8%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1.81 (.622)	1
Changes in the client's knowledge concerning safety planning/strategies to increase safety	8 (10.0%)	15 (18.8%)	4 (5.0%)	0 (0%)	0 (0%)	1 (1.3%)	0 (0%)	2.00 (1.018)	4
Changes in the extent of violence and trauma experienced by the client	6 (7.5%)	18 (22.5%)	4 (5.0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1.93 (.604)	3
Changes in client's knowledge about emotional consequences of violence	5 (6.3%)	18 (22.5%)	4 (5.0%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	2.04 (.693)	5
Physical health changes of the client	2 (2.5%)	10 (12.5%)	9 (11.3%)	5 (6.3%)	1 (1.3%)	1 (1.3%)	0 (0%)	2.86 (1.145)	12
Mental health changes of the client	6 (7.5%)	14 (17.5%)	3 (3.8%)	3 (3.8%)	2 (2.5%)	0 (0%)	0 (0%)	2.32 (1.156)	7
Substance use/abuse changes by the client	6 (7.5%)	9 (11.3%)	8 (10.0%)	3 (3.8%)	2 (2.5%)	0 (0%)	0 (0%)	2.50 (1.171)	9
Change in client's ability to carry out everyday tasks	4 (5.0%)	7 (8.8%)	11 (13.8%)	4 (5.0%)	1 (1.3%)	1 (1.3%)	0 (0%)	2.79 (1.197)	11
Parenting changes in the client	4 (5.0%)	8 (10.0%)	10 (12.5%)	4 (5.0%)	2 (2.5%)	0 (0%)	0 (0%)	2.71 (1.117)	10
Social support changes of the client	5 (6.3%)	12 (15.0%)	7 (8.8%)	3 (3.8%)	1 (1.3%)	0 (0%)	0 (0%)	2.39 (1.031)	8
School/employment changes of the client	3 (3.8%)	6 (7.5%)	7 (8.8%)	9 (11.3%)	3 (3.8%)	0 (0%)	0 (0%)	3.11 (1.197)	15
Housing changes of the client	3 (3.8%)	6 (7.5%)	7 (8.8%)	8 (10.0%)	3 (3.8%)	0 (0%)	0 (0%)	3.07 (1.207)	14
Legal/criminal status changes of the client	3 (3.8%)	10 (12.5%)	4 (5.0%)	6 (7.5%)	3 (3.8%)	0 (0%)	1 (1.3%)	3.00 (1.468)	13
Coping strategies changes of the client	8 (10.0%)	13 (16.3%)	5 (6.3%)	1 (1.3%)	1 (1.3%)	0 (0%)	0 (0%)	2.07 (.979)	6
Client's satisfaction with group therapy services	11 (13.8%)	13 (16.3%)	2 (2.5%)	1 (1.3%)	1 (1.3%)	0 (0%)	0 (0%)	1.86 (.970)	2

Table 9: To provide individual counseling to new clients, how helpful would it be to know the following types of information

<i>Individual Counseling- new</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-20)
Goals the client wants to accomplish during individual counseling	39 (48.8%)	26 (2.5%)	5 (6.3%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.55 (.693)	1
Client's knowledge concerning safety planning/strategies to increase safety	29 (36.3%)	28 (35.0%)	11 (13.8%)	3 (3.8%)	0 (0%)	1 (1.3%)	0 (0%)	1.89 (.972)	4
Extent of violence and trauma experienced by the client	27 (33.8%)	38 (47.5%)	5 (6.3%)	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	1.75 (.707)	2
Client's knowledge about emotional consequences of violence	19 (23.8%)	32 (40.0%)	13 (16.3%)	7 (8.8%)	1 (1.3%)	0 (0%)	0 (0%)	2.15 (.974)	7.5
Physical health of the client	12 (15.0%)	22 (27.5%)	20 (25.0%)	16 (20.0%)	2 (2.5%)	0 (0%)	0 (0%)	2.64 (1.092)	10
Mental health of the client	27 (33.8%)	32 (40.0%)	11 (13.8%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.80 (.749)	3
Substance use/abuse by the client	21 (26.3%)	29 (36.3%)	16 (20.0%)	4 (5.0%)	2 (2.5%)	0 (0%)	0 (0%)	2.13 (.992)	6
Ability of client to carry out everyday tasks	10 (12.5%)	26 (32.5%)	16 (20.0%)	15 (18.8%)	5 (6.3%)	0 (0%)	0 (0%)	2.71 (1.156)	11
Parenting of client	9 (11.3%)	23 (28.8%)	22 (27.5%)	8 (10.0%)	8 (10.0%)	0 (0%)	0 (0%)	2.76 (1.173)	12
Social support of the client	11 (13.8%)	37 (46.3%)	22 (27.5%)	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	2.21 (.730)	8
School/employment status of the client	7 (8.8%)	17 (21.3%)	23 (28.8%)	21 (26.3%)	4 (5.0%)	0 (0%)	0 (0%)	2.97 (1.074)	14
Housing of the client	9 (11.3%)	23 (28.8%)	20 (25.0%)	15 (18.8%)	5 (6.3%)	0 (0%)	0 (0%)	2.78 (1.129)	13
Legal/criminal status of the client	8 (10.0%)	24 (30.0%)	10 (12.5%)	20 (25.0%)	5 (6.3%)	4 (5.0%)	1 (1.3%)	3.08 (1.441)	15
Intellectual/developmental disabilities of the client	25 (31.3%)	21 (26.3%)	19 (23.8%)	4 (5.0%)	3 (3.8%)	0 (0%)	0 (0%)	2.15 (1.096)	7.5
Physical disability of the client	24 (30.0%)	20 (25.0%)	17 (21.3%)	9 (11.3%)	2 (2.5%)	0 (0%)	0 (0%)	2.24 (1.132)	9
Demographic characteristics of the client	5 (6.3%)	19 (23.8%)	22 (27.5%)	14 (17.5%)	9 (11.3%)	2 (2.5%)	1 (1.3%)	3.18 (1.304)	17
Racial/ethnic/cultural heritage characteristics of the client	5 (6.3%)	19 (23.8%)	19 (23.8%)	19 (23.8%)	5 (6.3%)	1 (1.3%)	2 (2.5%)	3.16 (1.304)	16
Religious/religious practices of the client	4 (5.0%)	18 (22.5%)	16 (20.0%)	20 (25.0%)	10 (12.5%)	2 (2.5%)	2 (2.5%)	3.39 (1.369)	18
Sexual orientation of the client	2 (2.5%)	15 (18.8%)	21 (26.3%)	15 (18.8%)	12 (15.0%)	5 (6.3%)	2 (2.5%)	3.60 (1.391)	19
Immigration status of the client	3 (3.8%)	15 (18.8%)	16 (20.0%)	16 (20.0%)	15 (18.8%)	4 (5.0%)	3 (3.8%)	3.68 (1.471)	20
Coping strategies of the client	20 (25.0%)	31 (38.8%)	19 (23.8%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	2.01 (.784)	5

Table 10: To understand how individual counseling helped clients, how helpful would it be to know the following types of information

<i>Individual counseling- change</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-15)
Client's progress toward meeting their goals for individual counseling	24 (30.0%)	43 (53.8%)	4 (5.0%)	0 (0%)	0 (0%)	1 (1.3%)	0 (0%)	1.78 (.755)	2
Changes in the client's knowledge concerning safety planning/strategies to increase safety	21 (26.3%)	41 (51.3%)	8 (10.0%)	1 (1.3%)	0 (0%)	1 (1.3%)	0 (0%)	1.90 (.825)	3
Changes in the extent of violence and trauma experienced by the client	17 (21.3%)	43 (53.8%)	9 (11.3%)	1 (1.3%)	2 (2.5%)	0 (0%)	0 (0%)	2.00 (.822)	5
Changes in client's knowledge about emotional consequences of violence	16 (20.0%)	41 (51.3%)	13 (16.3%)	1 (1.3%)	1 (1.3%)	0 (0%)	0 (0%)	2.03 (.769)	6
Physical health changes of the client	8 (10.0%)	26 (32.5%)	19 (23.8%)	13 (16.3%)	3 (3.8%)	3 (3.8%)	0 (0%)	2.81 (1.229)	12
Mental health changes of the client	19 (23.8%)	34 (42.5%)	13 (16.3%)	3 (3.8%)	2 (2.5%)	1 (1.3%)	0 (0%)	2.14 (1.039)	7
Substance use/abuse changes by the client	18 (22.5%)	24 (30.0%)	17 (21.3%)	7 (8.8%)	3 (3.8%)	1 (1.3%)	0 (0%)	2.37 (1.182)	9
Change in client's ability to carry out everyday tasks	12 (15.0%)	27 (33.8%)	19 (23.8%)	9 (11.3%)	2 (2.5%)	2 (2.5%)	0 (0%)	2.55 (1.169)	10
Parenting changes in the client	9 (11.3%)	29 (36.3%)	16 (20.0%)	12 (15.0%)	5 (6.3%)	1 (1.3%)	0 (0%)	2.69 (1.182)	11
Social support changes of the client	12 (15.0%)	32 (40.0%)	21 (26.3%)	7 (8.8%)	0 (0%)	0 (0%)	0 (0%)	2.32 (.869)	8
School/employment changes of the client	5 (6.3%)	18 (22.5%)	24 (30.0%)	19 (23.8%)	4 (5.0%)	0 (0%)	0 (0%)	2.99 (1.028)	14
Housing changes of the client	6 (7.5%)	24 (30.0%)	19 (23.8%)	20 (25.0%)	2 (2.5%)	0 (0%)	0 (0%)	2.83 (1.028)	13
Legal/criminal status changes of the client	7 (8.8%)	23 (28.8%)	14 (17.5%)	16 (20.0%)	5 (6.3%)	5 (6.3%)	1 (1.3%)	3.11 (1.450)	15
Coping strategies changes of the client	19 (23.8%)	35 (43.8%)	16 (20.0%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.99 (.746)	4
Client's satisfaction with individual counseling	23 (28.8%)	43 (53.8%)	4 (5.0%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.76 (.620)	1

Table 11: To provide shelter services to new clients, how helpful would it be to know the following types of information.

<i>Shelter services- new</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-21)
Goals the client wants to accomplish while living in the shelter	30 (37.5%)	20 (25.0%)	7 (8.8%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.64 (.765)	1
Client's knowledge concerning safety planning/strategies to increase safety	27 (33.8%)	20 (25.0%)	7 (8.8%)	4 (5.0%)	0 (0%)	0 (0%)	0 (0%)	1.79 (.913)	4
Extent of violence and trauma experienced by the client	17 (21.3%)	31 (38.8%)	9 (11.3%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.90 (.718)	6
Client's knowledge about emotional consequences of violence	8 (10.0%)	32 (40.0%)	14 (17.5%)	4 (5.0%)	0 (0%)	0 (0%)	0 (0%)	2.24 (.779)	12
Physical health of the client	19 (23.8%)	26 (32.5%)	8 (10.0%)	4 (5.0%)	0 (0%)	0 (0%)	0 (0%)	1.95 (.875)	7
Mental health of the client	30 (37.5%)	19 (23.8%)	8 (10.0%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.66 (.785)	2
Substance use/abuse by the client	29 (36.3%)	17 (21.3%)	10 (12.5%)	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	1.74 (.870)	3
Ability of client to carry out everyday tasks	13 (16.3%)	27 (33.8%)	10 (12.5%)	8 (10.0%)	0 (0%)	0 (0%)	0 (0%)	2.22 (.956)	11
Parenting of client	13 (16.3%)	27 (33.8%)	13 (16.3%)	5 (6.3%)	0 (0%)	0 (0%)	0 (0%)	2.17 (.881)	9
Social support of the client	5 (6.3%)	25 (31.3%)	22 (27.5%)	4 (5.0%)	0 (0%)	1 (1.3%)	0 (0%)	2.51 (.889)	15
School/employment status of the client	8 (10.0%)	23 (28.8%)	16 (20.0%)	8 (10.0%)	1 (1.3%)	1 (1.3%)	0 (0%)	2.54 (1.070)	16
Housing of the client	14 (17.5%)	22 (27.5%)	11 (13.8%)	7 (8.8%)	2 (2.5%)	0 (0%)	0 (0%)	2.30 (1.094)	14
Legal/criminal status of the client	17 (21.3%)	23 (28.8%)	8 (10.0%)	6 (7.5%)	0 (0%)	2 (2.5%)	1 (1.3%)	2.28 (1.346)	13
Intellectual/developmental disabilities of the client	18 (22.5%)	20 (25.0%)	14 (17.5%)	5 (6.3%)	0 (0%)	0 (0%)	0 (0%)	2.11 (.958)	8
Physical disability of the client	27 (33.8%)	15 (18.8%)	11 (13.8%)	4 (5.0%)	0 (0%)	0 (0%)	0 (0%)	1.86 (.972)	5
Demographic characteristics of the client	9 (11.3%)	15 (18.8%)	18 (22.5%)	9 (11.3%)	3 (3.8%)	2 (2.5%)	0 (0%)	2.79 (1.261)	17
Racial/ethnic/cultural heritage characteristics of the client	4 (5.0%)	13 (16.3%)	21 (26.3%)	12 (15.0%)	4 (5.0%)	2 (2.5%)	1 (1.3%)	3.16 (1.265)	18
Religious/religious practices of the client	4 (5.0%)	10 (12.5%)	16 (20.0%)	16 (20.0%)	7 (8.8%)	2 (2.5%)	2 (2.5%)	3.46 (1.390)	20
Sexual orientation of the client	4 (5.0%)	8 (10.0%)	15 (18.8%)	13 (16.3%)	8 (10.0%)	5 (6.3%)	3 (3.8%)	3.71 (1.558)	21
Immigration status of the client	9 (11.3%)	10 (12.5%)	12 (15.0%)	16 (20.0%)	3 (3.8)	5 (6.3%)	2 (2.5%)	3.30 (1.614)	19
Coping strategies of the client	10 (12.5%)	28 (35.0%)	13 (16.3%)	4 (5.0%)	0 (0%)	0 (0%)	0 (0%)	2.20 (.826)	10

Table 12: To understand how shelter services helped clients, how helpful would it be to know the following types of information

<i>Shelter services- change</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-15)
Client's progress toward meeting their goals for shelter	20 (25.0%)	31 (38.8%)	4 (5.0%)	1 (1.3%)	1 (1.3%)	0 (0%)	0 (0%)	1.81 (.789)	3
Changes in the client's knowledge concerning safety planning/strategies to increase safety	22 (27.5%)	29 (36.3%)	5 (6.3%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.74 (.695)	2
Changes in the extent of violence and trauma experienced by the client	16 (20.0%)	31 (38.9%)	8 (10.0%)	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	1.93 (.753)	4
Changes in client's knowledge about emotional consequences of violence	15 (18.8%)	28 (35.0%)	12 (15.0%)	2 (2.5%)	0 (0%)	0 (0%)	0 (0%)	2.02 (.790)	5
Physical health changes of the client	7 (8.8%)	23 (28.8%)	14 (17.5%)	10 (12.5%)	3 (3.8%)	0 (0%)	0 (0%)	2.63 (1.080)	13
Mental health changes of the client	10 (12.5%)	27 (33.8%)	16 (20.0%)	3 (3.8%)	1 (1.3%)	0 (0%)	0 (0%)	2.26 (.877)	9.5
Substance use/abuse changes by the client	11 (13.8%)	26 (32.5%)	13 (16.3%)	4 (5.0%)	0 (0%)	1 (1.3%)	0 (0%)	2.25 (.985)	8
Change in client's ability to carry out everyday tasks	10 (12.5%)	21 (26.3%)	13 (16.3%)	10 (12.5%)	2 (2.5%)	1 (1.3%)	0 (0%)	2.58 (1.179)	12
Parenting changes in the client	9 (11.3%)	26 (32.5%)	12 (15.0%)	9 (11.3%)	1 (1.3%)	0 (0%)	0 (0%)	2.42 (.999)	11
Social support changes of the client	10 (12.5%)	26 (32.5%)	17 (21.3%)	4 (5.0%)	0 (0%)	0 (0%)	0 (0%)	2.26 (.835)	9.5
School/employment changes of the client	8 (10.0%)	17 (21.3%)	15 (18.8%)	13 (16.3%)	2 (2.5%)	0 (0%)	0 (0%)	2.71 (1.100)	14
Housing changes of the client	11 (13.8%)	22 (27.5%)	15 (18.8%)	7 (8.8%)	1 (1.3%)	0 (0%)	0 (0%)	2.38 (1.001)	10
Legal/criminal status changes of the client	7 (8.8%)	15 (18.8%)	17 (21.3%)	10 (12.5%)	4 (5.0%)	2 (2.5%)	1 (1.3%)	2.98 (1.368)	15
Legal outcomes of the client's case	14 (17.5%)	29 (36.3%)	10 (12.5%)	2 (2.5%)	1 (1.3%)	0 (0%)	0 (0%)	2.05 (.862)	6
Coping strategies changes of the client	11 (13.8%)	30 (37.5%)	14 (17.5%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	2.09 (.721)	7
Client's satisfaction with the shelter services	25 (31.3%)	26 (32.5%)	4 (5.0%)	1 (1.3%)	0 (0%)	0 (0%)	0 (0%)	1.66 (.695)	1

APPENDIX D
Survey of Organizations That Fund
North Carolina Domestic Violence & Sexual Assault Agencies:
Information on Clients' Needs, Goals and Outcomes

Background

Organizations that fund North Carolina sexual assault and domestic violence agencies often request that these agencies provide summarized information concerning the characteristics, needs, and goals of their clients when applying for funding (e.g., race/ethnicity, age, employment, health problems). In addition, once the agencies are funded, the funding organizations often ask that the final reports from the agencies include summarized information on the outcomes of the clients who received agency services (e.g., improvements in trauma, safety, health and well-being).

The utility of these service summaries and evaluation are limited by the lack of uniform reporting among agencies. This situation has evolved because North Carolina domestic violence and sexual assault agencies lack standardized procedures and assessment forms to collect information on their clients' needs, goals, and outcomes. This situation continues despite the fact that these agencies have expressed a need for standardized forms and uniform reporting requirements.

In addition, the recent enactment of state legislation, *Communications with Agents of Rape Crisis and Domestic Violence Programs Privileged* (NC Statute 8-53.12.), ensures the legal status of survivors' information (as collected by domestic violence and sexual assault agency service providers) as privileged communication, which is protected from forced disclosure. Therefore, sexual assault and domestic violence agencies can now be confident that the information they collect from survivors can be kept confidential. Thus, the time is right to develop standardized assessment and outcome tools to help these agencies provide the highest level of services to their clients and to ensure that their agencies' protocols meet the demands for privileged communication.

Survey Goal

The goal of this survey is to determine the types of summarized client information that funding agencies would find valuable and want the sexual assault and domestic violence agencies to provide when applying for funding as well as submitting reports and evaluations of their services. In particular, this survey focuses on information concerning the needs, goals, and outcomes of the agencies' clients.

The information gathered in this survey will be used by our research team to develop a set of standardized forms for use in domestic violence and sexual assault agencies to collect information concerning their clients and the impact of their services. Therefore, we want the forms to be acceptable to all organizations that provide funding to the North Carolina sexual assault and domestic violence agencies. By completing this survey, you will help ensure that the data collection system put into place will be useful to your organization.

Directions for Survey Completion

You will be asked your opinion about the value of collecting specific types of information from the clients of domestic violence and sexual assault agencies at two time points: (1) at intake or early in the provision of services (to determine the clients' needs and goals); and (2) later in time (to assess the clients' outcomes in response to services). Please be completely honest and candid in your answers. There are no right or wrong answers. We are truly interested in your opinions.

A. INFORMATION ABOUT CLIENTS WHEN THEY ENTER SERVICES

A. To better inform your **decisions regarding the funding of domestic violence and/or sexual assault agencies**, how helpful would it be for these agencies to provide you with the following types of summarized information about new or **relatively new clients**? *(Please circle your responses):*

A1. Goals their clients want to accomplish during services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A2. Clients' knowledge concerning laws, legal choices, and medical options:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A3. Extent of violence and trauma experienced by the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A4. Clients' knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A5. Physical health of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A6. Mental health of the clients (e.g., depression, anxiety, schizophrenia, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A7. Substance use/abuse by the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A8. Ability of clients to carry out everyday tasks (e.g., housework, chores):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A9. Parenting of the clients (if they have children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A10. Social support of the clients (e.g., supportive relationships, social network):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

A11. School/employment status of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A12. Housing of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A13. Legal/criminal status of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A14. Intellectual/developmental disabilities of the clients (e.g., mental retardation):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A15. Physical disability of the clients (e.g., deafness, blindness, wheelchair user):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A16. Clients' demographic characteristics (age, income, education, children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A17. Heritage/cultural/racial characteristics of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A18. Religion/religious practices of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A19. Sexual orientation of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A20. Immigration status of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
A21. Coping strategies of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful

A22. Other: *(Please describe in detail provide examples, if possible)*

B. INFORMATION ABOUT CLIENTS AFTER RECEIVING SERVICES

B. To better inform your decisions regarding the funding of domestic violence and/or sexual assault agencies, how helpful would it be for these agencies to provide the following types of summarized information about their clients's outcomes (i.e., after they have received domestic violence and/or sexual assault services)? (Please circle your responses)

B1. Clients' progress toward meeting their service goals:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B2. Changes in the clients' knowledge concerning laws, legal options, etc.:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B3. Changes in the extent of violence and trauma experienced by the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B4. Changes in client's knowledge about emotional consequences of violence:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B5. Physical health changes of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B6. Mental health changes of the clients (e.g., depression, anxiety, PTSD):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B7. Substance use/abuse changes by the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B8. Change in clients' ability to carry out everyday tasks (e.g., housework):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B9. Parenting changes in the clients (if they have children):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B10. Social support changes of the clients (e.g., supportive relationships):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B11. School/employment changes of the clients:						
Absolutely	Extremely	Very	Somewhat	A Little	Not	Hurtful

Necessary	Helpful	Helpful	Helpful	Helpful	Helpful	
B12. Housing changes of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B13. Legal/criminal status changes of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B14. Legal outcomes of the clients' cases (e.g., received protective order, perpetrator convicted.):						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B15. Coping strategy changes of the clients:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B16. Clients' satisfaction with services:						
Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful
B17. Other: <i>(Please describe in detail provide examples, if possible)</i>						

C. INFORMATION CURRENTLY REQUIRED BY YOUR ORGANIZATION
CONCERNING DOMESTIC VIOLENCE/SEXUAL ASSAULT CLIENTS'
NEEDS, GOALS, AND OUTCOMES

C1. Currently, does your organization require the domestic violence and/or sexual assault agencies that you fund to provide you with information concerning their clients' needs/goals determined at intake (or soon after intake)? *(Please circle your response)*

No

Yes --> If yes, what type(s) of information do you require? *(In the box below, please describe in detail the types of information required)*

C2. Currently, does your organization require the domestic violence and/or sexual assault agencies that you fund to provide your organization with information concerning their clients' outcomes after receiving services? *(Please circle your response)*

No

Yes --> If yes, what type(s) of information do you require? *(In the box below, please describe in detail the types of information required)*

D. INFORMATION ABOUT YOU

D1. Please provide the title that best describes your current position

(Please write your title in the box below)

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D2. How long have you held your current position? *(Please fill in the box beside your response)*

- Less than 1 year**
- 1 to 5 years**
- 6 to 10 years**
- More than 10 years**

D3. In total, how many years have you worked with the issue of domestic violence at this organization or at any organization? *(Please fill in the box beside your response)*

- Never**
- Less than 1 year**
- 1 to 5 years**
- 6 to 10 years**
- More than 10 years**

D4. In total, how many years have you worked with the issue of sexual assault at this organization or at any organization? *(Please fill in the box beside your response)*

- Never**
- Less than 1 year**
- 1 to 5 years**
- 6 to 10 years**
- More than 10 years**

D5. To ensure that all relevant funding organizations and their staff are invited to participate in this research, we invite you to nominate other funding agencies and funding staff to participate in this research. If there are funding agencies and funding staff we should be certain to survey, please write the agency name and the agency staff name in the box below.

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THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!

APPENDIX E:
Survey Findings from Funders of North Carolina
Domestic Violence and Sexual Assault Services Agencies

Table 13: To inform decisions about findings, how helpful would it be for agencies to collect the following types of information on new clients

<i>Funders- new</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-17)*
Goals their client wants to accomplish during services	6 (20.7%)	8 (27.6%)	5 (17.2%)	5 (17.2%)	3 (10.3%)	2 (6.9%)	0 (0%)	2.90 (1.543)	4
Client's knowledge concerning laws, legal choices, and medical options	1 (3.4%)	7 (24.1%)	9 (31.0%)	6 (20.7%)	2 (6.9%)	4 (13.8%)	0 (0%)	3.45 (1.404)	9
Extent of violence and trauma experienced by the client	6 (20.7%)	5 (17.2%)	9 (31.0%)	4 (13.8%)	0 (0%)	5 (17.2%)	0 (0%)	3.07 (1.668)	5.5
Client's knowledge about emotional consequences of violence	3 (10.3%)	8 (27.6%)	9 (31.0%)	4 (13.8%)	0 (0%)	5 (17.2%)	0 (0%)	3.17 (1.560)	7
Physical health of the client	7 (24.1%)	4 (13.8%)	7 (24.1%)	6 (20.7%)	1 (3.4%)	4 (13.8%)	0 (0%)	3.07 (1.668)	5.5
Mental health of the client	9 (31.0%)	4 (13.8%)	8 (27.6%)	4 (13.8%)	0 (0%)	4 (13.8%)	0 (0%)	2.79 (1.677)	2
Substance use/abuse by the client	6 (20.7%)	4 (13.8%)	8 (27.6%)	5 (17.2%)	1 (3.4%)	4 (13.8%)	1 (3.4%)	3.24 (1.766)	8
Ability of client to carry out everyday tasks	2 (6.9%)	5 (17.2%)	9 (31.0%)	3 (10.3%)	3 (10.3%)	6 (20.7%)	1 (3.4%)	3.76 (1.704)	12
Parenting of client	5 (17.2%)	7 (24.1%)	8 (27.6%)	3 (10.3%)	2 (6.9%)	3 (10.3%)	1 (3.4%)	3.10 (1.698)	5.5
Social support of the client	3 (10.3%)	10 (34.5%)	6 (20.7%)	4 (13.8%)	3 (10.3%)	3 (10.3%)	0 (0%)	3.10 (1.520)	5.5
School/employment status of the client	3 (10.3%)	8 (27.6%)	7 (24.1%)	7 (24.1%)	1 (3.4%)	3 (10.3%)	0 (0%)	3.14 (1.432)	6
Housing of the client	5 (17.2%)	10 (34.5%)	8 (27.6%)	4 (13.8%)	1 (3.4%)	1 (3.4%)	0 (0%)	2.62 (1.237)	1
Legal/criminal status of the client	2 (6.9%)	4 (13.8%)	6 (20.7%)	4 (13.8%)	2 (6.9%)	3 (10.3%)	3 (10.3%)	4.24 (1.883)	14
Intellectual/developmental disabilities of the clients	3 (10.3%)	5 (17.2%)	5 (17.2%)	9 (31.0%)	1 (3.4%)	5 (17.2%)	1 (3.4%)	3.66 (1.675)	11
Physical disability of the clients	4 (13.8%)	4 (13.8%)	6 (20.7%)	8 (27.6%)	0 (0%)	7 (24.1%)	0 (0%)	3.59 (1.701)	10
Client's demographic characteristics	8 (27.6%)	7 (24.1%)	2 (6.9%)	8 (27.6%)	2 (6.9%)	2 (6.9%)	0 (0%)	2.83 (1.605)	3
Heritage/cultural/ethnic/racial characteristics of the clients	6 (20.7%)	5 (17.2%)	3 (10.3%)	7 (24.1%)	1 (3.4%)	7 (24.1%)	0 (0%)	3.45 (1.863)	9
Religious/religious practices of the clients	0 (0%)	2 (6.9%)	1 (3.4%)	4 (13.8%)	2 (6.9%)	18 (62.1%)	2 (6.9%)	5.34 (1.317)	16
Sexual orientation of the clients	0 (0%)	1 (3.4%)	1 (3.4%)	5 (17.2%)	2 (6.9%)	19 (65.5%)	1 (3.4%)	5.38 (1.147)	17
Immigration status of the clients	0 (0%)	4 (13.8%)	1 (3.4%)	7 (24.1%)	4 (13.8%)	8 (27.6%)	5 (17.2%)	4.90 (1.633)	15
Coping strategies of the clients	2 (6.9%)	5 (17.2%)	7 (24.1%)	5 (17.2%)	1 (3.4%)	9 (31.0%)	0 (0%)	3.86 (1.706)	13

Table 14: To inform decisions about funding, how helpful would it be for agencies to collect the following types of outcome information from clients

<i>Funders- change</i>	Absolutely Necessary	Extremely Helpful	Very Helpful	Somewhat Helpful	A Little Helpful	Not Helpful	Hurtful	M (SD)	Rank Order of Means (1-16)
Client's progress toward meeting their service goals	10 (34.5%)	11 (37.9%)	4 (13.8%)	2 (6.9%)	0 (0%)	2 (6.9%)	0 (0%)	2.21 (1.373)	1
Changes in the client's knowledge concerning laws, legal options, etc.	3 (10.3%)	9 (31.0%)	7 (24.1%)	5 (17.2%)	1 (3.4%)	3 (10.3%)	0 (0%)	3.04 (1.453)	10
Changes in the extent of violence and trauma experienced by the client	7 (24.1%)	9 (31.0%)	5 (17.2%)	4 (13.8%)	0 (0%)	4 (13.8%)	0 (0%)	2.76 (1.640)	4
Changes in client's knowledge about emotional consequences of violence	3 (10.3%)	12 (41.4%)	6 (20.7%)	4 (3.8%)	1 (3.4%)	3 (10.3%)	0 (0%)	2.90 (1.448)	7
Physical health changes of the client	4 (13.8%)	7 (24.1%)	8 (27.6%)	7 (24.1%)	0 (0%)	3 (10.3%)	0 (0%)	3.03 (1.426)	9
Mental health changes of the client	6 (20.7%)	5 (17.2%)	9 (31.0%)	5 (17.2%)	0 (0%)	3 (10.3%)	0 (0%)	2.89 (1.499)	6
Substance use/abuse changes by the client	5 (17.2%)	7 (24.1%)	7 (24.1%)	5 (17.2%)	1 (3.4%)	3 (10.3%)	1 (3.4%)	3.10 (1.676)	12
Change in client's ability to carry out everyday tasks	0 (0%)	9 (27.6%)	9 (31.0%)	4 (13.8%)	2 (6.9%)	6 (20.7%)	0 (0%)	3.62 (1.498)	15
Parenting changes in the client	4 (13.8%)	10 (34.5%)	6 (20.7%)	4 (13.8%)	0 (0%)	4 (13.8%)	1 (3.4%)	3.07 (1.710)	11
Social support changes of the client	4 (13.8%)	10 (34.5%)	7 (24.1%)	3 (10.3%)	2 (6.9%)	3 (10.3%)	0 (0%)	2.93 (1.510)	8
School/employment changes of the client	1 (3.4%)	10 (34.5%)	9 (31.0%)	5 (17.2%)	1 (3.4%)	3 (10.3%)	0 (0%)	3.14 (1.329)	13
Housing changes of the client	5 (17.2%)	9 (31.0%)	9 (31.0%)	2 (6.9%)	0 (0%)	3 (10.3%)	0 (0%)	2.71 (1.436)	3
Legal/criminal status changes of the client	1 (3.4%)	4 (13.8%)	6 (20.7%)	8 (27.6%)	1 (3.4%)	7 (24.1%)	2 (6.9%)	4.14 (1.663)	16
Legal outcomes of the client's case	5 (17.2%)	10 (34.5%)	3 (10.3%)	7 (24.1%)	0 (0%)	3 (10.3%)	0 (0%)	2.86 (1.533)	5
Coping strategies changes of the client	1 (3.4%)	9 (31.0%)	8 (27.6%)	2 (6.9%)	2 (6.9%)	5 (17.2%)	0 (0%)	3.37 (1.573)	14
Client's satisfaction with services	8 (27.6%)	12 (41.4%)	3 (10.3%)	3 (10.3%)	1 (3.4%)	2 (6.9%)	0 (0%)	2.41 (1.452)	2

APPENDIX F

FORMER CLIENTS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES: FOCUS GROUP GUIDE

Introduction and instructions: North Carolina's [sexual assault and/or domestic violence agencies](#)* have expressed a need for assessment tools to collect information on their clients' needs and goals, as well as assessment tools for collecting information about how their clients' needs and goals may change over time. Once developed, these assessment tools will be valuable for helping individual clients and evaluating domestic violence and/or sexual assault services. Our research team is conducting a study to develop such an assessment tools for North Carolina domestic violence and/or sexual assault agencies.

* [The research team member should tailor this wording to the type of agency: use the phrase **domestic violence** at a domestic violence only agency; use the phrase **sexual assault** at a sexual assault only agency; use the phrase **domestic violence and sexual assault** at a agency that provides both types of services]

The overall goal of our research is to learn what types of information—that is, the kinds of questions—domestic violence and sexual assault agencies should collect about their clients' needs and goals. As part of the overall research, it is vitally important to hear from former clients of domestic violence and sexual assault services because your experience with the agency makes you the experts on this topic. So, we are very glad that you have agreed to participate in this group discussion.

We encourage you to express your opinions about the topics honestly and openly, without holding anything back. There are no right or wrong answers, and because different people will have had different experiences, it may be that others in this group will have very different opinions about the topics. So, if you have a different opinion than other women in the group, we hope you will let us know your opinion.

Questions:

1. Think about a woman who comes to a agency seeking domestic violence and/or sexual assault services for the first time. What kinds of questions should the domestic violence and/or sexual assault service provider ask the woman so that the worker can help the woman? **[Use the following prompts as necessary]**

- Should the provider ask about the woman's:
 - Goals for services?
 - Knowledge about legal options?
 - Knowledge about medical options?
 - Extent of violence experienced?
 - Knowledge about the emotional consequences of the violence?
 - Physical health (e.g., problems with illnesses, problems with injuries)?
 - Mental health (e.g., problems with depression or anxiety)?
 - Use of substances (e.g., alcohol, drugs)?

- Use of prescription medicines?
- Ability to do chores and everyday tasks (e.g., housework, run errands)?
- Parenting?
- Social support (e.g., does she have helpful, supportive friends and family)?
- School or employment?
- Housing and housing problems?
- Legal problems?
- Disabilities?
- Religious and spiritual practices?
- Immigration status?
- Heritage? Race and ethnicity? Culture?
- Sexual orientation?
- Coping strategies (i.e., what she does to deal with feeling of sadness, fear, and anger)?

2. Think again about a woman seeking domestic violence and/or sexual assault services for the first time. Are there any questions that domestic violence and/or sexual assault service providers should **NEVER** ask a woman when she first comes in for services? That is, are there any questions that may have a negative impact (i.e., cause a woman too much distress, make her feel uncomfortable) or discourage her from returning for services?

3. Now, think about a woman who has been receiving domestic violence and/or sexual assault services for some time (i.e., several weeks or a few months). What kinds of questions should the domestic violence and/or sexual assault service provider ask the woman to help the agency determine if the services they have provided have been helpful to the woman? **[Use the following prompts as necessary]**

- Should the provider ask about CHANGES in the woman's:
 - Progress toward her goals?
 - Knowledge about legal options?
 - Knowledge about medical options?
 - Violence experiences?
 - Knowledge about the emotional consequences of the violence?
 - Physical health (e.g., problems with illnesses, problems with injuries)?
 - Mental health (e.g., problems with depression or anxiety)?
 - Use of substances (e.g., alcohol, drugs)?
 - Use of prescription medicines?
 - Ability to do chores and everyday tasks (e.g., housework, run errands)?
 - Parenting?
 - Social support (e.g., does she have helpful, supportive friends and family)?
 - School or employment?
 - Housing situation?
 - Legal problems?

- Legal outcomes of the client's case (e.g., received protection order, received custody of children, or the perpetrator was convicted)?
- Sexual orientation?
- Coping strategies (e.g., what she does to deal with feeling of sadness, fear, and anger)?
- Satisfaction with services?

4. Think again about a woman who has been receiving domestic violence and/or sexual assault services for some time (i.e., many weeks or months). Are there any questions that domestic violence and/or sexual assault service providers should **NEVER** ask a woman even after she has been in services for some time? That is, are there any questions that may negatively affect a woman (i.e., distress her too much; make her feel uncomfortable)?

5. The information you have given us will be very helpful to our research. Thank-you so very much! Before we wrap-up this group discussion, I would like to know if there is any other information that you think a domestic violence or sexual assault agency provider should know about clients?

- Are there other types of questions that should be asked?
- Is there any topic that we should have spent more time discussing?
- Is there any topic that wasn't mentioned that you think is important for us to know about?
- Are there any questions we should have asked you, but did not ask?

**APPENDIX G:
FORMER CLIENT FOCUS GROUP DEMOGRAPHIC SURVEY**

The purpose of this short form is to collect general information about the people who have volunteered to help with our study. Your answers will be kept **confidential** and **you do not need to give your name**. If you have questions, please ask the researcher.

1. What is your race? *(Please check all that apply)*

- a. African American/Black
- b. Asian American/Pacific Islander
- c. Native American
- d. White/Caucasian
- e. Other: *(Please describe here)* _____

2. Are you Hispanic/Latino? *(Please check the answer that is true for you)*

- a. Yes
- b. No

3. Are you married? *(Please check the answer that is true for you)*

- a. Yes
- b. No

4. What is the highest level of education that you completed? *(Please check the answer that is true for you)*

- a. Grades 1-5
- b. Grades 6-8
- c. Grades 9-11
- d. Completed High School
- e. Completed GED
- f. Completed Some College Coursework
- g. Completed College Degree
- h. Completed Some Graduate Coursework
- i. Completed Graduate Coursework

PLEASE GO TO THE NEXT PAGE: THANK YOU!

5. How are you currently employed? *(Please check all that apply)*

- a. _____ **Work Full-Time Outside of Home**
- b. _____ **Full-Time Homemaker**
- c. _____ **Work Part-Time Outside of Home**
- d. _____ **Attend School or College or University**
- e. _____ **Volunteer**
- f. _____ **Have Disability and Do Not Currently Work/Attend School**
- g. _____ **Do Not Work or Attend School**
- h. _____ **Other: *(Please describe here)***

6. What is your age? *(Please write here)* _____

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY
AND PARTICIPATING IN THIS RESEARCH!**