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DAP's Program Evaluation Forms Packet

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Brief Description:

Follow-up evaluation forms for victim/survivor group program, batterer's group program and group program for children of battered women. Also includes closing summary form for the counselor or therapist to fill out when client has finished services at DAP.

Keywords:

Evaluation forms, group services, Victim/Survivor, Batterer,

children

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Program Evaluation Forms Packet Domestic Abuse Project, Inc.

Includes:

Victim/Survivor Closing Sumary Form Abuser Closing Summary Form Victim/Survivor Follow-Up Interview Schedule Abuser Follow-Up Interview Schedule Children's Follow-Up Form

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CLOSING SUMMARY FORM: VICTIM/SURVIVOR

Cli	Client Name Partner's Name Person Closing Case			Client Number			
Par				Client Number			
Per				(if involved in program)			
1.	Dai Dai Dai Dai	te of Intake te of completion of group te of last in-person contac te of Closing mary Therapist					
2.	Whe	ere was client in the treat	ment sequ	ence at time of last contact? Enter #			
. •	1. 2.	Intake Women's Group	3. 4.	Individual Other			
3.	Rea	son for Termination:	Enter	#			
	2. 3.	No-Show Drop Out Clinician Terminated.	4. 5. 6.	p10000			
4.	What	services did the client re	ceive?				
	Couple Parent Indivirual Famil Composther	Women's Group les Sessions sting Group dual Counseling y Session (w/Children) leter Group	yes yes yes yes yes yes yes	no no no no no no no			
		er involvement: artner involved at DAP?	yes	no			
	Was th	e client ever referred out	for servi	ces other than DAP?			
1	CD Ass Individ	sessment ual Counseling Counseling	yes yes yes	no no no			
) (Group	Counseling please specify:	yes yes	no			

Closing Summary Form: Victim/Survivor

6.	Since the time the victim/survivor entered group, how many viole reported by the abuser or partner? (Write in the number of incide							e beer	
	(restricte		novement, in	tentionally reatened to hit,		TOWAF PARTN			
				klessly, etc.)	E	nter #	-		
	or wrestl physically	ed, slapped, y forced sex, onscious, thro	omething at one choked or stone punched, but the catened with	rned,		nter #			
7.	Since the violence t	time the vi coward child	ctim/survivo ren by abusen	r entered group, r been reported?	, have ANY t	hreats or ac		ysical	
	THREATS	OF VIOLEN	ICE TOWAR	D CHILDREN	yes	no			
	PHYSICA	L VIOLENCE	E TOWARD (CHILDREN	yes	€no			
8.	Clinician	estimate of :	success in pr	ogram (Enter a r	number from	below on eac	h line):		
	Scale:	1 POOR	2 FAIR	3 AVERAGE	4 GOOD	EXCELL.	5 ENT	9 N/A	
	B. Ability C. Improve (e.g D. Level of prove E. Use of g	to recognize ement in atti disowns rest group partividing and re group membe	cues to viol itudes that le sponsibility f icipation (e.g ceiving feedl ers for suppon	nd protect self frence. ead to self-prote or violence). c. extent of parti back, taking risk rt outside of growitnessing violence	ction cipation, s, etc.) up.				
9.	Since the s	Since the start of group, has client:							
	B. Used a legal advocate? C. Received an Order for Protection since start of group? D. Called the police since intake? yes relationship of the police since intake?						no_ no_ no_ no_ no_		
10.	Social Isolat	tion Scale: C	Clinician's est	cimate of social	isolation	Enter #			
closuv	 Some con Good supplement 	tact with pe	ople outside	outside immedi family; some en tside family for o	notional suppo				

CLOSING SUMMARY FORM: ABUSER

C	lient Na	me	· · · · · · · · · · · · · · · · · · ·		Client Number
Pa	artner's	Name			
Pε	erson Clo	osing Case			
1.	Dat Dat Dat	te of Intake te of Completion of group te of last in-person contact te of Closing therapist			
2.	Whe	re was client in the treat	ment sequen	ce at time	e of last contact? Enter #
	1.	Intake		3.	Individual
	2.	Men's Group		4.	Other
		-			
3.	Reas	son for termination:			Enter #
	1.	No Show		4.	Referred to more appropriate resource
	2.	Drop Out		5.	- Proposition
	3.	Clinician terminated. F	Reason:	6.	Other. Please specify:
4.	What	services did the client re	ceive?		
	Intake	۵	**OC		Number of sessions
		Men's Group	yes yes	no	
		es Sessions	yes	no	
	Paren	ting Group	yes	no	
		dual Counseling	yes	no	
	-	y Session (w/Children)	yes	no	
	Other		yes	no	
	Partne	er involvement:			
		artner involved at DAP?	yes	no	<u></u>
5.	Was th	ne client ever referred out	for services	other tha	an DAP?
	CD As	sessment	yes	no	
		ual Counseling	yes	no no	
		Counseling	yes	no	
	Group	Counseling	yes	no	 -
	Other,	please specify:	yes	no	

Closing Summary Form: Abuser

				nts.)	TOWARD	
					PARTNER	
	TS OF VIOLE					
	ted physical : ted sleeping		reatened to hit,			
	_		cklessly, etc.)	Er	iter #	
TWO TEN	·OF					
VIOLEN (threw s	CE omething at	other nuche	d restrained			
	led, slapped,					
	ly forced sex		•			
	conscious, thr	reatened with	n or used	.	. 4	
weapon,	elc./			£n	ter #	
Since the children	e time the all by the abuse	buser entered r been repor	d group, have AN ted? (Use definit	IY threats or ions above)	actual physical violer	ice towa
THREAT	S OF VIOLE	NCE TOWAR	D CHILDREN	yes	no	
PHYSICA	AL VIOLENC	F TOWARD	CHII DREN	yes	no	
				,		
Clininin	:		(D			
Cimician	estimate of	success in pr	ogram (Enter a r	number from b	elow on line at right,):
Scale:	1	2	3	4	5	9
	POOR	FAIR	AVERAGE	GOOD	EXCELLENT	N/A
A A 1 .1.	to be non-v	iolent at this	s time.			
A. Admity			violence at this			
B. Ability		e cues to vio	lence and takes s	teps to de-esc	calate	
B. AbilityC. Ability		-out appropri	otely			
B. Ability C. Ability D. Ability	to use time			(e.g accept		
B. Ability C. Ability D. Ability E. Improv res	to use time ement in att ponsibility fo	itudes that hor violence, d	elp end violence lecrease in sexist	attitudes)		
B. Ability C. Ability D. Ability E. Improv res F. Ability	to use time ement in att ponsibility for to recognize	itudes that hor violence, de and stop de	elp end violence lecrease in sexist structive self-tal	attitudes) k at this time		
B. Ability C. Ability D. Ability E. Improv res F. Ability G. Level of	to use time ement in att ponsibility for to recognize of group part	itudes that her violence, de and stop de icipation (e.g	elp end violence lecrease in sexist structive self-tal g. extent of parti	attitudes) k at this time		
B. Ability C. Ability D. Ability E. Improv res F. Ability G. Level o	to use time ement in att ponsibility for to recognize of group part	itudes that her violence, de and stop de icipation (e.g	elp end violence lecrease in sexist structive self-tal	attitudes) k at this time		
B. Ability C. Ability D. Ability E. Improv res F. Ability G. Level c and H. Ability	ement in att ponsibility for to recognize of group part to use self-coroup member	itudes that her violence, de and stop de icipation (e.gedback, takinontrol plan.	elp end violence lecrease in sexist structive self-tal g. extent of parti- ng risks, etc.) t outside of grou	attitudes) k at this time cipation, provi		
B. Ability C. Ability D. Ability E. Improv res F. Ability G. Level c and H. Ability	ement in att ponsibility for to recognize of group part to use self-coroup member	itudes that her violence, de and stop de icipation (e.gedback, takinontrol plan.	elp end violence lecrease in sexist structive self-tal g. extent of parti- ng risks, etc.)	attitudes) k at this time cipation, provi		
B. Ability C. Ability D. Ability E. Improv res F. Ability G. Level c and H. Ability I. Use of g J. Ability	ement in att ponsibility for to recognize of group part to use self-coup member to empathize	itudes that her violence, de and stop de icipation (e.g. edback, taking control plan. Its for suppor e with partne	elp end violence lecrease in sexist structive self-tal g. extent of parti- ng risks, etc.) t outside of grou	attitudes) k at this time cipation, provi	ding ————————————————————————————————————	
B. Ability C. Ability D. Ability E. Improv res F. Ability G. Level c and H. Ability I. Use of g J. Ability	ement in att ponsibility for to recognize of group part to use self-coroup member to empathize ation Scale: (itudes that her violence, de and stop de icipation (e.g. edback, taking control plan. Its for suppor e with partne Clinician's es	elp end violence lecrease in sexist structive self-tal structive self-tal end	attitudes) k at this time cipation, provi p. isolation Ente	ding ————————————————————————————————————	
B. Ability C. Ability D. Ability E. Improv res F. Ability G. Level c and H. Ability I. Use of g J. Ability Social Isola	ement in att ponsibility for to recognize of group part receiving featouse self-coroup member to empathize ation Scale: (k of contact	itudes that her violence, de and stop desicipation (e.g. edback, taking control planters for support with partners with people with people	elp end violence lecrease in sexist structive self-tal c. extent of parting risks, etc.) t outside of group's point of view	attitudes) k at this time cipation, provi p. isolation Ente	ding	

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8.

DOMESTIC ABUSE PROJECT VICTIM/SURVIVOR'S FOLLOW-UP INTERVIEW SCHEDULE

	CLIENT#	<u></u>	<u> </u>				
	CLIENT NA	ME	<u>.</u>			·	
	TELEPHONE	Ξ# H)		W)			
		NAME	YES NO_	·			
	TELEPHONE		H)			_ 	
	INTERVIEWE	ER CONTACT	NOTES:				
	DATE	TIME	REMARKS	DATE	TIME	REMARKS	
						ć	
						er Gr	
	IF INTERVIEV	W WAS NOT (COMPLETED, WH	HAT WAS THE	REASON?		
						· · · · · · · · · · · · · · · · · · ·	-
	INTERVIEWER	રઃ		DATE:			
) I	What we're doir OK with you ar program and how ou left the Dor	ng is trying to e nd IF you have w you're doing mestic Abuse P	representing the valuate the prograte the time, is to as young. I would like to roject. The informated by the law), ar	m you went throu ou a few questio o ask you some qu ation you give m	igh, and what ns about your estions about y e will be conf	I would do, IF it impressions of the our situation since idential (except i	's ie e

1.	What	is your relation	onship now to t	he partner wh	o was abusive? (C	heck one)
		 Married Separated Divorced Widowed No Relation 				
2.			contact with y		since you left. DA	P? (CONTACT
				Yes	No	
	IF YES	: What type a	nd how often:_			
				·		
3.	Have y	ou used your p	protection plan	since leaving	DAP?	
,				Yes	No No need	_
4.		ent, how likel ? (Circle one		can identify	the cues leading to	o a violent
	1	2	3	4	5	
	Not	Slightly	Moderately Likely	Strongly	Extremely	
5.	If cues one)	occurred, how	likely is it tha	t you would u	se your protection	plan? (Circle
	1	2	3	4	5	
	Not	Slightly	Moderately	Strongly	Extremely	
	Likely	Likely	Likely	Likely	Likely	

6.	Since leav	ing DAP, have	you:					
		t the house and en you were fee		ere	Yes	. No	. No need	
	b. Gor	ne to a shelter	or safe house?		Yes	No	No need	
	c. Cal	led the police?			Yes	No	No need	
	d. Pres assa	ss charges agai ult?	nst partner for		Yes	No	No need	
•	e. Rec	eived an order	for protection	?	Yes	No	No need	
		sed charges for r for protection		.n	Yes	No	No need	
	_	ded medical tre nce?	eatment becaus	se of	Yes	No	No need	
7.	outside	ould you compa your immediat Circle one) 2		as compare	d to wher			
	Much	Somewhat	About the	Somewha	at Mi	nch		
	less	less	same	more	mo	ore		
8.		receiving, or hald dependency t				es 1	10	
9.	. Do you have children living with you in your home? Yes No						lo	
CHIL	DREN'S P	ROGRAM QUE	STIONNAIRE					
10.	Has your	child(ren) atte	ended DAP's C	hildren's Pr	_	s N	o	
		USE CHILD AI CONTINUE TO		IONNAIRE	NOW)			
		C	ONTINUED O	NEXT PA	AGE			

11.	Has there been any physical violence against you since you left DAP?	Yes	No
12.	IF CHILDREN, STATE: I am going to ask you about ar children. I am mandated by the law to report this reported.		
	Since leaving DAP, have you hit, slapped, or otherwise physically abused any children in the family?		No
	IF YES:		
	Has this abuse been reported to Child Protection?	Yes	No
	Date of report to CPS: //		
	Name of worker: Agency:		
	(IF NOT REPORTED, RECORD INJURIES HERE AND	REPORT	TO CPS:
	Nature of injury:		·

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,

VICTIM/SURVIVOR FOLLOW-UP FEEDBACK TO THERAPIST FORM

The	rapist name:		
of the court been with requ	his part, I'll ask you if you'd likenselor the information on these n helpful or not helpful. We can n your name. If you do not wan	e me to put your name e last questions to he an give your counselor at your counselor to s see the answers to an	ight about the program. At the end e on this part or not. We give your elp your counselor know what has this information anonymously or see this at all, we will honor that by of the other questions-those are
13.	Do you feel that you have c If yes, how would you say th		ne DAP? Yes No since you started the program?
14.	What would you identify as t		experience during the program in en from violence?
15.	What would you identify as th that you are not responsible		perience in helping you to realize plent behavior?
16.	What would you identify as th	ne LEAST HELPFUL	experience during the program?
17.	Do you have any suggestions	as to how the program	m'could be improved?
18.	All things considered, how wo	uld you rate the Dom	estic Abuse Project?
Р	1 2 Poor Fair	3 Good	Excellent

CONTINUED ON BACKSIDE

Do you feel in need of su	pport or counseling now? Yes No (IF YES, provide information on aftercare group
Do you have any commen Abuse Project?	ts you'd like to make to those in charge of the Do

THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION

VICTIMFO.TFM 9/17/93

DOMESTIC ABUSE PROJECT ABUSER'S FOLLOW-UP INTERVIEW SCHEDULE

CLIENT#	·				
CLIENT I	NAME				
TELEPHO	NE # H		W)		
PARTNEI IS PARTN	RS NAME IER A CLIEN	T? YES NO_			
TELEPHO	NE:	H)	W)		
INTERVIE	WER CONTA	CT NOTES:			
<u>DATE</u>	TIME	<u>REMARKS</u>	DATE	TIME	<u>REMARKS</u>
					(
IF INTERV ABUSER: _	IEW WAS NO	MPLETED, WITH W	HAT WAS THE	REASON?	
INTERVIEW	ER:		DATE:		
SCRIPT: Hel	lo, my name is	, representing th	ne Evaluation Un	it of the Dome	stic Abuse Project.
(TO VICTIM through, and questions abo partner's beha	/SURVIVOR). what I would ut your impres avior since he(s al (except in c	what we're doing is do, IF it's OK with y sions of the program. she) left the Domestic cases where reporting	trying to evaluat ou and IF you b I would like to as Abuse Project. T	e the program have the time, sk you some qu The informatio	your partner went is to as you a few estions about your n you give me will
would do, IF experiences in your behavior	it's OK with y the program a since you le	doing is trying to evalue on and IF you have the nd how you're doing not the Domestic Abuthere reporting is many	ne time, is to as ow. I would like se Project. The	you a few que to ask you son information	estions about your ne questions about you give me will

1.	(TO ABUSER:) What is (TO VICTIM/SURVIVOF abusive? (Check one)	your relationsl R:) What is you	ip now to the partner that you abused? relationship now to the partner who was
	1. Dating 2. Living with pa 3. Married 4 Separated 5. Divorced 6. Widowed 7. No Relationsh 8. Other	ip	
2.	Have you had any con (CONTACT INCLUDES I	tact with you IN PERSON, B	r partner since you (or s/he) left DAP? Y PHONE, BY MAIL)
		Yes	No (VICTIM/SURVIVOR, IF NO - GO TO #22)
	IF YES: What type and h		(FOR ABUSER, IF NO ABOVE - ANSWER THIS:)
			Do you have a new partner since leaving DAP?
			Yes No
			(IF YES-CONTINUE / IF NO-GO TO #6)
3. Sin	ce leaving DAP, have you (has your partn	er) been physically violent against:
	a) Current Partnerb) Other Partnersc) Childrend) Other family memberse) Friendsf) Other (specify)	Yes Yes Yes Yes Yes	No No <— If yes, remember to ask

•

4. Now I'm going to go through a list of behaviors that may have occurred with you and your partner. I would like you to try and remember how frequently each behavior occurred—and this is only since you (your partner) left DAP. The choices are:

1	2	3	4	5
Not at all	Rarely	Occasionally	Frequently	All the time
How frequently	did you (you pa	rtner):		
1) Discu	ss issues relativel	y calmly		
	ess feelings using I feel sad" or I fe			
	r more informati f jumping to con		-	
4) Try to	find a comprom	ise solution		
5) Listen	to your partner (you)		
6) Take y	our partner's (yo	ur) opinion into account	: <u></u>	
w	the room to calm hen you (he/she) im/herself) getti	felt yourself		
8) Scream	at or insult your	partner (you)		
9) Belittle	your partner (yo	u)		
10) Sulk o	r withdraw affec	tion		
11) Interru or	upt your partner's sleeping to bothe	s (your) eating r your partner (you)		
	ur partner (you) spend time with (, 	
	ly pressure your pare	partner (you)		
14) Physica	ally harm pets			
15) Physica	lly discipline chi	ldren		
harr	nreats to leave yo n children or tak e an affair, or wi	e them away,		
	n to hit or throw	something at		

37	Z	<u>ა</u>	4	<u>5</u>
Not at all	Rarely	Occasionally	Frequently	All the tim
How frequently	y did you (you pa	artner):		·
18) Thr	ow, hit, kick or s	smash objects		
19) Driv	ve recklessly to fr	righten your partner (you	u)	
20) Burn	n your partner (y	ou)		
21) Push	, grab, or shove	your partner (you)		
	or spank your pa vith an open hand			
23) Bite	or scratch your p	partner (you)		
24) Hit y	our partner (you) with something		
25) Physi th	ically force your ning she/he (you)	partner (you) to do some didn't want to do	e- 	<u> </u>
26) Physi	cally force your	partner (you) to have sex	·	<i>*</i> .
	n your partner (yo our (his/her) fist	ou) with		
28) Kick	your partner (you	٦)		
29) Direct wh	blows to your paren she was (you	artner's (your) stomach were) pregnant		
30) Throw	your partner (yo	ou) bodily		
31) Beat y	our partner (you)	unconscious		
32) Choke	or strangle your	partner (you)		
33) Threat gur	en your partner (n, or other weapo	you) with a knife, n		
34) Use a v	veapon against yo	our partner (you)		
	ng that hasn't bee			

CHILDREN'S PROGRAM EVALUATION Follow-Up Questionnaire

C	nene #	Date of interview.	'	IICEI VIEW	ed by.			
	EAD TO CLIENT) Using sagree with the following sagree with the following sagree with the following sagrees with the following sag					ongly y	ou agree	OI
	1 :	2	3	4	<u>1</u>			
	Strongly Disagree	Disagree	Agree	Stror Agr	ngly			
	w, I am going to ask yo ongly you agree or disa	_	=	en) and	ask yo	u to in	dicate ho	w
		5			(Circ	le one)		
AS	A RESULT OF DAP'S	PROGRAM, MY (CHILD(ren):	SD	D	Å	SA	
1.	Can acknowledge the in their family.	hat violence is an	issue	1	2	3	4	
2.	Can acknowledge the is not their fault.	nat violence in the	ir family	1	2	3	4	
3.	Feels better about h	nim or herself.		1	2	3	4	
4.	Has learned to bette	er protect him or l	herself.	1	2	3	4	
5.	Has learned non-viol solve problems.	lent ways of to		1	2	3	4	

(RETURN TO ADULT INTERVIEW FORM)

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	(IF YE	s Children's P ES, USE CHILI D, CONTINUE	rogram? O ADD-ON QUE		your child(rer Yes NOW)	No
7.		ny child prote v for any reas	ction agencies on?	involved with y	our Yes	No
	Back a physica	t the beginning	DREN IS REPORT of the interview and children. Has gency?	you mentioned		No
	Date: _	// Name of	worker:	Agency	:	
	MAND	ATED REPOR	TER AND RECO	ORD NATURE ORD NATURE BACK OF LAS	OF ABUSE ANI F PAGE #22 F	EQUIREMENT AS D INJURIES HERE
abu	SER SEC	TION ONLY				<u> </u>
8.	Have y	ou used your	control plan sin	ce leaving DA	P? Yes 1	No No need
9.	_	sent, how like t? (Circle one	ly is it that you	can identify t	he cues leadin	g to a violent
	1		?	4	5	•
		2				
	Not Likely	Slightly	Moderately Likely	Strongly	Extremely	
10.	Likely	Slightly Likely	Moderately Likely	Strongly Likely	Extremely Likely	olan? (Circle one)
10.	Likely	Slightly Likely occurred, how	Moderately Likely likely is it that	Strongly Likely	Extremely Likely your control p	olan? (Circle one)
10.	Likely If cues	Slightly Likely occurred, how 2	Moderately Likely likely is it that	Strongly Likely you would use	Extremely Likely your control p	olan? (Circle one)
10.	Likely	Slightly Likely occurred, how	Moderately Likely likely is it that	Strongly Likely	Extremely Likely your control p	olan? (Circle one)
	If cues of the cue	Slightly Likely occurred, how 2 Slightly Likely	Moderately Likely likely is it that 3 Moderately	Strongly Likely you would use 4 Strongly Likely of emotional s	Extremely Likely your control p 5 Extremely Likely	t from people
	If cues of the cue	Slightly Likely occurred, how 2 Slightly Likely uld you compa	Moderately Likely likely is it that 3 Moderately Likely are the amount	Strongly Likely you would use 4 Strongly Likely of emotional s	Extremely Likely your control p 5 Extremely Likely	t from people
	If cues of the cue	Slightly Likely occurred, how 2 Slightly Likely uld you compayour immedia Circle one)	Moderately Likely likely is it that 3 Moderately Likely are the amount te family now a	Strongly Likely you would use 4 Strongly Likely of emotional s	Extremely Likely your control p Extremely Likely support you gewhen you star	t from people
10.	If cues and the second	Slightly Likely occurred, how 2 Slightly Likely uld you compayour immedia Circle one)	Moderately Likely likely is it that 3 Moderately Likely are the amount te family now a	Strongly Likely you would use 4 Strongly Likely of emotional s s compared to	Extremely Likely your control p Extremely Likely support you gewhen you star	t from people

CLIENT FOLLOW-UP FEEDBACK TO THERAPIST FORM

The	erapist nan	ne:			
this the help wan	part, I'll as information of ul. We can to your coun	ave some separate questing ave some separate questing k you if you'd like me to not these last questions a give your counselor this aselor to see this at all, we of the other questions-the	put your name on this to help the counselor information anonymon will honor that reques	part or not. We give know what has been usly or with your name it as well. (Counselor	e your counselo helpful or no se. If you do no s do not see th
13.	•	feel that you have ch ould you say that you l	_		
14.		ould you identify as th you to control your vi		experience during the	ne program in
15.		ould you identify as the	·	perience in helping	you to accept
16.		ould you identify as the		xperience during th	ne program in
17.	Do you l	nave any suggestions a	s to how the progran	n could be improve	d?
18.	All thing	rs considered, how wou	•	estic Abuse Projec	t?
	<u>l</u>	2 Fair	3 Good	<u>4</u> Excellent	
	Poor	rair	G000	Excellent	
19.	In genera	al, how are you doing r	ow?		

CONTINUED ON BACKSIDE

20.	Do you feel in need of support or counseling now? Yes No
	(IF YES, provide information on aftercare groups)
21.	(ABUSER): Do you have any other comments you would like to make to those in charge of the Domestic Abuse Project?
	That's the last question. Would you like one to put your name on this last part, or just leave it off?
	Yes No Name:
22.	(FOR VICTIM/SURVIVORS) Do you have any comments you'd like to make about the men's program or about DAP? They can be made anonymously.
	That's the last question. Would you like one to put your name on this last part, or just leave it off?
	Yes No Name:
	THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION

ABUSERFO.TFM 9/17/93

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