1. Healing Voices Survey

Healing from assault or abuse can be hard. Our crisis center and legal services are here to help. We want to hear from survivors about what it is like to receive services. Hearing survivor voices will help us make things better for all survivors in our community and throughout Mississippi.

If you are willing to share your experiences, simple complete this short questionnaire.

- -Your name will not be written anywhere on this paper unless you desire it
- -You can skip any questions you don't want to answer.
- -Your advocate or attorney will not see your individual answers.

If you do not want to share your experiences, you can recycle this form. 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.

Your Name (Optional)		
Date Survey Completed		
•	MM DD YYYY	
Type the Date that you completed this surveythank you!		
Date Admitted to Program		
	MM DD YYYY	
Type date: MM/DD/YYYY	1 1	
Date Exiting Program		
	MM DD YYYY	
Type date: MM/DD/YYYY	1 1	
What county do you live in		
Bolivar	C Holmes	Sharkey
Carroll	Humphreys	Sunflower
Grenada	C Leflore	Washington
Other (please specify)		
I identify as		
• Female	○ Male	
I identify as		
White	O Hispanic	Native American
African American	O Asian American	

Which category below includes your	age?	
• 1-6	18-24	O 60 or older
· 7-12	° 25-40	O Do not want to share
• 13-17	C 41-59	Be not want to share
S 13-17	41-39	

2. Type of Services		
The Program that provided your cont	act	
☐ New Beginning Shelter	☐ M.A.S.H.	Let's Talk About It
Legal Assistance Project	L.E.A.H.	☐ Ester Generation
☐ The Domestic Violence Project	☐ Precious One Program	☐ Healthy Relationship Sessions
☐ S.A.R.A.H.	☐ Y.E.S.	
Other (please specify)		
Type of Services Rendered: (Check a	all that apply)	
Shelter	☐ Medical Advocacy	☐ Establishment of Paternity
Clothes	☐ Housing	Consumer
Food	☐ Victim Compensation	☐ Income maintenance
☐ Child Care	Referral to other Shelters	☐ Safety Plan
☐ Employment	☐ Protection Orders	☐ Housing
☐ Group Sessions	Divorce	☐ Employment
☐ Individual Sessions	☐ Custody/Visitation	□ Victim Compensation Packet
☐ Transportaion	☐ Child/Spousal Support	☐ Bill of Rights Reviewed
☐ Social Services	Other Family Matters	☐ Special Events
Other (please specify)		
Type (s) of Case:		
Sexual Assault	Dating Violence	e
O Domestic Violence	Stalking	
Survivor of Homicide	Child Abuse	
Offender was:		
Children	Ex-Spouse	
 Acquaintance 	Friend/Partner	
Stranger	Ex-Friend/Part	ner
Spouse	Family	
Who provided you with services?		
Name of Your Attorney		
Name of Your Advocate		

3. Experiences

When people come to a 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 came to our center.

	Never	Sometimes	Usually	Aways
The people who work here are respectful	0	0	0	0
When I have something to say, the people who work here listen to me.	O	O	O	O
When I need to make decisions, the people who work here thing my opinion is important.	0	O	0	0
When I talk about what has happened in my life, the people who work here believe me.	O	O	0	O
When I need help, someone here tries to help me.	0	0	0	•
When I come here I feel safe.	0	0	0	O
When I am upset the people who work here support me.	O	0	0	•
The suggestions people here give to me are useful.	0	0	0	O
When I tell people here about private things, they respect my privacy.	•	O	0	O

4. My experiences

After being assaulted or abused you may have told different people about what happened. We want to hear about what that was like. Please check the answer that best describes your experiences. Remember to think about all of your experiences since the assault.

The	police were		
0	Hurtful	0	Hurtful & Helpful
0	Helpful	0	I did not talk with the police
The	doctors were		
0	Hurtful	0	Hurtful & Helpful
0	Helpful	0	I did not see a doctor
The	nurses were		
0	Hurtful	0	Hurtful & Helpful
0	Helpful	0	I did not see a nurse
My 1	family was		
0	Hurtful	0	Hurtful & Helpful
0	Helpful	0	I did not tell my family
My	friends were		
0	Hurtful	0	Hurtful & Helpful
0	Helpful	•	I did not tell my friends
My :	minister was		
0	Hurtful	0	Hurtful & Helpful
0	Helpful	0	I did not tell my minister
My a	advocate from the center was		
0	Hurtful	0	Hurtful & Helpful
0	Helpful	0	I did not have an advocate
The	person who talked to me on the hotline was		
0	Hurtful	0	Hurtful & Helpful
0	Helpful	0	I did not talk with the hotline

Everyone who is assaulted or abused reacts differently. Your feelings and thoughts my change over time.							
Please tell us what has changed for you since you came to or called our center.							
	A lot worse	A little worse	About the same	A little better	A lot better	I never had this problem	
I am not able to stop thinking about the assault or abuse.	•	•	•	•	•	•	
I want to hurt myself.	O	O	0	O	0	O	
I use drugs or alcohol to deal with my feelings.	•	•	©	•	•	•	
I feel numb or in shock.	O	0	O	0	O	•	
I avoid things that make me think about the assault or abuse.	•	•	•	•	O	•	
I feel unsafe.	O	0	0	O	0	0	
I believe I can heal or	recover from	the assault or a	buse				
C A lot less		About the s	same	O A I	ot more		
O A little less		A little mor	e	O Ind	ever believed th	nis	
I believe the assault of	r abuse was N	NOT my fault. No	ow I believe tl	nis			
A lot less		About the s	same	O Al	ot more		
A little less		A little mor	e	O I no	ever though this	s	
Is there anything else	vou want us t	to know?					
	,					A V	

5. Overall Summary

Overall Summary - Please indicate your level of agreement with the following statements Strongly Strongly Agree Neutral Disagree Disagree Agree 0 0 1. This agency helped me to recognize my legal rights 2. The Victim Service Advocate assisted me in developing a sound safety plan 3. I was invited to attend group and /or individual counseling sessions 0 0 0 0 0 4. The Victim Service Advocate helped to understand my need for safetv 0 0 0 0 5. Were you given strategies for enhancing your safety? 0 0 0 0 6. I was informed on my Victim Compensation Rights **(** 0 0 I was informed of my Bill of Rights 7. The Attorney explained my legal rights 0 8. The Victim Service Advocate was courteous to me 0 0 0 0 9. The Legal Assistance Project's Attorney was courteous to me 0 0 10. The services I received helped me to participate in the court and prosecution processes 0 11. This agency helped me learn how to access benefits or community resources 12. The Victim Service Advocate support helped me to cope with my situation 0 0 13. The Legal Assistance Attorney helped me to cope with my situation 14. Was staff available to you? Other (please specify) I have come to this center for services... 1 time 5-10 times 2-4 times more than 10 times The assault(s)/abuse occurred: days ago weeks ago months ago years ago In my life I have been assaulted or abused... One time More than one time