

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, simply 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 survey...thank you!

 / /

Date Admitted to Program

MM DD YYYY

Type date: MM/DD/YYYY

 / /

Date Exiting Program

MM DD YYYY

Type date: MM/DD/YYYY

 / /

What county do you live in

- | | | |
|-------------------------------|---------------------------------|----------------------------------|
| <input type="radio"/> Bolivar | <input type="radio"/> Holmes | <input type="radio"/> Sharkey |
| <input type="radio"/> Carroll | <input type="radio"/> Humphreys | <input type="radio"/> Sunflower |
| <input type="radio"/> Grenada | <input type="radio"/> Leflore | <input type="radio"/> Washington |

Other (please specify)

I identify as...

- Female Male

I identify as...

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="radio"/> White | <input type="radio"/> Hispanic | <input type="radio"/> Native American |
| <input type="radio"/> African American | <input type="radio"/> Asian American | |

Which category below includes your age?

1-6

18-24

60 or older

7-12

25-40

Do not want to share

13-17

41-59

2. Type of Services

The Program that provided your contact

- | | | |
|--|---|--|
| <input type="checkbox"/> New Beginning Shelter | <input type="checkbox"/> M.A.S.H. | <input type="checkbox"/> Let's Talk About It |
| <input type="checkbox"/> Legal Assistance Project | <input type="checkbox"/> L.E.A.H. | <input type="checkbox"/> Ester Generation |
| <input type="checkbox"/> The Domestic Violence Project | <input type="checkbox"/> Precious One Program | <input type="checkbox"/> Healthy Relationship Sessions |
| <input type="checkbox"/> S.A.R.A.H. | <input type="checkbox"/> Y.E.S. | |

Other (please specify)

Type of Services Rendered: (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Medical Advocacy | <input type="checkbox"/> Establishment of Paternity |
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Housing | <input type="checkbox"/> Consumer |
| <input type="checkbox"/> Food | <input type="checkbox"/> Victim Compensation | <input type="checkbox"/> Income maintenance |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Referral to other Shelters | <input type="checkbox"/> Safety Plan |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Protection Orders | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Group Sessions | <input type="checkbox"/> Divorce | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Individual Sessions | <input type="checkbox"/> Custody/Visitation | <input type="checkbox"/> Victim Compensation Packet |
| <input type="checkbox"/> Transportaion | <input type="checkbox"/> Child/Spousal Support | <input type="checkbox"/> Bill of Rights Reviewed |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Other Family Matters | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Other (please specify) | | |

Type (s) of Case:

- | | |
|--|---------------------------------------|
| <input type="radio"/> Sexual Assault | <input type="radio"/> Dating Violence |
| <input type="radio"/> Domestic Violence | <input type="radio"/> Stalking |
| <input type="radio"/> Survivor of Homicide | <input type="radio"/> Child Abuse |

Offender was:

- | | |
|------------------------------------|---|
| <input type="radio"/> Children | <input type="radio"/> Ex-Spouse |
| <input type="radio"/> Acquaintance | <input type="radio"/> Friend/Partner |
| <input type="radio"/> Stranger | <input type="radio"/> Ex-Friend/Partner |
| <input type="radio"/> Spouse | <input type="radio"/> 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	Always
The people who work here are respectful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have something to say, the people who work here listen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I need to make decisions, the people who work here thing my opinion is important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I talk about what has happened in my life, the people who work here believe me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I need help, someone here tries to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I come here I feel safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am upset the people who work here support me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The suggestions people here give to me are useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I tell people here about private things, they respect my privacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 ...

- | | |
|-------------------------------|--|
| <input type="radio"/> Hurtful | <input type="radio"/> Hurtful & Helpful |
| <input type="radio"/> Helpful | <input type="radio"/> I did not talk with the police |

The doctors were ...

- | | |
|-------------------------------|--|
| <input type="radio"/> Hurtful | <input type="radio"/> Hurtful & Helpful |
| <input type="radio"/> Helpful | <input type="radio"/> I did not see a doctor |

The nurses were ...

- | | |
|-------------------------------|---|
| <input type="radio"/> Hurtful | <input type="radio"/> Hurtful & Helpful |
| <input type="radio"/> Helpful | <input type="radio"/> I did not see a nurse |

My family was

- | | |
|-------------------------------|--|
| <input type="radio"/> Hurtful | <input type="radio"/> Hurtful & Helpful |
| <input type="radio"/> Helpful | <input type="radio"/> I did not tell my family |

My friends were

- | | |
|-------------------------------|---|
| <input type="radio"/> Hurtful | <input type="radio"/> Hurtful & Helpful |
| <input type="radio"/> Helpful | <input type="radio"/> I did not tell my friends |

My minister was

- | | |
|-------------------------------|--|
| <input type="radio"/> Hurtful | <input type="radio"/> Hurtful & Helpful |
| <input type="radio"/> Helpful | <input type="radio"/> I did not tell my minister |

My advocate from the center was...

- | | |
|-------------------------------|--|
| <input type="radio"/> Hurtful | <input type="radio"/> Hurtful & Helpful |
| <input type="radio"/> Helpful | <input type="radio"/> I did not have an advocate |

The person who talked to me on the hotline was...

- | | |
|-------------------------------|---|
| <input type="radio"/> Hurtful | <input type="radio"/> Hurtful & Helpful |
| <input type="radio"/> Helpful | <input type="radio"/> I did not talk with 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.

	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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to hurt myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use drugs or alcohol to deal with my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel numb or in shock.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid things that make me think about the assault or abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel unsafe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 though this

Is there anything else you want us to know?

