

# LET US KNOW HOW WE'RE DOING

Help Out by Filling In This Survey About The Services You Have Used

**Name of Organization:**

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**Service Name**

The attached form is a questionnaire about services for women who have experienced violence. It asks about the services you have used. It asks about how well these services met your needs, the differences that the services have made to you and what might make them better.

We are asking you and other women to fill in the form. It will help us know what we are doing well, what is important to women using the services and how things could be done better.

Your answers are totally confidential, so please don't put your name on the form.

These forms are being given out by different services across the province (e.g. women's shelters, rape crisis center, counselling agencies, etc.). Because it is being used by different kinds of services, some of the questions might not apply to you or our organization.

Your views are important. Please take the time to answer the questions as soon as possible. When you are finished, put this questionnaire in the attached envelope, seal the envelope and put it in a box.

Thank you for taking the time to fill in this survey.

*For office use only:*

*Funding Ministry(ies) for this service*

*Ministry funding code (if applicable)*

*Worker #: \_\_\_\_\_*

## Section One – The Services You’ve Used?

1. Please tell us how long you have used the service named above to help with the violence/abuse.
  - Less than two weeks
  - 1-3 weeks
  - 1-3 months
  - 4-6 months
  - Over 6 months
  
2. Please tell us the different ways our services has helped you within the past year. (Please check only those that apply)
  - 2.1 I got telephone help when I was in an emergency/crisis.
  - 2.2 I got other help when I was in an emergency/crisis.
  - 2.3 I stayed in the shelter for women and their children.
  - 2.4 At my request, someone phoned the police of 911 for me.
  - 2.5 Someone went to the sexual assault care centre at the hospital with me.
  - 2.6 I got group counselling/support.
  - 2.7 I got one-to-one counselling/support.
  - 2.8 Someone helped me prepare for court.
  - 2.9 Someone went to court with me.
  - 2.10 I got a two-hour free legal advice form.
  - 2.11 I got medical help (e.g. rape kit, other medical treatment).
  - 2.12 I got help from a cultural interpreter.
  - 2.13 I got referrals to other organizations for assistance.
  - 2.14 I got information about the criminal court (e.g. police charging my abuser) process and how it would affect me/my children/the abuser
  - 2.15 I got information about the family court (e.g. divorce, separation, custody & access) process and its possible effects.
  
3. Overall, how do you feel about how long you had to wait to get this service from our organization? (Please check one only.)
  - I did not have to wait.
  - The wait was okay for me.

It was too long a wait for me.

**Section Two – What Difference Did The Services Make to You?**

4. Please tell us if the following statements apply to you because of using the service of our organization.

- |     |   | <b>YES</b>               | <b>NO</b>                |
|-----|---|--------------------------|--------------------------|
| 4.1 | I felt safer while I was using this service   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | I have made a safety plan that I can use when I am in danger.<br><input type="checkbox"/> |                          | <input type="checkbox"/> |
| 4.3 | My children have a safety plan that they can use when we are in danger.                   | <input type="checkbox"/> | <input type="checkbox"/> |

5. Did our service help you find out about other supports/programs in your community (e.g. housing, legal assistance, counselling services, etc.) (check one only)

- Yes – a lot
- Somewhat
- No – not at all
- I haven't needed this information so far
- There are no other services in my community I could use

6. How much did our service help you get other supports in your community (check one only)

- Yes – a lot
- Somewhat
- No – not at all
- I haven't needed this information so far
- There are no other services in my community I could use

7. Sometimes services can help women begin to feel stronger in their lives. Please indicate (check), for each of the following statements, what best describes your experience so far with our service. Because of using our service:

		A Lot	Somewhat	No So Far	Does Not Apply to Me
7.1	I was able to get through an emotional crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	I feel more comfortable talking to others about my experience. <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	I feel less alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	I have developed new ways to deal with the effects of the abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5	I feel more able to make choices about my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please indicate (with a check mark) for each of the following statements, what best describes your experience with our service so far. Because of using our service:

		A Lot	Somewhat	No So Far	Does Not Apply to Me
8.1	I have a better understanding that the violence/abuse is not my fault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2	I have a better understanding of the different ways that women are abused <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3	I know more about my rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4	I feel more able to deal with other services (e.g. housing, legal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5	I feel/felt better prepared for court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6	I felt well informed about what was going on with my case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7	It was easier to go through the court process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.8	I got information I could understand about the criminal court process (e.g. police charging the abuser)				

and how it could affect me/my children/my abuser.

8.9 I got information I could understand about the family court (e.g. divorce, separation, custody and access) process and its possible effects.

9. What was the most important thing for you about our service?

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**Section Three – What Difference Did The Services Make to You?**

10. Please tell us how well our service met the following needs.

	A Lot	Somewhat	No So Far	Does Not Apply to Me
10.2 Provided service in my language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3 Provided the sign language services I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.4 Respected my cultural differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.5 Provided a cultural interpreter. <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.6 Respected my racial/ethnic ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.7 Were able to serve women with with a disability like mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.8 Were sensitive to women with my medical condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.9 Were sensitive to the needs of women my age <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.10 Respected my sexual identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Did you want to receive services in French from our organization?

Yes                       No                      If no, go to Question 12

If yes, which of the following statements apply to you:

- Got service in French.
- Got referred to another organization that provides service in French.
- Did not get service in French.

12. Please tell us if any of the following statements are true for you.

		YES	NO	Does Not Apply to Me
<input type="checkbox"/>	12.1 The service was too far away from my home.		<input type="checkbox"/>	<input type="checkbox"/>
	12.2 It was hard for me to get to appointments because I could not get childcare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12.3 I had trouble getting transportation to the service. <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	12.4 The service was not available at times that were convenient for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12.5 I was concerned that people from my community would know I was here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What would you suggest for making our services better?

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#### **Section Four – Experiences with Police, Crown Attorneys, Legal Aid, Judges**

The next few questions ask about your experiences with the police, crown attorneys, legal aid and judges. They do not refer to our services or the services of the Victim Witness Assistance Program.

14. In the past years, have you been involved with the justice system (i.e., police, crown attorneys, judges) because of the violence/abuse?

Yes

No

If yes, go to Question 15

If no, go to Question 17

15. What was most helpful about the justice system?

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16. What would have made the justice system better for you?

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17. In what language would you like to receive service? (Check one only)

English

French

An Aboriginal/Native Language

Italian

Chinese

Portuguese

German

Other (specify) \_\_\_\_\_

18. My age is (Check one only)

