

HEALING VOICES PROJECT

Procedures for Evaluating Counseling and Advocacy Services

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Submitted to:
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Overview

KASAP's Counseling and Advocacy Evaluations were designed as a collaborative effort between KASAP's Board of Directors and staff, counselors and advocates from local programs, and an independent consultant. This ensured that the many different experiences and needs of local programs and of KASAP were considered. As a result of this process, the following measures were developed:

Core Measures to be Used by All Programs for Evaluating Rape Crisis Services:

1. Counseling Survey for Survivors
2. Counseling Survey for Parents
3. Counseling Survey for Family/Friends
4. Advocacy Checklist

These measures will be collected by the local programs and **forwarded to KASAP** for analysis.

Optional Measures to be Used at the Program's Discretion:

These measures will be used by programs that choose to do so and will be **analyzed by the local programs** themselves in ways they deem appropriate. Suggestions for data analysis accompany each optional measure.

These measures and the procedures for using them were developed based on the following principles:

- Survivors should be asked only about those areas that are meaningful for them to answer.
- Survivors should be asked to participate in the evaluation in ways that create an opportunity for them to give voice to their experiences.
- Issues that survivors cannot meaningfully evaluate or that occur at a time when it is inappropriate to ask survivors should be evaluated in other ways.

The intent is that the evaluation will be a meaningful experience for clients, local programs and KASAP.

For clients the surveys will:

- convey support and respect
- reinforce messages of empowerment
- reinforce the importance and validity of their experiences
- provide an opportunity to take some type of action that can make a difference in their community and contribute to the movement to end sexual violence

For local rape crisis programs and KASAP the surveys and checklist will:

- provide insight into survivors' experiences of receiving services
- document advocates' fidelity to rape crisis protocols
- document other systems' fidelity to best practices in responding to rape survivors
- identify the relationship between services and mental health outcomes

Furthermore, the evaluations will be a way to:

- monitor and provide feedback to volunteers
- determine priorities for training
- provide positive reinforcement to staff and volunteers and help with retention
- assess program effectiveness
- plan for ways to improve services
- identify approaches that work so they can be adopted by other programs
- support funding requests
- demonstrate commitment to quality/accountability

The evaluations are not designed to monitor individual performance of any staff or volunteers. The individual who provided the service will not be recorded so it is impossible to link specific surveys or checklists to an individual.

This procedures manual details:

- procedures for administering the surveys and checklist
- suggestions for training staff and volunteers on their use
- instructions for forwarding data to KASAP
- how evaluation results will be reported and used

Procedures for Post-Advocacy Checklists

Step 1:

When do we use the post-advocacy checklists?

- After **all** hospital accompaniments with sexual assault survivors
- After **all** accompaniment during filing a police report of a sexual assault
- After **all** accompaniment during meetings with prosecutors regarding prosecution of a sexual assault
- After **all** court accompaniment of sexual assault cases
- If you provide advocacy multiple times to the same survivor, Complete a checklist for each time you provide advocacy. This is done because a survivor's experience on one day with one system or personnel may be different than on another day with a different system or personnel.



Example 1:

You were called to the hospital when Abby came in following an assault. You provided medical advocacy and were present when she filed a report with the police. **You should complete both a medical and a legal post-advocacy checklist.**

Example 2:

You accompanied Daniel when he filed a police report two weeks after being assaulted. **You should complete only a legal post-advocacy checklist.**

Example 3:

You accompanied Dana when she received a forensic exam and filed a police report immediately following an assault. At that time you completed both the medical and legal post-advocacy checklists. Two months later she calls to say that the case is being prosecuted and she would like you to accompany her to a meeting with the prosecutor. Following that meeting she tells you that she is going to want an advocate with her during the trial. What do you do? **Complete a legal advocacy checklist based on what happened at the meeting with the prosecutor. Complete another legal advocacy checklist following the court hearing to describe that experience.**

Step 2: How do I complete the post-advocacy checklists?

- Complete the checklist(s) **after** you have left the hospital, police department, prosecutor’s office, court, etc.
- Do **not** complete the checklist(s) in front of the survivor. Do **not** ask the survivor to complete it. Do **not** ask them how to answer the questions.
- Base your answers on what you saw, what you heard, and the information you gained through providing advocacy. You may not have witnessed everything, but if you know from talking with the survivor or other systems personnel that something happened or did not happen, you can include that information.
- If you do not know whether something occurred, circle “I don’t know”. Do **not** ask the survivor for that information simply in order to complete the checklist.



Example 1:

You were called to the hospital immediately after the survivor, Jason, arrived. You accompanied him through making a statement to the police and through the medical exam. **After you leave the hospital, complete the medical and legal post-advocacy checklists based on what you saw and heard while providing advocacy.**

Example 2:

Barbara went to the hospital for medical care but refused to talk with the police. The hospital provided emergency medical care but did not call the rape crisis center until they went to complete the discharge paperwork. You spoke with Barbara before she went home. Although you provided crisis counseling, you do not know the details of what occurred during the exam. **After you leave the hospital, complete only the medical post-advocacy checklist. Base your answers on what you learned while providing crisis counseling. There may be many questions that you answer “I don’t know”.**

Step 3: What do I do with the checklist once I have completed it?

- Turn it in along with any other logs or agency paperwork that you routinely complete following advocacy.

Procedures for Counseling Surveys

Step 1: Who do we give the counseling surveys to?

- **All** crisis counseling and therapy clients
- Give the survey to eligible clients (see remaining bullet points in this step for further explanation) **by the end of the fourth session**. This does **not** include contacts that were primarily medical or legal advocacy such as hospital or police accompaniment. You may give it earlier if you think doing so is appropriate for that client.
- If there is a **planned discharge/termination of services** then give the survey **again** at that time, regardless of how much time has passed since the first survey.
- Do **not** give the survey to any client who is in an immediate crisis or for who you think it is not clinically appropriate to give the survey at that time. You may give them the survey at a later time when it is more appropriate.
- Surveys may also be given to clients who are participating in support groups. You may adopt these procedures to fit that setting. Make sure that the surveys are still voluntary and private by having them be completed **after/outside of** group time.
- Long-term counseling clients may be given the option of completing the survey annually.
- **Note:** If your agency uses the surveys or advocacy checklists with **non-sexual assault** clients you **must check** “non-KASAP” at the top of those surveys and checklists. For surveys, do this **before** giving the survey to the client.

Step 2: Which survey should the client receive?

Survivor Survey:

- Clients who are receiving services primarily to address their own sexual victimization
- Clients who are **16 years or older** and **developmentally capable** of completing the survey

Parent/Caregiver Survey:

- Parents of a **child under 16 years** when the child is receiving services primarily to address sexual victimization, **unless** the counselor determines that the child is able to complete the Survivor Survey and that doing so would be a meaningful experience for the survivor. In that case, the parent does **not**

receive any survey.

- **Caregivers** of adolescents and adults who are developmentally disabled and the counselor does not think the client is able to comprehend or give valid answers to the survey questions
- This survey is designed to assess the **survivor's experiences**. The parent/caregiver does **not** have to be receiving crisis counseling or therapy to complete the survey.
- If the parent/caregiver is also receiving counseling then they may be invited to complete the Family/Friend Survey also.

Family/Friend Survey:

- Family/friends of survivors who are **themselves receiving** crisis counseling or therapy to learn how to support their loved one and/or to cope with their **own** reactions to the assault
- Family/friends must be **16 years or older** and **developmentally capable** of completing the survey



Example 1:

Sara was assaulted when she was in college. She is now 50 and has been receiving counseling from your rape crisis program over the past six weeks. She has had four sessions with a crisis counselor. **Sara should be invited to complete the Survivor Survey because she has had four in-person counseling sessions.**

Example 2:

Sam's 10-year old daughter has been receiving therapy at your center for the past two months. His daughter has had six sessions with a therapist. Although Sam has spoken with the therapist about his daughter and observed some of her sessions, Sam is not receiving services for himself. **Sam should be invited to complete the Parent/Caregiver Survey to measure his satisfaction with this daughter's services. He should not be given the Family/Friend Survey because he is not receiving services for himself.**

Example 3:

David's wife was assaulted last year. David has been receiving counseling at your center to learn how to support his wife in her healing and to help him cope with his own feelings around the assault. David has met with a counselor four times. **David should be invited to complete the Family/Friend Survey because he has had four in-person counseling sessions focused on his own reactions to the assault.**

Step 3: How do I invite a client to take the survey?

- At the **end** of the appropriate crisis counseling or therapy session, explain to the client about the survey and invite them to participate. Main points to include are:
 - Why the surveys are being done
 - Main topics of the survey
 - How long it will take
 - That it is voluntary
 - You will not see their answers
 - How their answers can help the center
 - The survey as an opportunity to speak about their healing
 - Written and oral options available



Example - Survivor and Family/Friend Survey, FOURTH SESSION:

“The staff here are always working to provide better counseling. It helps us when we hear from people about what it’s like to receive counseling from us. So after the first few counseling sessions we invite our clients to take a short questionnaire and tell us about what it is like to come to our center and how things have changed since they started coming here for counseling. The questionnaire takes about 10 minutes.”

“You don’t have to take the questionnaire if you don’t want to. It’s completely up to you. I won’t know if you took it and I won’t see your answers. Your name does not go anywhere on it.”

“If you do want to take the questionnaire, here it is. You can fill it out, put it in this envelope, and drop it off at the front desk. If you would rather have [name of designated staff person] read it to you and you tell her/him your answers, you can do it that way. If you don’t want to take the questionnaire you can just recycle it. Do you have any questions?”

Example - Parent/Caregiver Survey, FOURTH SESSION:

same as above, but add: “Because [client’s name] is too young [OR is not able] to take the questionnaire, we have a copy that is especially for parents [OR caregivers]. The questions ask about what you think it is like for [client’s name] to come here.”

Note: The Parent/Caregiver Survey uses the word “child” to describe the client. If the client is a developmentally disabled adult please explain that we use the same survey for them as we do for children so when it says “child” they should answer about the developmentally disabled adult even if the caregiver is not the parent.



Example - Survivor and Family/Friend Survey, FINAL SESSION:

“You might remember that I invited you to take a short questionnaire after your first few counseling sessions. It asked about what it was like to come to our center and how things had changed since you started coming here for counseling.”

“Because this is our last session together, I want to give you another opportunity to complete the questionnaire. Your thoughts and feelings about the center and about how things have changed for you might be different now.”

“Just like last time, the questionnaire takes about 10 minutes. You don’t have to take the questionnaire if you don’t want to. It’s completely up to you. I won’t know if you took it and I won’t see your answers. Your name does not go anywhere on it. It doesn’t matter if you took the questionnaire before or not.”

“If you want to take the questionnaire, here it is. You can fill it out, put it in this envelope, and drop it off at the front desk. If you would rather have [name of designated staff person] read it to you and you tell her/him your answers, you can do it that way. If you don’t want to take the questionnaire you can just recycle it. Do you have any questions?”

Step 4: Where does my client take the survey?

- The survey can be completed at your center or at home
- Do **not** have the client complete it in front of you unless they ask for you to stay while they complete it. We want to make sure that they don’t feel like they have to take it.

Option: Oral Version of Survey

- For clients who want to take the survey orally, designate appropriate staff and/or volunteers to read the survey to the client and write down their answers.
- Ensure that the designate staff/volunteers are familiar with the surveys and with these procedures.
- Make sure there is a comfortable, private place for the staff/volunteer and client to talk while completing the survey.
- The staff/volunteer should use the **Oral Version** of the appropriate survey.
- The questions should be read word-for-word.

- To make it easier for clients to give their answers, use the response cards included with the oral versions. Before each section of questions, hand the appropriate response card to the client and explain it to them. Make sure they only have one response card at a time.

Step 5: What do I do after offering my client the survey?

- Make a note in the client's file that the survey was offered. This will be used to track that the surveys are being given in accordance with these procedures.
- If in your professional opinion the client should not receive the survey by the end of the fourth session (e.g., client is in crisis), make a note in the file that "survey not given at counselor's discretion". If you offer the survey in a later session, note that the survey was offered in that later session.

Step 6: How do we get the surveys back?

- If you have a front desk that is staffed, tell clients to drop the surveys off at the front desk. Make sure the staff person has an appropriate way to collect them (designated file, drawer, etc.).
- If you do not have a staffed front desk, you may use a drop box or a self-addressed, stamped envelope. The drop-box should be in the lobby or other appropriate location. Make sure the box is attractive and clearly labeled but make the label general enough that if someone saw your client put the envelope in the box they would not be immediately identified as a survivor or rape crisis client (e.g., label it "Surveys", "Questionnaires", etc.).

Step 7: How do I follow-up without making a client feel like they have to take the survey?

- If you feel follow-up is needed and appropriate, the next time you see the client you can make a gentle inquiry to see if they have any questions or want to talk about what it was like to complete the survey.

Procedures for Optional Clinical Measures

Step 1: Do we have to use the optional clinical measures?

- No
- Use these measures only if your counselors/therapists want to do so

Step 2: If we want to use the optional clinical measures, how do we do so?

- You will need to establish your own procedures.
- Make sure your procedures are used consistently so that the surveys are comparable between clients.
- Consider how to make the process empowering for survivors.
- Ensure that clients understand that the surveys are voluntary and they can refuse to take them.
- Make sure the surveys are anonymous.

Step 3: What do we do with the surveys?

- Do **not** forward optional surveys to KASAP.
- If your agency uses the client surveys or checklists with **survivors of domestic violence** (when there was no sexual violence involved), **survivors of other forms of violence**, or **other clients**, do **not** forward those surveys or checklists to KASAP. **KASAP should only receive the core measures for sexual assault survivors.**
- It will be up to your center to analyze the results and interpret the findings.
- Suggestions for analyzing the results are included with each optional measure in Appendix J.

Procedures for Forwarding Data to KASAP

Step 1: What do we send to KASAP?

- Medical Post-Advocacy Checklist
- Legal Post-Advocacy Checklist
- Counseling Survey for Survivors
- Counseling Survey for Parents/Caregivers
- Counseling Survey for Family/Friends
- **KASAP should only receive the core measures for sexual assault survivors.**
- Do **not** send the optional clinical measures.

Step 2: When do we send the checklists and surveys to KASAP?

- You have two options for sending the checklists and surveys to KASAP:
 1. Send them **no later than the quarterly data report due dates**OR
 2. You may send them more frequently as is convenient.

Reporting Results Back to Programs

- KASAP will analyze the checklist and survey data on an annual basis.
- They will provide each center with a summary of its own results and a summary of the statewide results.
- Additionally, KASAP will track trends over time and share those trends with the centers.
- KASAP staff will work with centers to understand how their results may be related to the center's activities over the course of the year and how they can use the results in planning future services, trainings, and community interventions.

Contact Information for Questions

If you have any questions about the post-advocacy checklists, counseling surveys or procedures contact:

Kentucky Association of Sexual Assault Programs
P.O. Box 4028
Frankfort, KY 40604
phone: 502-226-2704
fax: 502-226-2725

Recommendations for Training Staff and Volunteers

Who should be trained?

- All staff and volunteers who provide advocacy, counseling, and therapy services need to be trained on how to use the post-advocacy checklists and counseling surveys.
- Additionally, all staff who might be approached with questions about the counseling surveys should be trained on them (e.g., receptionists, interns and office volunteers who may receive the surveys when clients turn them in, etc.).
- To avoid confusion, only train them on the measures they will be using. For example, if advocacy/hotline volunteers will only ever use the post-advocacy checklists, they should only be trained on the checklists.

What are some ways to train staff and volunteers on the evaluation procedures?

- For new staff and volunteers, incorporate training on these procedures into your standard initial training.
- For current staff and volunteers, use staff and volunteer meetings and/or ongoing training opportunities.
- Make the training as concrete as possible. For example, just like you may use roleplays for training hotline volunteers, come up with a couple of scenarios that commonly happen in your center. Then have staff and volunteers complete the post-advocacy checklists as if they were providing advocacy in those scenarios. As a group, walk through how the checklist questions were answered, discuss discrepancies, and come to consensus on the most appropriate answers.
- Make copies of the applicable pages of these procedures and provide them to staff and volunteers during training. Only share those pages that are relevant to their roles.

What concerns might staff and volunteers have?

- The biggest concern they may have is whether the evaluation will be used to rate their own job performance.
- Reassure them that the checklists and surveys are **not** connected to any particular staff or volunteer. **There is no way to know who provided the actual service.**
- Point out that the post-advocacy checklists are primarily about whether or not protocols were followed and that they primarily assess what people in the medical and legal systems did.

How can we build support and enthusiasm for the evaluation process?

- This will be easier to do with time. As your center receives its reports and uses the results to improve your programs, you will have concrete examples to share of what you learned from the evaluations and how you used that information to improve services, implement new initiatives, change protocols and systems, and/or improve training.
- In the beginning it may help to emphasize that the checklists and surveys were developed **based on what local programs and KASAP said they wanted to learn** and **designed to give survivors and other clients an opportunity to have their voices be heard.**
- Share with staff and volunteers examples of how your center might use the results from specific questions. For example, if many clients say that center staff are only “sometimes” available when they need to talk, then the center staff can explore ways to improve availability. Perhaps they need to have a live person answer the phone instead of an automated voicemail system, stagger staff hours so the center is open longer during the day, or change their method for getting phone messages to counselors so there are shorter delays.
- Emphasize that the evaluation is **designed to identify where the center is being successful**, not just where improvements are needed.
- Incorporate the evaluation procedures with your existing log/case file procedures so it is a seamless, integrated process.

Appendices

- A. Medical Post-Advocacy Checklist
- B. Legal Post-Advocacy Checklist
- C. Counseling Survey for Survivors
- D. Oral Version of Counseling Survey for Survivors
- E. Counseling Survey for Parents/Caregivers
- F. Oral Version of Counseling Survey for Parents/Caregivers
- G. Counseling Survey for Family/Friends
- H. Oral Version of Counseling Survey for Family/Friends
- I. Response Cards for Oral Surveys
- J. Optional Clinical Measures

Post-Advocacy Checklist:

MEDICAL

non-KASAP _____

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

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

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

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

Advocate: _____ Staff
 _____ Volunteer

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

Offender was: _____ Acquaintance
 _____ Stranger
 _____ Family

Survivor Identifies as: _____ Female
 _____ Male
 _____ Child (under 13 years)
 _____ Adolescent (13-17 years)
 _____ Adult (18+ years)

_____ White
 _____ African American
 _____ Hispanic
 _____ Asian American
 _____ Native American
 _____ Other

Type(s) of medical services provided:
 (select all that apply)

Medical exam (checked for and treated injuries)	Yes	No	I don't know
Forensic exam (rape kit done to collect evidence)	Yes	No	I don't know

Name of Facility: _____

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

Did a **SANE/SAFE** provide **any** of the exam or treatment? Yes No I don't know
 (Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner)

Continue on other side 

MEDICAL ADVOCACY:

Did the following events occur? Answer based on **what you saw during the exam** and **what the survivor told you happened**.

Rape crisis was contacted _____ medical exam	Before	During	After	I don't know		
Rape crisis was contacted by:	Law Enforcement	Hospital	Survivor	Family/Friend	Social Service Provider	I don't know
Advocate was allowed to be present during medical exam	Yes	No	I don't know			
If "No", why not?	Started before advocate arrived		Medical personnel refused		Survivor did not want an advocate	

	Service was provided:				Done by:	
Survivor (or parent) was told statements to law enforcement and medical personnel are not privileged	Yes	No	Not applicable	I don't know	Medical Staff	Advocate
Detailed explanation of exam was given	Yes	No	Not applicable	I don't know	Medical Staff	Advocate
It was explained that the exam is free	Yes	No	Not applicable	I don't know	Medical Staff	Advocate
It was explained that the survivor may be charged for medical treatment	Yes	No	Not applicable	I don't know	Medical Staff	Advocate
Survivor's consent for exam was obtained	Yes	No	Not applicable	I don't know	Medical Staff	Advocate
Survivor was told consent can be withdrawn	Yes	No	Not applicable	I don't know	Medical Staff	Advocate
Information was provided re: STDs	Yes	No	Not applicable	I don't know	Medical Staff	Advocate
Information was provided re: pregnancy	Yes	No	Not applicable	I don't know	Medical Staff	Advocate
Clothing was provided (if needed)	Yes	No	Not applicable	I don't know	Medical Staff	Advocate

People were present during the exam without the survivor's permission (including police)	Always	Sometimes	Never	I don't know
Medical personnel treated survivor with respect	Always	Sometimes	Never	I don't know
Medical personnel said things that were victim-blaming	Always	Sometimes	Never	I don't know
Medical care was provided at a speed that was comfortable for the survivor	Always	Sometimes	Never	I don't know
If "Sometimes" or "Never":	Too Fast	Too Slow		
Medical personnel asked survivor if s/he had questions	Always	Sometimes	Never	I don't know
I asked survivor if s/he had questions	Always	Sometimes	Never	I don't know

Comments:

The doctor(s) appeared to be ___ to the survivor	Helpful	Hurtful	I don't know	Not applicable
The nurse(s) appeared to be ___ to the survivor	Helpful	Hurtful	I don't know	Not applicable
My advocacy appeared to be ___ to the survivor and/or survivor's family	Helpful	Hurtful	I don't know	Not applicable

Post-Advocacy Checklist:

LEGAL

non-KASAP _____

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

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

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

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

Advocate: _____ Staff
_____ Volunteer

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

Offender was: _____ Acquaintance
_____ Stranger
_____ Family

Survivor Identifies as: _____ Female
_____ Male

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

_____ White
_____ African American
_____ Hispanic
_____ Asian American
_____ Native American
_____ Other

Type(s) of Advocacy: _____ Police
_____ Prosecutor
_____ Court
_____ Other: _____

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

of legal personnel the survivor had to deal with during **this** legal proceeding: _____

Continue on other side 

LEGAL ADVOCACY:

Did the following events occur? Answer based on **what you saw during the legal proceedings** and **what the survivor told you happened.**

Rape crisis was contacted _____ legal proceedings	Before	During	After	I don't know		
Rape crisis was contacted by:	Law Enforcement	Hospital	Survivor	Family/Friend	Social Service Provider	I don't know
Advocate was allowed to be present during legal proceedings	Yes	No	I don't know			
If "No", why not?	Started before advocate arrived		Law enforcement refused		Survivor did not want an advocate	

	Service was provided:				Done by:	
Legal process was clearly explained	Yes	No	Not applicable	I don't know	Legal Staff	Advocate
Survivors' rights were explained	Yes	No	Not applicable	I don't know	Legal Staff	Advocate
An appropriate assessment of survivor's safety was done	Yes	No	Not applicable	I don't know	Legal Staff	Advocate
Appropriate resources were provided for keeping the survivor safe	Yes	No	Not applicable	I don't know	Legal Staff	Advocate

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

The police appeared to be ____ to the survivor	Helpful	Hurtful	Not applicable	I don't know
The prosecutor appeared to be ____ to the survivor	Helpful	Hurtful	Not applicable	I don't know
The judge appeared to be ____ to the survivor	Helpful	Hurtful	Not applicable	I don't know
My advocacy appeared to be __ to the survivor and/or survivor's family	Helpful	Hurtful	Not applicable	I don't know

Comments:

Healing Voices Project

Survivor Survey

non-KASAP _____

Healing from assault or abuse can be hard. Counseling and crisis centers are here to help. We want to hear from survivors about what it is like to receive counseling or crisis support. Hearing survivors' voices will help us make things better for all survivors in our community and throughout Kentucky.

If you want to share your experiences, simply complete this short questionnaire.

Your name will not be written anywhere on this paper.

You can skip any question you don't want to answer.

Your counselor or advocate will not see your individual answers.

Your answers will be sent to the Kentucky Association of Sexual Assault Programs where no one will know who you are.

If you do not want to share your experiences, you can recycle this. If you answer some of the questions and then change your mind you can stop taking the questionnaire. You can still receive help from this center even if you do not answer these questions.

When people come to a counseling or crisis center they can feel many different ways. We want to hear about what it is like for you to come to this center. **Please tell us how often the following things happen when you come to our center.**

The people who work here are respectful.	Never	Sometimes	Usually	Always
When I have something to say, the people who work here listen to me.	Never	Sometimes	Usually	Always
When I need to make decisions, the people who work here think my opinion is important.	Never	Sometimes	Usually	Always
When I talk about what has happened in my life, the people who work here believe me.	Never	Sometimes	Usually	Always
When I need help, someone here tries to help me.	Never	Sometimes	Usually	Always
When I come here I feel safe.	Never	Sometimes	Usually	Always
When I am upset the people who work here support me.	Never	Sometimes	Usually	Always
The suggestions people here give to me are useful.	Never	Sometimes	Usually	Always
When I tell people here about private things, they respect my privacy.	Never	Sometimes	Usually	Always

Please Turn Page Over 

After being assaulted or abused you may have told different people about what happened. We want to hear about what that was like. **Please circle the answer that best describes your experiences. Remember to think about all of your experiences since the assault. If someone was both hurtful and helpful, circle both.**

The police were...	Hurtful	Helpful	I did not talk with the police
The doctors were...	Hurtful	Helpful	I did not see a doctor
The nurses were...	Hurtful	Helpful	I did not see a nurse
My family was...	Hurtful	Helpful	I did not tell my family
My friends were...	Hurtful	Helpful	I did not tell my friends
My minister was...	Hurtful	Helpful	I did not tell my minister
My advocate from the center was...	Hurtful	Helpful	I did not have an advocate
My counselor from the center was...	Hurtful	Helpful	I did not have a counselor
The person who talked to me on the hotline was...	Hurtful	Helpful	I did not call the hotline

Everyone who is assaulted or abused reacts differently. Your feelings and thoughts may change over time. **Please tell us what has changed for you since you came to or called our center.**

I am not able to stop thinking about the assault or abuse.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I want to hurt myself.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I use drugs or alcohol to deal with my feelings.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I feel numb or in shock.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I avoid things that make me think about the assault or abuse.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I feel unsafe.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I believe I can heal or recover from the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	I never believed this
I believe the assault or abuse was NOT my fault. Now I believe this...	A lot less	A little less	About the same	A little more	A lot more	I never thought this

Is there anything else you want us to know?

I identify as...

Female
Male

White
African American
Hispanic
Asian American
Native American

I have come to this center for counseling...

1 time
2-4 times
5-10 times
more than 10 times

In my life I have been assaulted or abused...

One time
More than one time

The assault(s)/abuse occurred:
_____ weeks ago
_____ months ago
_____ years ago

Thank you for helping us.

Healing Voices Project

Survivor Survey

non-KASAP _____

****ORAL VERSION****

**Make sure you are in a private, comfortable location.
Introduce yourself to the client.**

Read the instructions and questions word-for-word.

**Circle the client's answer.
If the client wants to explain their answer,
take notes in the margins**

Healing from assault or abuse can be hard. Counseling and crisis centers are here to help. We want to hear from survivors about what it is like to receive counseling or crisis support. Hearing survivors' voices will help us make things better for all survivors in our community and throughout Kentucky.

If you want to share your experiences, I will read the questions to you and write down your answers.

Your name will not be written anywhere on this paper.

If you don't want to answer a question, tell me and we will skip it.


Your counselor or advocate will not see your individual answers.

Your answers will be sent to the Kentucky Association of Sexual Assault Programs where no one will know who you are.

If you do not want to share your experiences, tell me and we will stop now. If you answer some of the questions and then change your mind you can stop taking the questionnaire. You can still receive help from this center even if you do not answer these questions.

Do you want to take the questionnaire? {pause for answer} Are you ready to start? {pause for answer}


There are three main groups of questions and then a few simple questions at the very end.

Continue on the next page 

The first set of questions is about what it is like to come to this center. When people come to a counseling or crisis center they can feel many different ways. We want to hear about what it is like for you to come to this center. I will read nine questions. Please tell me how often each of these things happen. {Hand the client Response Card #1}. These are the answers for these questions: Never, Sometimes, Usually, and Always.

{When you read the question, follow it by restating the possible answers. For example, “The people who work here are respectful. Is this true never, sometimes, usually, or always?” Once the client is comfortable with the answers you can stop restating them.}

The people who work here are respectful.	Never	Sometimes	Usually	Always
When I have something to say, the people who work here listen to me.	Never	Sometimes	Usually	Always
When I need to make decisions, the people who work here think my opinion is important.	Never	Sometimes	Usually	Always
When I talk about what has happened in my life, the people who work here believe me.	Never	Sometimes	Usually	Always
When I need help, someone here tries to help me.	Never	Sometimes	Usually	Always
When I come here I feel safe.	Never	Sometimes	Usually	Always
When I am upset the people who work here support me.	Never	Sometimes	Usually	Always
The suggestions people here give to me are useful.	Never	Sometimes	Usually	Always
When I tell people here about private things, they respect my privacy.	Never	Sometimes	Usually	Always

Continue on the next page 

Thank you for telling me about your experiences at our center. Now I have some questions about how other people may have helped you.

After being assaulted or abused you may have told different people about what happened. We want to hear about what that was like. I will name eight kinds of people you may have talked to about the assault. Please tell me if they were hurtful, helpful, or if you did not talk with them. If someone was both hurtful and helpful, let me know that.

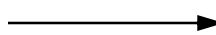
Were the police hurtful or helpful?	Hurtful	Helpful	I did not talk with the police
Were the doctors hurtful or helpful?	Hurtful	Helpful	I did not see a doctor
Were the nurses hurtful or helpful?	Hurtful	Helpful	I did not see a nurse
Was your family hurtful or helpful?	Hurtful	Helpful	I did not tell my family
Were your friends hurtful or helpful?	Hurtful	Helpful	I did not tell my friends
Was your minister hurtful or helpful?	Hurtful	Helpful	I did not tell my minister
If you had an advocate from our center, were they hurtful or helpful?	Hurtful	Helpful	I did not have an advocate
If you called our hotline, was the person you talked to hurtful or helpful?	Hurtful	Helpful	I did not call the hotline

Thank you for telling me about those experiences. I have just one more set of questions.

Everyone who is assaulted or abused reacts differently. Your feelings and thoughts may change over time. I will read you eight different things you may or may not have thought or felt. Please tell me how what you think or feel now compares with what you thought or felt when you first came to our center for counseling. {Hand the client Response Card #2} These are the answers for these questions: A lot worse, A little worse, About the same, A little better, A lot better, or I never had this problem.

{When you read the question, follow it by restating the possible answers. Once the client is comfortable with the answers you can stop restating them.}

I am not able to stop thinking about the assault or abuse.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I want to hurt myself.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I use drugs or alcohol to deal with my feelings.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I feel numb or in shock.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I avoid things that make me think about the assault or abuse.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I feel unsafe.	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem
I believe I can heal or recover from the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	I never believed this
I believe the assault abuse was NOT my fault. Now I believe this...	A lot less	A little less	About the same	A little more	A lot more	I never thought this

Continue on the next page 

Is there anything else you want us to know?

To wrap up I just have a couple of simple questions...

What gender do you identify as?

Female

Male

What race or ethnicity do you identify as?

White

African American

Hispanic

Asian American

Native American

How long have you come to this center for counseling?

1 time

2-4 times

5-10 times

more than 10 times

In your life have you been assaulted or abused...

One time or

More than one time

The assault/abuse happened:

____ weeks ago

____ months ago

____ years ago

Thank you for helping us. Do you have any questions for me?

Healing Voices Project

Parent/Caregiver Survey

non-KASAP _____

Healing from assault or abuse can be hard. Counseling and crisis centers are here to help. We want to hear about what it is like for children to receive counseling or crisis support. Hearing about children's experiences will help us make things better for all survivors in our community and throughout Kentucky.

If you want to share your child's experiences, simply complete this short questionnaire.

Your child's name will not be written anywhere on this paper.

You can skip any question you don't want to answer.

Your child's counselor or advocate will not see your individual answers.

Your answers will be sent to the Kentucky Association of Sexual Assault Programs where no one will know who you are.

If you do not want to share your experiences, you can recycle this. If you answer some of the questions and then change your mind you can stop taking the questionnaire. Your child can still receive help from this center even if you do not answer these questions.

When people come to a counseling or crisis center they can feel many different ways. We want to hear about what it is like for your child to come to this center. **Please tell us how often the following things happen when your child comes to our center.**

The people who work here are respectful to my child.	Never	Sometimes	Usually	Always
When my child has something to say, the people who work here listen.	Never	Sometimes	Usually	Always
When decisions need to be made about my child, the people here think my child's opinion is important.	Never	Sometimes	Usually	Always
When my child talks about what has happened in her or his life, the people here believe my child.	Never	Sometimes	Usually	Always
When my child needs help, someone here tries to help them.	Never	Sometimes	Usually	Always
When my child comes here she or he feels safe.	Never	Sometimes	Usually	Always
When my child is upset and talks with someone here they support my child.	Never	Sometimes	Usually	Always
The suggestions people here give to my child are useful.	Never	Sometimes	Usually	Always
When my child tells people here about private things, they respect my child's privacy.	Never	Sometimes	Usually	Always

Please Turn Page Over 

After being assaulted or abused your child may have told different people about what happened. We want to hear about what that was like. **Please circle the answer that best describes your child's experiences. Remember to think about all of your child's experiences since the assault. If someone was both hurtful and helpful, circle both.**

The police were...	Hurtful	Helpful	My child did not talk with the police
The doctors were...	Hurtful	Helpful	My child did not see a doctor
The nurses were...	Hurtful	Helpful	My child did not see a nurse
Our family was...	Hurtful	Helpful	My child did not tell our family
My child's friends were...	Hurtful	Helpful	My child did not tell friends
Our minister was...	Hurtful	Helpful	My child did not tell our minister
My child's advocate from the center was...	Hurtful	Helpful	My child did not have an advocate
My child's counselor from the center was...	Hurtful	Helpful	My child did not have an advocate

Everyone who is assaulted or abused reacts differently. Your child's feelings and thoughts may change over time. **Please tell us what has changed for your child since coming to or calling our center.**

My child is not able to stop thinking about the assault or abuse.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child wants to hurt themself.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child uses drugs or alcohol to deal with their feelings.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child looks like they are numb or in shock.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child avoids things that make them think about the assault or abuse.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child feels unsafe.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child believes they can heal or recover from the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	My child never believed this
My child believes the assault or abuse was NOT their fault. Now my child believes this...	A lot less	A little less	About the same	A little more	A lot more	My child never thought this

Is there anything else you want us to know?

My child identifies as...
 Female
 Male

 White
 African American
 Hispanic
 Asian American
 Native American

My child is _____ years old
 My child has been coming to this center for counseling...
 1 time
 2-4 times
 5-10 times
 more than 10 times

My child has been assaulted or abused...
 One time
 More than one time
 I don't know
 The assault/abuse happened:
 _____ weeks ago
 _____ months ago
 _____ years ago

Thank you for helping us.

Healing Voices Project

Parent/Caregiver Survey

non-KASAP _____

****ORAL VERSION****

**Make sure you are in a private, comfortable location.
Introduce yourself to the client.**

Read the instructions and questions word-for-word.

**Circle the client's answer.
If the client wants to explain their answer,
take notes in the margins**

Healing from assault or abuse can be hard. Counseling and crisis centers are here to help. We want to hear about what it is like for children to receive counseling or crisis support. Hearing about children's experiences will help us make things better for all survivors in our community and throughout Kentucky.

If you want to share your child's experiences, I will read the questions to you and write down your answers.

Your child's name will not be written anywhere on this paper.

If you don't want to answer a question, tell me and we will skip it.


Your child's counselor or advocate will not see your individual answers.

Your answers will be sent to the Kentucky Association of Sexual Assault Programs where no one will know who you are.

If you do not want to share your child's experiences, tell me and we will stop now. If you answer some of the questions and then change your mind you can stop taking the questionnaire. You can still receive help from this center even if you do not answer these questions.

Do you want to take the questionnaire? {pause for answer} Are you ready to start? {pause for answer}


There are three main groups of questions and then a few simple questions at the very end.

Continue on the next page 

The first set of questions is about what it is like to come to this center. When people come to a counseling or crisis center they can feel many different ways. We want to hear about what it is like for your child to come to this center. I will read nine questions. Please tell me how often each of these things happen. {Hand the client Response Card #1}. These are the answers for these questions: Never, Sometimes, Usually, and Always.

{When you read the question, follow it by restating the possible answers. For example, “The people who work here are respectful to my child. Is this true never, sometimes, usually, or always?” Once the client is comfortable with the answers you can stop restating them.}

The people who work here are respectful to my child.	Never	Sometimes	Usually	Always
When my child has something to say, the people who work here listen.	Never	Sometimes	Usually	Always
When decisions need to be made about my child, the people here think my child’s opinion is important.	Never	Sometimes	Usually	Always
When my child talks about what has happened in her or his life, the people here believe my child.	Never	Sometimes	Usually	Always
When my child needs help, someone here tries to help them.	Never	Sometimes	Usually	Always
When my child comes here she or he feels safe.	Never	Sometimes	Usually	Always
When my child is upset and talks with someone here they support my child.	Never	Sometimes	Usually	Always
The suggestions people here give to my child are useful.	Never	Sometimes	Usually	Always
When my child tells people here about private things, they respect my child’s privacy.	Never	Sometimes	Usually	Always

Continue on the next page 

Thank you for telling me about your child’s experiences at our center. Now I have some questions about how other people may have helped your child. After being assaulted or abused your child may have told different people about what happened. We want to hear about what that was like. I will name eight kinds of people your child may have talked to about the assault. Please tell me if they were hurtful, helpful, or if your child did not talk with them. If someone was both hurtful and helpful, let me know that.


Were the police hurtful or helpful?	Hurtful	Helpful	My child did not talk with the police
Were the doctors hurtful or helpful?	Hurtful	Helpful	My child did not see a doctor
Were the nurses hurtful or helpful?	Hurtful	Helpful	My child did not see a nurse
Was your family hurtful or helpful?	Hurtful	Helpful	My child did not tell our family
Were your child’s friends hurtful or helpful?	Hurtful	Helpful	My child did not tell friends
Was your minister hurtful or helpful?	Hurtful	Helpful	My child did not tell our minister
If your child had an advocate from our center, were they hurtful or helpful?	Hurtful	Helpful	My child did not have an advocate

Thank you for telling me about those experiences. I have just one more set of questions.

Everyone who is assaulted or abused reacts differently. Your child’s feelings and thoughts may change over time. I will read you eight different things your child may or may not have thought or felt. Please tell me how what your child thinks or feels now compares with what they thought or felt when they first came to our center for counseling. {Hand the client Response Card #2} **These are the answers for these questions: A lot worse, A little worse, About the same, A little better, A lot better, or I never had this problem.**

{When you read the question, follow it by restating the possible answers. Once the client is comfortable with the answers you can stop restating them.}

My child is not able to stop thinking about the assault or abuse.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child wants to hurt themselves.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child uses drugs or alcohol to deal with their feelings.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child looks like they are numb or in shock.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child avoids things that make them think about the assault or abuse.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child feels unsafe.	A lot worse	A little worse	About the same	A little better	A lot better	My child never had this problem
My child believes they can heal or recover from the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	My child never believed this
My child believes the assault or agues was NOT their fault. Now my child believes this....	A lot less	A little less	About the same	A little more	A lot more	My child never thought this

Continue on the next page 

Is there anything else you want us to know?

To wrap up I just have a couple of simple questions...

What gender does your child identify as?

Female

Male

What race or ethnicity does your child identify as?

White

African American

Hispanic

Asian American

Native American

How long has your child come to this center for counseling?

1 time

2-4 times

5-10 times

more than 10 times

Has your child been assaulted or abused...

One time or

More than one time

I don't know

How long ago did the assault/abuse happen?

_____ weeks ago

_____ months ago

_____ years ago

Thank you for helping us. Do you have any questions for me?

Healing Voices Project

Family/Friend Survey

non-KASAP _____

Healing from assault or abuse can be hard for both survivors and their family and friends. Counseling and crisis centers are here to help. We want to hear from family and friends about what it is like to receive counseling or crisis support. Hearing from people who care about survivors will help them make things better for all survivors in our community and throughout Kentucky.

If you want to share your experiences, simply complete this short questionnaire.

Your name will not be written anywhere on this paper.

You can skip any question you don't want to answer.

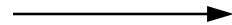
Your counselor or advocate will not see your individual answers.

Your answers will be sent to the Kentucky Association of Sexual Assault Programs where no one will know who you are.

If you do not want to share your experiences, you can recycle this. If you answer some of the questions and then change your mind you can stop taking the questionnaire. You can still receive help from this center even if you do not answer these questions.

When people come to a counseling or crisis center they can feel many different ways. We want to hear about what it is like for you to come to this center. **Please tell us how often the following things happen when you come to our center.**

The people who work here are respectful.	Never	Sometimes	Usually	Always
When I have something to say, the people who work here listen to me.	Never	Sometimes	Usually	Always
When I need to make decisions, the people who work here think my opinion is important.	Never	Sometimes	Usually	Always
When I talk about what happened to my family or friend, the people who work here believe me.	Never	Sometimes	Usually	Always
When I need help, someone here tries to help me.	Never	Sometimes	Usually	Always
When I come here I feel safe.	Never	Sometimes	Usually	Always
When I am upset and I talk with someone who works here they support me.	Never	Sometimes	Usually	Always
The suggestions people here give to me are useful.	Never	Sometimes	Usually	Always
When I tell people here about private things, they respect my privacy.	Never	Sometimes	Usually	Always

Please Turn Page Over 

Family and friends also have their own thoughts and feelings about what happened. Everyone reacts differently. Your feelings and thoughts may change over time. **Please tell us what has changed for you since you came to or called our center. Circle your answer.**

I feel emotionally drained.	A lot less	A little less	About the same	A little more	A lot more	I never felt this way.
I feel helpless.	A lot less	A little less	About the same	A little more	A lot more	I never felt this way
I feel like what happened was my fault.	A lot less	A little less	About the same	A little more	A lot more	I never felt this way
I want to get revenge.	A lot less	A little less	About the same	A little more	A lot more	I never felt this way
I feel unsafe.	A lot less	A little less	About the same	A little more	A lot more	I never felt this way
I think if only I had done something different I could have stopped the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	I never thought this

Family and friends sometimes are not sure what to think or do after their family or friend is assaulted or abused. Your thoughts may change over time. **Please tell us what has changed for you since you came to or called our center. Circle your answer.**

I believe my family or friend can recover from the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	I never believed this
I think the assault or abuse was not their fault.	A lot less	A little less	About the same	A little more	A lot more	I never thought this
I can comfort them when they are upset about the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	I never did this
I let them make their own decisions.	A lot less	A little less	About the same	A little more	A lot more	I never did this
I can listen when they want to talk about the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	I never did this

Is there anything else you want us to know?

I identify as...

Female
Male

White
African American
Hispanic
Asian American
Native American

I have come to this center for counseling...

1 time
2-4 times
5-10 times
more than 10 times

I am getting support because my _____ was assaulted or abused

Child
Spouse
Girlfriend or Boyfriend
Friend
Other: _____

Thank you for helping us.

Healing Voices Project

Family/FriendSurvey

non-KASAP _____

****ORAL VERSION****

**Make sure you are in a private, comfortable location.
Introduce yourself to the client.**

Read the instructions and questions word-for-word.

**Circle the client's answer.
If the client wants to explain their answer,
take notes in the margins**

Healing from assault or abuse can be hard for both survivors and their family and friends. Counseling and crisis centers are here to help. We want to hear from family and friends about what it is like to receive counseling or crisis support. Hearing from people who care about survivors will help them make things better for all survivors in our community and throughout Kentucky.

If you want to share your experiences, I will read the questions to you and write down your answers.

Your name will not be written anywhere on this paper.

If you don't want to answer a question, tell me and we will skip it.


Your counselor or advocate will not see your individual answers.

Your answers will be sent to the Kentucky Association of Sexual Assault Programs where no one will know who you are.

If you do not want to share your experiences, tell me and we will stop now. If you answer some of the questions and then change your mind you can stop taking the questionnaire. You can still receive help from this center even if you do not answer these questions.

Do you want to take the questionnaire? {pause for answer} Are you ready to start? {pause for answer}


There are three main groups of questions and then a few simple questions at the very end.

Continue on the next page 

The first set of questions is about what it is like to come to this center. When people come to a counseling or crisis center they can feel many different ways. We want to hear about what it is like for you to come to this center. I will read nine questions. Please tell me how often each of these things happen. {Hand the client Response Card #1}. These are the answers for these questions: Never, Sometimes, Usually, and Always.

{When you read the question, follow it by restating the possible answers. For example, “The people who work here are respectful. Is this true never, sometimes, usually, or always?” Once the client is comfortable with the answers you can stop restating them.}

The people who work here are respectful.	Never	Sometimes	Usually	Always
When I have something to say, the people who work here listen to me.	Never	Sometimes	Usually	Always
When I need to make decisions, the people who work here think my opinion is important.	Never	Sometimes	Usually	Always
When I talk about what has happened in my life, the people who work here believe me.	Never	Sometimes	Usually	Always
When I need help, someone here tries to help me.	Never	Sometimes	Usually	Always
When I come here I feel safe.	Never	Sometimes	Usually	Always
When I am upset the people who work here support me.	Never	Sometimes	Usually	Always
The suggestions people here give to me are useful.	Never	Sometimes	Usually	Always
When I tell people here about private things, they respect my privacy.	Never	Sometimes	Usually	Always

Continue on the next page 

Thank you for telling me about your experiences here at the center. The next set of questions is about how you may be feeling.

Family and friends also have their own thoughts and feelings about what happened. Everyone reacts differently. Your feelings and thoughts may change over time. I will read you five thoughts or feelings you might have. Please tell me how what you think or feel now compares with what you thought or felt when you first came to our center for counseling. {Hand the client Response Card #3} These are the answers for these questions: A lot less, A little less, About the same, A little more, A lot more, or I never felt this way.

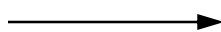
{When you read the question, follow it by restating the possible answers. Once the client is comfortable with the answers you can stop restating them.}

I feel emotionally drained.	A lot less	A little less	About the same	A little more	A lot more	I never felt this way.
I feel helpless.	A lot less	A little less	About the same	A little more	A lot more	I never felt this way
I feel like what happened was my fault.	A lot less	A little less	About the same	A little more	A lot more	I never felt this way
I want to get revenge.	A lot less	A little less	About the same	A little more	A lot more	I never felt this way
I feel unsafe.	A lot less	A little less	About the same	A little more	A lot more	I never felt this way
I think if only I had done something different I could have stopped the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	I never thought this

Thank you for telling me about those feelings. I have one last set of questions.

Family and friends sometimes are not sure what to think or do after their family or friend is assaulted or abused. Your thoughts may change over time. I will read you five things you might think about the assault. Please tell me how what you think now compares with what you thought when you first came to our center for counseling. We will use the same answers as we did for the last questions.

I believe my family or friend can recover from the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	I never believed this
I think the assault or abuse was not their fault.	A lot less	A little less	About the same	A little more	A lot more	I never thought this
I can comfort them when they are upset about the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	I never did this
I can help them make their own decisions.	A lot less	A little less	About the same	A little more	A lot more	I never did this
I can listen when they want to talk about the assault or abuse.	A lot less	A little less	About the same	A little more	A lot more	I never did this

Continue on the next page 

Is there anything else you want us to know?

To wrap up I just have a couple of simple questions...

What gender do you identify as?

Female

Male

What race or ethnicity do you identify as?

White

African American

Hispanic

Asian American

Native American

How long have you come to this center for counseling?

1 time

2-4 times

5-10 times

more than 10 times

You are getting support because your _____ was assaulted or abused

Child

Spouse

Girlfriend or boyfriend

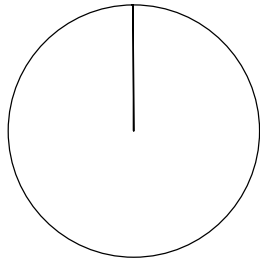
Friend

Other: _____

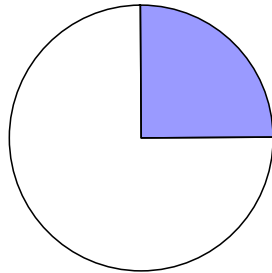
Thank you for helping us. Do you have any questions for me?

Response Card #1

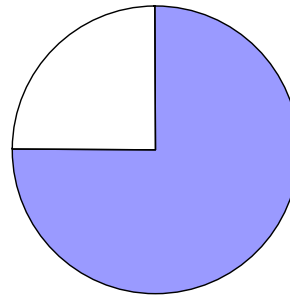
Never



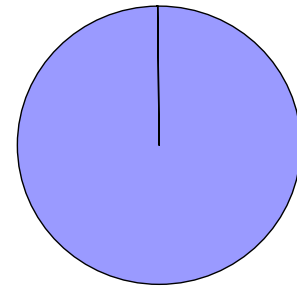
Sometimes



Usually

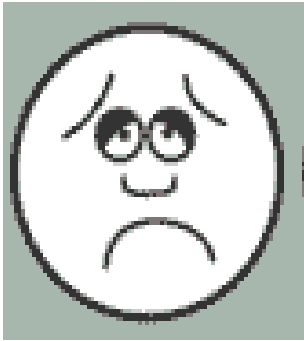


Always

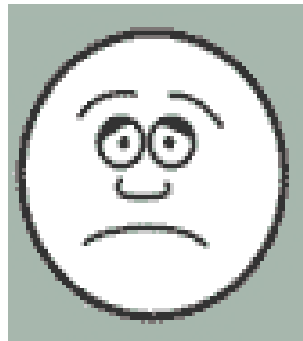


Response Card #2

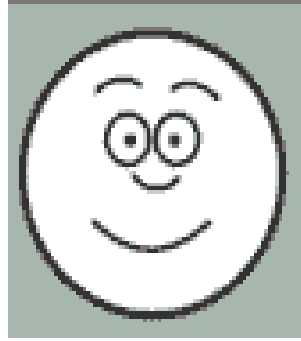
**A lot
worse**



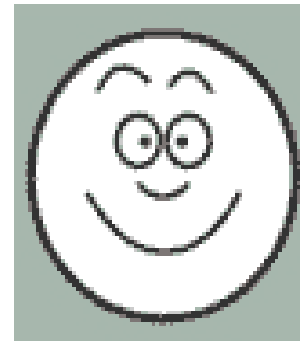
**A little
worse**



**A little
better**



**A lot
better**



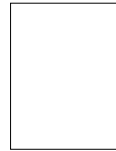
Never

Response Card #3

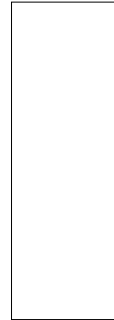
**A lot
less**



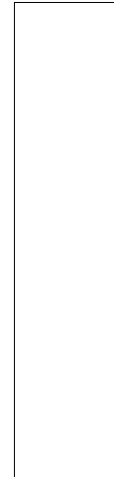
**A little
less**



**A little
more**



**A lot
more**



Never

Optional Clinical Measures

1. Rape Attributions Questionnaire
2. Brief COPE (coping strategies)
3. Posttraumatic Distress Scale
4. CESD-10 (depressive symptoms)
5. Social Reactions Questionnaire

RAPE ATTRIBUTION QUESTIONNAIRE

Developed by:	Patricia Frazier, University of Minnesota
Reference:	Frazier, P. (2003). Perceived control and distress following sexual assault: A longitudinal test of a new model. <i>Journal of Personality and Social Psychology</i> , 84, 1257-1269.
Purpose:	Measure what survivors attribute the causes of the assault to based on their thoughts in the past month
Suggested Uses:	Assessment of individual survivors' experiences Assessment of intervention/training needs in community Track change in attributions over time
Subscales:	Characterological self-blame: items 3, 8, 13, 18, , 23 Behavioral self-blame: items 2, 7, 12, 17, 22 Society blame: items 1, 6, 11, 16, 21 Rapist blame: items 5, 10, 15, 20, 25 Chance: items: 4, 9, 14, 19, 24
Scoring:	For each subscale calculate a mean (average) score
Analysis:	Examine the mean scores for descriptive purposes and to identify potential training/education needs in the community to prevent secondary victimization Calculate mean, median, mode and standard deviation to get a sense of how much variability there is in survivors' experiences If you have demographic data (e.g., gender, age, ethnicity, type of assault) you can calculate correlations and chi-squared analyses to identify if there are significant differences between groups of survivors If you administer the survey repeatedly over time (for example at the beginning, middle and end of counseling or a time-limited support group) <u>and match the surveys for each participant</u> , you can analyze to see if there are significant changes over time using paired samples t-tests or repeated measures ANOVAs Mean scores can be used as predictor variables in regression analyses and/or as correlates with other variables

Notes:

This measure is not gender neutral. It presumes female survivors and male perpetrators. While you may edit it to be gender neutral, be aware that the reliability and validity of the measure are based on the items as written and cannot be assumed to be the same for edited versions.

When people think about being assaulted they can feel many different ways. Although we do not think a sexual assault is ever the survivor's fault, we realize that many survivors do at some time think this way. Below are statements describing thoughts survivors may have. We realize that your thoughts about your experience may change over time. Please circle the number that indicates how much you have agreed with each statement in the past 30 days.

**In the past 30 days, how much have you thought:
I was assaulted because...**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Society doesn't do enough to prevent violence against women	1	2	3	4	5
2. I used poor judgment	1	2	3	4	5
3. I am just the victim type	1	2	3	4	5
4. It was bad luck	1	2	3	4	5
5. The rapist thought he could get away with it	1	2	3	4	5
6. Men are taught not to respect women	1	2	3	4	5
7. I should have resisted more	1	2	3	4	5
8. I am a careless person	1	2	3	4	5
9. I was in the wrong place at the wrong time	1	2	3	4	5
10. The rapist wanted to feel power over someone	1	2	3	4	5
11. Men are socialized to be violent	1	2	3	4	5
12. I should have been more cautious	1	2	3	4	5
13. Things like this happen to people like me	1	2	3	4	5
14. Things like this happen at random	1	2	3	4	5
15. The rapist was sick	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
16. In our society, women are just sex objects	1	2	3	4	5
17. I just put myself in a vulnerable situation	1	2	3	4	5
18. I am unlucky	1	2	3	4	5
19. I was a victim of chance	1	2	3	4	5
20. The rapist was angry at women	1	2	3	4	5
21. The media encourages violence against women	1	2	3	4	5
22. I didn't do enough to protect myself	1	2	3	4	5
23. I am too trusting	1	2	3	4	5
24. Bad things like this are just a part of life	1	2	3	4	5
25. The rapist wanted to hurt someone	1	2	3	4	5

26. To what extent was the assault caused by something you could have controlled?

1	2	3	4	5
Completely out of my control				Completely under my control

27. To what extent do you have control over your recovery process?

1	2	3	4	5
Completely out of my control				Completely under my control

BRIEF COPING ORIENTATIONS TO PROBLEMS EXPERIENCED SCALE (COPE)

Reference:	Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. <i>Journal of Personality and Social Psychology</i> , 56, 267-283.
Purpose:	Measure general coping strategies
Suggested Uses:	Assessment of individual survivors' experiences Track change in coping skills over time
Subscales:	Active Coping: items 2, 7, 14, 25 Emotional Support: items 5, 9, 15, 21 Instrumental Support: items 10, 23 Acceptance: items 12, 17, 20, 24 Religious coping: items 22, 27 Self-Blame: items 13, 26 Denial and Behavioral Disengagement: items 1, 3, 6, 8, 16, 18, 19, 28 Alcohol and Drug Disengagement: items 4, 11
Scoring:	For each subscale calculate a mean (average) score To simplify the data you can also combine the subscales into two categories: Approach Coping (Active Coping, Emotional Support, Instrumental Support, Acceptance, and Religious Coping) and Avoidance Coping (Self-Blame, Denial and Behavioral Disengagement, and Alcohol and Drug Disengagement)
Analysis:	Examine the mean scores for descriptive purposes Calculate mean, median, mode and standard deviation to get a sense of how much variability there is in survivors' experiences If you have demographic data (e.g., gender, age, ethnicity, type of assault) you can calculate correlations and chi-squared analyses to identify if there are significant differences between groups of survivors If you administer the survey repeatedly over time (for example at the beginning, middle and end of counseling or a time-limited support group) <u>and</u>

match the surveys for each participant, you can analyze to see if there are significant changes over time using paired samples t-tests or repeated measures ANOVAs

Mean scores can be used as predictor variables in regression analyses and/or as correlates with other variables

After a traumatic event people react in many different ways. We realize that your reactions may change over time. Please think about how you have reacted to the assault in the past 30 days. Please circle the number that indicates how much you did each of the following things.

In the past 30 days...

	I did not do this at all	I did this a little bit	I did this a medium amount	I did this a lot
1. I turned to work or other activities to take my mind off things	1	2	3	4
2. I concentrated my efforts on doing something about the situation I'm in	1	2	3	4
3. I said to myself "this isn't real"	1	2	3	4
4. I used alcohol or other drugs to make myself feel better	1	2	3	4
5. I got emotional support from others	1	2	3	4
6. I gave up trying to deal with it	1	2	3	4
7. I took action to try to make the situation better	1	2	3	4
8. I refused to believe that it happened	1	2	3	4
9. I said things to let my unpleasant feelings escape	1	2	3	4
10. I got help and advice from other people	1	2	3	4
11. I used alcohol or other drugs to help me get through it	1	2	3	4
12. I tried to see it in a different light, to make it seem more positive	1	2	3	4
13. I criticized myself	1	2	3	4
14. I tried to come up with a strategy about what to do	1	2	3	4

	I did not do this at all	I did this a little bit	I did this a medium amount	I did this a lot
15. I got comfort and understanding from someone	1	2	3	4
16. I gave up the attempt to cope	1	2	3	4
17. I looked for something good in what was happening	1	2	3	4
18. I made jokes about it	1	2	3	4
19. I did something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping	1	2	3	4
20. I accepted the reality of the fact that it happened	1	2	3	4
21. I expressed my negative feelings	1	2	3	4
22. I tried to find comfort in my religion or spiritual beliefs	1	2	3	4
23. I tried to get advice or help from other people about what to do	1	2	3	4
24. I learned to live with it	1	2	3	4
25. I thought hard about what steps to take	1	2	3	4
26. I blamed myself for things that happened	1	2	3	4
27. I prayed or meditated	1	2	3	4
28. I made fun of the situation	1	2	3	4

POSTTRAUMATIC STRESS DIAGNOSTIC SCALE

Developed by:	Edna Foa & David Riggs, University of Pennsylvania
Reference:	Foa, E. B., Cashman, L., Jaycox, L., & Perry, K. (1997). The validation of a self-report measure of PTSD: The Posttraumatic Stress Diagnostic Scale. <i>Psychological Assessment</i> , 9, 455-461.
Purpose:	Measure frequency of PTSD symptoms
Suggested Uses:	Assessment of individual survivors' experiences Track change in symptoms over time
Subscales:	Avoidance/Numbing: items Physiological Arousal: items Re-Experiencing/Intrusion: items
Scoring:	For each subscale calculate a mean (average) score
Analysis:	Examine the mean scores for descriptive purposes Calculate mean, median, mode and standard deviation to get a sense of how much variability there is in survivors' experiences If you have demographic data (e.g., gender, age, ethnicity, type of assault) you can calculate correlations and chi-squared analyses to identify if there are significant differences between groups of survivors If you administer the survey repeatedly over time (for example at the beginning, middle and end of counseling or a time-limited support group) <u>and match the surveys for each participant</u> , you can analyze to see if there are significant changes over time using paired samples t-tests or repeated measures ANOVAs Mean scores can be used as predictor or outcome variables in regression analyses and/or as correlates with other variables

After a traumatic event people react in many different ways. We realize that your reactions may change over time. Please think about what you have experienced in the past 30 days. Please circle the number that indicates how much you experienced each of the following things.

In the past 30 days, how often have you experienced...

	Never or only one time	Once in a while	Half the time	Almost always
1. Having upsetting thoughts or images about this experience that came into your head when you didn't want them to	1	2	3	4
2. Having bad dreams or nightmares about this experience	1	2	3	4
3. Reliving this experience, acting or feeling as if it was happening again	1	2	3	4
4. Feeling emotionally upset when you were reminded of this experience (for example feeling scared, angry, sad, guilty, etc.)	1	2	3	4
5. Experiencing physical reactions when you were reminded of the experience (for example breaking out in a sweat, heart beating fast, etc.)	1	2	3	4
6. Trying not to think about , talk about, or have feelings about the experience	1	2	3	4
7. Trying to avoid activities, people, or places that remind you of the experience	1	2	3	4
8. Not being able to remember an important part of the experience	1	2	3	4
9. Having much less interest or participating much less often in important activities	1	2	3	4
10. Feeling distant or cut off from people around you	1	2	3	4
	Never or only one time	Once in a while	Half the time	Almost always

11. Feeling emotionally numb (for example being unable to cry or unable to have loving feelings, etc.)	1	2	3	4
12. Feeling as if your future plans or hopes will not come true (for example you will not have a career, marriage, children, or a long life)	1	2	3	4
13. Having trouble falling or staying asleep	1	2	3	4
14. Feeling irritable or having fits of anger	1	2	3	4
15. Having trouble concentrating (for example drifting in and out of conversations, losing track of a story on television, forgetting what you read, etc.)	1	2	3	4
16. Being overly alert (for example checking to see who is around you, being uncomfortable with your back to a door, etc.)	1	2	3	4
17. Being jumpy or easily startled (for example when someone walks up behind you, etc.)	1	2	3	4

CESD-10

Developed by:	Center for Epidemiologic Studies
Reference:	Andresen, E. M., Carter, W. B., Malmgren, J. A., & Patrick, D. L. (1994). Screening for depression in well older adults: Evaluation of a short form of the CES-D. <i>American Journal of Preventive Medicine, 10</i> , 77-83.
Purpose:	Measure frequency of depression symptoms
Suggested Uses:	Assessment of individual survivors' experiences Track change in symptoms over time
Scoring:	Reverse code items 5 & 8 (i.e., change the scores so that a high number indicates more depressive symptoms and a lower number indicates fewer depressive symptoms) Calculate a mean (average) score
Analysis:	Examine the mean score for descriptive purposes Calculate mean, median, mode and standard deviation to get a sense of how much variability there is in survivors' experiences If you have demographic data (e.g., gender, age, ethnicity, type of assault) you can calculate correlations and chi-squared analyses to identify if there are significant differences between groups of survivors If you administer the survey repeatedly over time (for example at the beginning, middle and end of counseling or a time-limited support group) <u>and match the surveys for each participant</u> , you can analyze to see if there are significant changes over time using paired samples t-tests or repeated measures ANOVAs Mean scores can be used as predictor or outcome variables in regression analyses and/or as correlates with other variables

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week

During the past week...

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me	1	2	3	4
2. I had trouble keeping my mind on what I was doing	1	2	3	4
3. I felt depressed	1	2	3	4
4. I felt that everything I did was an effort	1	2	3	4
5. I felt hopeful about the future	1	2	3	4
6. I felt fearful	1	2	3	4
7. My sleep was restless	1	2	3	4
8. I was happy	1	2	3	4
9. I felt lonely	1	2	3	4
10. I could not "get going"	1	2	3	4

SOCIAL REACTIONS QUESTIONNAIRE

Developed by:	Sarah Ullman, University of Illinois at Chicago
Reference:	Ullman, S. E. (2000). Psychometric characteristics of the Social Reactions Questionnaire. <i>Psychology of Women Quarterly</i> , 24, 257-271.
Purpose:	Measure the positive and negative reactions survivors receive after they disclose a sexual assault
Suggested Uses:	Assessment of individual survivors' experiences Assessment of intervention/training needs in community
Subscales:	Emotional Support/Belief: items 1, 6, 7, 9, 14, 15, 22, 23, 30, 31, 38, 39, 40, 41, 46, 47 Tangible Aid/Information Support: items 8, 16, 24, 32, 48 Treat Differently: items 2, 10, 18, 26, 42, 44 Distraction: items 5, 13, 21, 29, 37, 45 Take Control: items 4, 11, 19, 27, 34, 35, 43 Victim Blame: items 17, 25, 33, Egocentric Reactions: items 3, 12, 20, 28, 36 Data can also be simplified by combining the items into only two subscales: positive social reactions (Emotional Support/Belief and Tangible Aid/Information Support) and negative social reactions (Treat Differently, Distraction, Take Control, Victim Blame, and Egocentric Reactions)
Scoring:	For each subscale calculate a mean (average) score
Analysis:	Examine the mean scores for descriptive purposes and to identify potential training/education needs in the community to prevent secondary victimization Calculate mean, median, mode and standard deviation to get a sense of how much variability there is in survivors' experiences If you have demographic data (e.g., gender, age, ethnicity, type of assault) you can calculate correlations and chi-squared analyses to identify if there are significant differences between groups of survivors Mean scores can be used as predictor variables in regression analyses and/or as correlates with other variables

Note:

Due to the length of this measure, you may want to choose only the subscales that are the most relevant to your evaluation needs. However, be aware that choosing only negative or choosing only positive scales may present a distorted picture of survivors' experiences. It is common that survivors receive mixed reactions. Therefore, scoring high on the negative scales does not necessarily mean the survivor did not also receive positive social reactions. Similarly, scoring high on the positive scales does not necessarily mean the survivor did not also receive negative social reactions.

We would like to hear about how other people may have responded to you after you told them about being assaulted. The following is a list of behaviors that other people often show. Please indicate how often you experienced each of these responses by circling the number that goes with your answer.

People you told about the experience....

	Never	Rarely	Sometimes	Frequently	Always
1. Told you it was not your fault	0	1	2	3	4
2. Pulled away from you	0	1	2	3	4
3. Wanted to seek revenge on the perpetrator	0	1	2	3	4
4. Told others about your experience without your permission	0	1	2	3	4
5. Distracted you with other things	0	1	2	3	4
6. Comforted you by telling you it would be all right or by holding you	0	1	2	3	4
7. Told you he/she felt sorry for you	0	1	2	3	4
8. Helped you get medical care	0	1	2	3	4
9. Told you that you were not to blame	0	1	2	3	4
10. Treated you differently in some way than before you told him/her and that made you uncomfortable	0	1	2	3	4
11. Tried to take control of what you did or decisions you made	0	1	2	3	4

	Never	Rarely	Sometimes	Frequently	Always
12. Focused on his/her own needs and neglected yours	0	1	2	3	4
13. Told you to go on with your life	0	1	2	3	4
14. Held you or told you that you are loved	0	1	2	3	4
15. Reassured you that you are a good person	0	1	2	3	4
16. Encouraged you to seek counseling	0	1	2	3	4
17. Told you that you were to blame or shameful because of this experience	0	1	2	3	4
18. Avoided talking to you or spending time with you	0	1	2	3	4
19. Made decisions or did things for you	0	1	2	3	4
20. Said he/she feels personally wronged by your experience	0	1	2	3	4
21. Told you to stop thinking about it	0	1	2	3	4
22. Listened to your feelings	0	1	2	3	4
23. Saw your side of things and did not make judgments	0	1	2	3	4
24. Helped you get information of any kind about coping with the experience	0	1	2	3	4
25. Told you that you could have done more to prevent this experience from occurring	0	1	2	3	4

	Never	Rarely	Sometimes	Frequently	Always
26. Acted as if you were damaged goods or somehow different now	0	1	2	3	4
27. Treated you as if you were a child or somehow incompetent	0	1	2	3	4
28. Expressed so much anger at the perpetrator that you had to calm him/her down	0	1	2	3	4
29. Told you to stop talking about it	0	1	2	3	4
30. Showed understanding of your experience	0	1	2	3	4
31. Reframed the experience as a clear case of victimization	0	1	2	3	4
32. Took you to the police	0	1	2	3	4
33. Told you that you were irresponsible or not cautious enough	0	1	2	3	4
34. Minimized the importance or seriousness of your experience	0	1	2	3	4
35. Said he/she knew how you felt when he/she really did not	0	1	2	3	4
36. Has been so upset that he/she needed reassurance from you	0	1	2	3	4
37. Tried to discourage you from talking about the experience	0	1	2	3	4
38. Shared his/her own experience with you	0	1	2	3	4

	Never	Rarely	Sometimes	Frequently	Always
39. Was able to really accept your account of your experience	0	1	2	3	4
40. Spent time with you	0	1	2	3	4
41. Told you that you did not do anything wrong	0	1	2	3	4
42. Made a joke or sarcastic comment about this type of experience	0	1	2	3	4
43. Made you feel like you didn't know how to take care of yourself	0	1	2	3	4
44. Said he/she feels you're tainted by this experience	0	1	2	3	4
45. Encouraged you to keep the experience a secret	0	1	2	3	4
46. Seemed to understand how you were feeling	0	1	2	3	4
47. Believed your account of what happened	0	1	2	3	4
48. Provided information and discussed options	0	1	2	3	4