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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 Summary 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

Client Name _____

Client Number _____

Partner's Name _____

Client Number _____

Person Closing Case _____ (if involved in program)

- 1. Date of Intake _____
- Date of completion of group _____
- Date of last in-person contact _____
- Date of Closing _____
- Primary Therapist _____

2. Where was client in the treatment sequence at time of last contact? Enter # _____

- 1. Intake
- 2. Women's Group
- 3. Individual
- 4. Other _____

3. Reason for Termination: Enter # _____

- 1. No-Show
- 2. Drop Out
- 3. Clinician Terminated.
- 4. Referred to more appropriate resource
- 5. Completed
- 6. Other. Please specify:

Reason: _____

4. What services did the client receive?

			<u>Number of sessions</u>
Intake	yes___	no___	_____
DAP Women's Group	yes___	no___	_____
Couples Sessions	yes___	no___	_____
Parenting Group	yes___	no___	_____
Individual Counseling	yes___	no___	_____
Family Session (w/Children)	yes___	no___	_____
Completer Group	yes___	no___	_____
Other	yes___	no___	_____

Partner involvement:

Was partner involved at DAP? yes___ no___

5. Was the client ever referred out for services other than DAP?

- CD Assessment yes___ no___
- Individual Counseling yes___ no___
- Family Counseling yes___ no___
- Group Counseling yes___ no___
- Other, please specify: yes___ no___

Closing Summary Form: Victim/Survivor

6. Since the time the victim/survivor entered group, how many violent incidents have been reported by the abuser or partner? (Write in the number of incidents.)

TOWARD
PARTNER

THREATS OF VIOLENCE

(restricted physical movement, intentionally interrupted sleeping or eating, threatened to hit, threw or hit something, drove recklessly, etc.)

Enter # _____

VIOLENCE (threw something at other, pushed, restrained or wrestled, slapped, choked or strangled, physically forced sex, punched, burned, beat unconscious, threatened with or used weapon, etc.)

Enter # _____

7. Since the time the victim/survivor entered group, have ANY threats or actual physical violence toward children by abuser been reported? (Use definitions above)

THREATS OF VIOLENCE TOWARD CHILDREN yes _____ no _____

PHYSICAL VIOLENCE TOWARD CHILDREN yes _____ no _____

8. Clinician estimate of success in program (Enter a number from below on each line):

Scale:	1	2	3	4	5	9
	POOR	FAIR	AVERAGE	GOOD	EXCELLENT	N/A

- A. Ability to use protection plan and protect self from violence. _____
- B. Ability to recognize cues to violence. _____
- C. Improvement in attitudes that lead to self-protection (e.g. disowns responsibility for violence). _____
- D. Level of group participation (e.g. extent of participation, providing and receiving feedback, taking risks, etc.) _____
- E. Use of group members for support outside of group. _____
- F. Ability to recognize effects of witnessing violence on children. _____

9. Since the start of group, has client:

- A. Left home (with children) in fear of their safety? yes _____ no _____
- B. Used a legal advocate? yes _____ no _____
- C. Received an Order for Protection since start of group? yes _____ no _____
- D. Called the police since intake? yes _____ no _____
- E. Pressed charges against partner for violence since intake? yes _____ no _____

10. Social Isolation Scale: Clinician's estimate of social isolation Enter # _____

- 1. Lack of contact with other people outside immediate family.
- 2. Some contact with people outside family; some emotional support.
- 3. Good support system of people outside family for emotional support.

CLOSING SUMMARY FORM: ABUSER

Client Name _____

Client Number _____

Partner's Name _____

Person Closing Case _____

1. Date of Intake _____
Date of Completion of group _____
Date of last in-person contact _____
Date of Closing _____
Primary Therapist _____

2. Where was client in the treatment sequence at time of last contact? Enter # _____

1. Intake
2. Men's Group
3. Individual
4. Other _____

3. Reason for termination: Enter # _____

1. No Show
2. Drop Out
3. Clinician terminated. Reason: _____
4. Referred to more appropriate resource
5. Completed
6. Other. Please specify: _____

4. What services did the client receive?

			<u>Number of sessions</u>
Intake	yes _____	no _____	_____
DAP Men's Group	yes _____	no _____	_____
Couples Sessions	yes _____	no _____	_____
Parenting Group	yes _____	no _____	_____
Individual Counseling	yes _____	no _____	_____
Family Session (w/Children)	yes _____	no _____	_____
Other	yes _____	no _____	_____

Partner involvement:

Was partner involved at DAP? yes _____ no _____

5. Was the client ever referred out for services other than DAP?

- CD Assessment yes _____ no _____
Individual Counseling yes _____ no _____
Family Counseling yes _____ no _____
Group Counseling yes _____ no _____
Other, please specify: yes _____ no _____

Closing Summary Form: Abuser

6. Since the time the abuser entered group, how many violent incidents have been reported by the abuser or partner? (Write in the number of incidents.)

TOWARD
PARTNER

THREATS OF VIOLENCE

(restricted physical movement, intentionally interrupted sleeping or eating, threatened to hit, threw or hit something, drove recklessly, etc.)

Enter # _____

VIOLENCE

(threw something at other, pushed, restrained or wrestled, slapped, choked or strangled, physically forced sex, punched, burned, beat unconscious, threatened with or used weapon, etc.)

Enter # _____

7. Since the time the abuser entered group, have ANY threats or actual physical violence toward children by the abuser been reported? (Use definitions above)

THREATS OF VIOLENCE TOWARD CHILDREN yes _____ no _____

PHYSICAL VIOLENCE TOWARD CHILDREN yes _____ no _____

8. Clinician estimate of success in program (Enter a number from below on line at right):

Scale:	1	2	3	4	5	9
	POOR	FAIR	AVERAGE	GOOD	EXCELLENT	N/A

- A. Ability to be non-violent at this time. _____
- B. Ability to avoid using threats of violence at this time. _____
- C. Ability to recognize cues to violence and takes steps to de-escalate. _____
- D. Ability to use time-out appropriately. _____
- E. Improvement in attitudes that help end violence (e.g. accept responsibility for violence, decrease in sexist attitudes) _____
- F. Ability to recognize and stop destructive self-talk at this time. _____
- G. Level of group participation (e.g. extent of participation, providing and receiving feedback, taking risks, etc.) _____
- H. Ability to use self-control plan. _____
- I. Use of group members for support outside of group. _____
- J. Ability to empathize with partner's point of view. _____

8. Social Isolation Scale: Clinician's estimate of social isolation Enter # _____

- 1. Lack of contact with people outside immediate family.
- 2. Some contact with people outside family; some emotional support.
- 3. Good support system of people outside family for emotional support.

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

CLIENT# _____

CLIENT NAME _____

ADDRESS _____

TELEPHONE # H) _____ W) _____

PARTNERS NAME _____

IS PARTNER A CLIENT? YES__ NO__

TELEPHONE: H) _____ W) _____

INTERVIEWER CONTACT NOTES:

<u>DATE</u>	<u>TIME</u>	<u>REMARKS</u>	<u>DATE</u>	<u>TIME</u>	<u>REMARKS</u>
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IF INTERVIEW WAS NOT COMPLETED, WHAT WAS THE REASON?

INTERVIEWER: _____ DATE: _____

SCRIPT: Hello, my name is _____, representing the Evaluation Unit of the Domestic Abuse Project. What we're doing is trying to evaluate the program you went through, and what I would do, IF it's OK with you and IF you have the time, is to ask you a few questions about your impressions of the program and how you're doing now. I would like to ask you some questions about your situation since you left the Domestic Abuse Project. The information you give me will be confidential (except in cases where reporting is mandated by the law), and this interview is completely voluntary.

1. What is your relationship now to the partner who was abusive? (Check one)

- 1. Dating
- 2. Living with partner (not married)
- 3. Married
- 4. Separated
- 5. Divorced
- 6. Widowed
- 7. No Relationship
- 8. Other _____

2. Have you had any contact with your partner since you left DAP? (CONTACT INCLUDES IN PERSON, BY PHONE, BY MAIL)

Yes ___ No ___

IF YES: What type and how often: _____

3. Have you used your protection plan since leaving DAP?

Yes___ No___ No need___

4. At present, how likely is it that you can identify the cues leading to a violent incident? (Circle one)

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not	Slightly	Moderately	Strongly	Extremely
Likely	Likely	Likely	Likely	Likely

5. If cues occurred, how likely is it that you would use your protection plan? (Circle one)

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not	Slightly	Moderately	Strongly	Extremely
Likely	Likely	Likely	Likely	Likely

6. Since leaving DAP, have you:

- a. Left the house and gone somewhere when you were feeling afraid? Yes ___ No ___ No need ___
- b. Gone to a shelter or safe house? Yes ___ No ___ No need ___
- c. Called the police? Yes ___ No ___ No need ___
- d. Press charges against partner for assault? Yes ___ No ___ No need ___
- e. Received an order for protection? Yes ___ No ___ No need ___
- f. Pressed charges for violation of an order for protection? Yes ___ No ___ No need ___
- g. Needed medical treatment because of violence? Yes ___ No ___ No need ___

7. How would you compare the amount of emotional support you get from people outside your immediate family now as compared to when you started coming to DAP? (Circle one)

1	2	3	4	5
Much less	Somewhat less	About the same	Somewhat more	Much more

8. Are you receiving, or have received, counseling or chemical dependency treatment since leaving DAP? Yes ___ No ___

9. Do you have children living with you in your home? Yes ___ No ___

CHILDREN'S PROGRAM QUESTIONNAIRE

10. Has your child(ren) attended DAP's Children's Program? Yes ___ No ___

(IF YES, USE CHILD ADD-ON QUESTIONNAIRE NOW)
(IF NO, CONTINUE TO #11)

CONTINUED ON NEXT PAGE

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 any abuse directed toward your children. I am mandated by the law to report this abuse if it has not yet been reported.

Since leaving DAP, have you hit, slapped, or otherwise physically abused any children in the family? Yes___ 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: _____

19. In general, how are you doing now?

20. Do you feel in need of support or counseling now? Yes___ No___

(IF YES, provide information on aftercare groups)

21. Do you have any comments you'd 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: _____

THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION

**DOMESTIC ABUSE PROJECT
ABUSER'S FOLLOW-UP INTERVIEW SCHEDULE**

CLIENT# _____

CLIENT NAME _____

ADDRESS _____

TELEPHONE # H) _____ W) _____

PARTNERS NAME _____

IS PARTNER A CLIENT? YES ___ NO ___

TELEPHONE: H) _____ W) _____

INTERVIEWER CONTACT NOTES:

<u>DATE</u>	<u>TIME</u>	<u>REMARKS</u>	<u>DATE</u>	<u>TIME</u>	<u>REMARKS</u>
-------------	-------------	----------------	-------------	-------------	----------------

IF INTERVIEW WAS COMPLETED, WITH WHOM: ___ ABUSER ___ VICTIM/SURVIVOR

IF INTERVIEW WAS NOT COMPLETED, WHAT WAS THE REASON?

ABUSER: _____

VICTIM/SURVIVOR: _____

INTERVIEWER: _____ DATE: _____

SCRIPT: Hello, my name is _____, representing the Evaluation Unit of the Domestic Abuse Project.

(TO VICTIM/SURVIVOR): What we're doing is trying to evaluate the program your partner went through, and what I would do, IF it's OK with you and IF you have the time, is to ask you a few questions about your impressions of the program. I would like to ask you some questions about your partner's behavior since he/she left the Domestic Abuse Project. The information you give me will be confidential (except in cases where reporting is mandated by the law), and this interview is completely voluntary.

(TO ABUSER): What we're doing is trying to evaluate the program you went through, and what I would do, IF it's OK with you and IF you have the time, is to ask you a few questions about your experiences in the program and how you're doing now. I would like to ask you some questions about your behavior since you left the Domestic Abuse Project. The information you give me will be confidential (except in cases where reporting is mandated by the law), and this interview is completely voluntary.

1. (TO ABUSER:) What is your relationship now to the partner that you abused?
(TO VICTIM/SURVIVOR:) What is your relationship now to the partner who was abusive? (Check one)

- 1. Dating
- 2. Living with partner (not married)
- 3. Married
- 4. Separated
- 5. Divorced
- 6. Widowed
- 7. No Relationship
- 8. Other _____

2. Have you had any contact with your partner since you (or s/he) left DAP?
(CONTACT INCLUDES IN PERSON, BY PHONE, BY MAIL)

Yes _____ No _____
(VICTIM/SURVIVOR, IF NO - GO TO #22)

IF YES: What type and how often: _____
_____ (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. Since leaving DAP, have you (has your partner) been physically violent against:

- | | | |
|-------------------------|-----------|----------|
| a) Current Partner | Yes _____ | No _____ |
| b) Other Partners | Yes _____ | No _____ |
| c) Children | Yes _____ | No _____ |
| d) Other family members | Yes _____ | No _____ |
| e) Friends | Yes _____ | No _____ |
| f) Other (specify) | Yes _____ | No _____ |

<— If yes, remember to ask #7 later in the interview

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:

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not at all	Rarely	Occasionally	Frequently	All the time

How frequently did you (you partner):

- 1) Discuss issues relatively calmly _____
- 2) Express feelings using words like:
"I feel sad" or I feel hurt" _____
- 3) Gather more information instead
of jumping to conclusions _____
- 4) Try to find a compromise solution _____
- 5) Listen to your partner (you) _____
- 6) Take your partner's (your) opinion into account _____
- 7) Leave the room to calm down
when you (he/she) felt yourself
(him/herself) getting really upset _____
- 8) Scream at or insult your partner (you) _____
- 9) Belittle your partner (you) _____
- 10) Sulk or withdraw affection _____
- 11) Interrupt your partner's (your) eating
or sleeping to bother your partner (you) _____
- 12) Say your partner (you) couldn't leave
or spend time with certain people _____
- 13) Verbally pressure your partner (you)
to have sex _____
- 14) Physically harm pets _____
- 15) Physically discipline children _____
- 16) Make threats to leave your partner (you),
harm children or take them away,
have an affair, or withhold money _____
- 17) Threaten to hit or throw something at
your partner (you) _____

1
2
3
4
5

Not at all
Rarely
Occasionally
Frequently
All the time

How frequently did you (you partner):

- 18) Throw, hit, kick or smash objects _____
- 19) Drive recklessly to frighten your partner (you) _____
- 20) Burn your partner (you) _____
- 21) Push, grab, or shove your partner (you) _____
- 22) Slap or spank your partner (you)
with an open hand _____
- 23) Bite or scratch your partner (you) _____
- 24) Hit your partner (you) with something _____
- 25) Physically force your partner (you) to do some-
thing she/he (you) didn't want to do _____
- 26) Physically force your partner (you) to have sex _____
- 27) Punch your partner (you) with
your (his/her) fist _____
- 28) Kick your partner (you) _____
- 29) Direct blows to your partner's (your) stomach
when she was (you were) pregnant _____
- 30) Throw your partner (you) bodily _____
- 31) Beat your partner (you) unconscious _____
- 32) Choke or strangle your partner (you) _____
- 33) Threaten your partner (you) with a knife,
gun, or other weapon _____
- 34) Use a weapon against your partner (you) _____
- 35) Anything that hasn't been mentioned?
specify: _____

5. (IF ANY VIOLENCE HAS BEEN REPORTED):

Were you (was your partner) using alcohol or other chemicals during any violent incidents that have occurred since DAP? Yes _____ No _____

CHILDREN'S PROGRAM EVALUATION
Follow-Up Questionnaire

Client # _____ Date of interview: __/__/__ Interviewed by: _____

(READ TO CLIENT) Using the following scale, I'd like to ask how strongly you agree or disagree with the following statements? (Review scale with client)

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Strongly Disagree	Disagree	Agree	Strongly Agree

Now, I am going to ask you 5 questions about your child(ren) and ask you to indicate how strongly you agree or disagree with each statement.

(Circle one)

AS A RESULT OF DAP'S PROGRAM, MY CHILD(ren): SD D A SA

- | | | | | |
|--|---|---|---|---|
| 1. Can acknowledge that violence is an issue in their family. | 1 | 2 | 3 | 4 |
| 2. Can acknowledge that violence in their family is not their fault. | 1 | 2 | 3 | 4 |
| 3. Feels better about him or herself. | 1 | 2 | 3 | 4 |
| 4. Has learned to better protect him or herself. | 1 | 2 | 3 | 4 |
| 5. Has learned non-violent ways of to solve problems. | 1 | 2 | 3 | 4 |

(RETURN TO ADULT INTERVIEW FORM)

6. CHILDREN'S PROGRAM QUESTIONNAIRE: Has your child(ren) attended DAP's Children's Program? Yes___ No___
(IF YES, USE CHILD ADD-ON QUESTIONNAIRE NOW)
(IF NO, CONTINUE TO #7)

7. Are any child protection agencies involved with your family for any reason? Yes___ No___

(IF ABUSE OF CHILDREN IS REPORTED IN #3):

Back at the beginning of the interview you mentioned some physical violence toward children. Has this abuse been reported to a child protection agency? Yes___ No___

Date: / / Name of worker: _____ Agency: _____

(IF NOT REPORTED, NOTIFY INTERVIEWEE OF REPORTING REQUIREMENT AS MANDATED REPORTER AND RECORD NATURE OF ABUSE AND INJURIES HERE)

(FOR VICTIM/SURVIORS- GO TO BACK OF LAST PAGE #22 FOR COMMENTS)

ABUSER SECTION ONLY

8. Have you used your control plan since leaving DAP? Yes___ No___ No need___

9. At present, how likely is it that you can identify the cues leading to a violent incident? (Circle one)

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not Likely	Slightly Likely	Moderately Likely	Strongly Likely	Extremely Likely

10. If cues occurred, how likely is it that you would use your control plan? (Circle one)

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not Likely	Slightly Likely	Moderately Likely	Strongly Likely	Extremely Likely

11. How would you compare the amount of emotional support you get from people outside your immediate family now as compared to when you started coming to DAP? (Circle one)

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Much less	Somewhat less	About the same	Somewhat more	Much more

12. Are you receiving, or have received, counseling or chemical dependency treatment since leaving DAP? Yes___ No___

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