



ICPSR 20355

National Evaluation of the Domestic Violence Victims' Civil Legal Assistance (CLA) Program, 1997-2003 [United States]

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Data Collection Instruments



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Data Resources Program

ICPSR

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Legal Assistance for Victims

I. Project Activities

While most agencies provide a number of services to their clients, this section summarizes **only** those activities carried out under the Legal Assistance for Victims (LAV) grant. These activities include legal services as well as victim services. We are also interested in project staff, use of pro bono attorneys, and training efforts.

1. What is the level of effort expended on the following **legal services areas under your Legal Assistance for Victims grant**? Please circle the number in the appropriate box. There should be only **one** number circled per service area.

Legal Services Areas	<i>Service is <u>NOT</u> Provided Under the Grant</i>	<i>Service is a <u>MINOR</u> Part of Our Grant Activities</i>	<i>Service is a <u>MAJOR</u> Part of Our Grant Activities</i>
a. Temporary/ <i>ex parte</i> protection order cases	1	2	3
b. Permanent protection order cases	1	2	3
c. Protection order enforcement	1	2	3
d. Separations	1	2	3
e. Divorces	1	2	3
f. Paternity cases	1	2	3
g. Custody cases	1	2	3
h. Spousal support	1	2	3
i. Child support	1	2	3
j. Housing (e.g., landlord/tenant, Section 8)	1	2	3
k. Employment cases	1	2	3
l. Public benefits cases	1	2	3
m. Name and Social Security number changes	1	2	3
n. Other (e.g., small claims, wills, etc.):		2	3

2. What is the level of effort expended on the following **victim services areas under your Legal Assistance for Victims grant**? Please circle the number in the appropriate box. There should be only **one** number circled per service area.

Victim Services Areas	<i>Service is <u>NOT</u> Provided Under the Grant</i>	<i>Service is a <u>MINOR</u> Part of Our Grant Activities</i>	<i>Service is a <u>MAJOR</u> Part of Our Grant Activities</i>
a. Crisis intervention	1	2	3
b. Safety planning	1	2	3
c. General support and options counseling	1	2	3
d. Court accompaniment	1	2	3
e. Assistance to <i>pro se</i> victims	1	2	3
f. Crime victim compensation claims	1	2	3
g. Information and referral to community resources (e.g., housing, welfare, transportation)	1	2	3
h. Other: _____ _____		2	3

3. How many staff are currently funded under your Legal Assistance for Victims grant (including lead agency's and project partner agency's staff)?

Position/Title	Number of Full-Time Equivalentents (e.g., Count two 1/2 time employees as one FTE)
a. Attorney	_____
b. Paralegal	_____
c. Victim Advocate	_____
d. Supervisor	_____
e. Admin/Support Personnel	_____
f. Other: _____ _____	_____

4. Do you use *pro bono* attorneys under your Legal Assistance for Victims grant?
 _____ Yes _____ No (*If no, go to question 5.*)

IF YES,

A. What, if any, problems have you encountered in using *pro bono* attorneys for your project?
(Check all that apply.)

- _____ 1. Recruitment
- _____ 2. Turnover/retention
- _____ 3. Training
- _____ 4. Quality monitoring
- _____ 5. Conflicts of interest
- _____ 6. Unwillingness to handle complex cases
- _____ 7. Liability concerns
- _____ 8. Language barriers
- _____ 9. Other: _____
- _____ 10. No problems

B. In the year 2000, how many *pro bono* attorneys **actively accepted cases** under your grant?

C. What is the total number of **cases** that were handled by *pro bono* attorneys under your grant in the year 2000?

D. Please provide any additional comments concerning your agency's relationship with local *pro bono* attorneys under the Legal Assistance for Victims grant.

5. How **often** does your agency provide the following modes of **legal services under your Legal Assistance for Victims grant**? Please circle the number in the appropriate box. There should be only **one** number circled per service area.

Modes of Service Delivery	<i>Service is NOT Provided Under the Grant</i>	<i>Service is Provided Occasionally Under the Grant</i>	<i>Service is Provided Frequently Under the Grant</i>
a. General legal advice (no formal case representation)	1	2	3
b. General legal advice with a referral to legal services provider	1	2	3
c. Preparation of legal briefs/filing of motions	1	2	3
d. Legal representation (including litigation, settlements, etc.)	1	2	3
e. Appellate representation	1	2	3
f. Referrals (with no other services offered)	1	2	3
g. Other: _____ _____ _____		2	3

6. Have you or your project partners delivered training under your LAV grant?
 _____ Yes _____ No (*If no, go to question 7.*)

IF YES,

A. Please identify which of the following groups you delivered (or are delivering) training to under the Legal Assistance for Victims grant. (*Check all that apply.*)

1. Legal services providers (*either lead agency staff or grant partners*)
2. **Non-project partner** legal services providers
3. *Pro bono* attorneys
4. Victim services providers (*either lead agency staff or grant partners*)
5. **Non-project partner** victim services providers
6. Judges, police, or other criminal justice agencies
7. Law students
8. Other non-legal professionals (e.g., medical staff)
9. Community groups
10. *Pro se* litigants

_____ 11. Agencies primarily serving underserved populations (e.g., immigrants, racial minorities). *Specify targeted group(s) that the agency(ies) serve:*

12. Other: _____

7. Are you using **non-LAV grant resources** to provide domestic violence-related civil legal services to domestic violence victims?

_____ Yes _____ No (**If no, go to question 8.**)

IF YES,

A. With what other resources are you providing domestic violence-related civil legal assistance to domestic violence victims? (*Check all that apply.*)

- _____ 1. Legal Services Corporation funding
- _____ 2. Local or State Bar Association funding
- _____ 3. IOLTA funds
- _____ 4. Local or county government grant
- _____ 5. State grant
- _____ 6. Federal grant other than LAV
Specify: _____
- _____ 7. Foundation grant
- _____ 8. Volunteer services
- _____ 9. In-kind contributions (e.g., space, computers)
- _____ 10. *Pro bono* services
- _____ 11. Faith-based funds or services
- _____ 12. University funds or services
- _____ 13. Other: _____

II. Victims/Clients

This section includes questions about your efforts to reach out to traditionally underserved populations. Accessibility of services and referral processes are also addressed.

8. Which of the following underserved populations is your Legal Assistance for Victims project designed to **specifically** target? (*Check all that apply.*)

- | | |
|---------------------------|---|
| _____ 1. None | _____ 8. Immigrants/Refugees |
| _____ 2. African American | _____ 9. Gay/lesbian/bisexual/transgender |
| _____ 3. Native American | _____ 10. Disabled |
| _____ 4. Southeast Asian | _____ 11. Elderly |
| _____ 5. Other Asian | _____ 12. Rural |
| _____ 6. Pacific Islander | _____ 13. Non-English speaking |
| _____ 7. Hispanic | _____ 14. Other: _____ |
| | _____ |
| | _____ |

- A. What outreach activities are you undertaking to reach the above populations? *(Check all that apply.)*
- 1. Staff that is culturally and/or racially representative of the local population
 - 2. Brochures
 - 3. Public service announcements (e.g., on television, radio, billboards, etc.)
 - 4. Attendance at community meetings or other gatherings
 - 5. Presentations to community groups or other local service providers
 - 6. Designated liaison with underserved community leaders or agencies
 - 7. Other: _____

B. Which of the above groups have you had the most difficulty reaching?

C. Please explain, if possible, why these populations are not accessing your services.

9. Do you have interpreters on staff?

- Yes *Specify languages:* _____
- No

A. Do you use interpreter services from sources outside your own agency?

- Yes No

10. Do you have income eligibility criteria for victims seeking services under the Legal Assistance for Victims grant?

- Yes No *(If no, go to question 11.)*

IF YES,

A. For income eligibility, which of the following is taken into consideration? *(Check all that apply.)*

- 1. Victim's income and/or assets
- 2. Family's income and/or assets
- 3. Other: _____

B. Is the income eligibility criteria based on Legal Services Corporation standards or some other standard(s)?

- 1. Legal Services Corporation
- 2. Other: _____

11. Are court fees for domestic violence victims seeking protection orders waived in your jurisdiction?

_____ Yes _____ No

12. Do any of your grant-funded cases require a financial contribution from the victim (apart from court fees)?

_____ Yes _____ No

13. Do you refer any victims who **may** meet your grant eligibility criteria to other **non-project partner** civil legal services agencies in the local area (e.g., due to time constraints, staffing, or other reasons)?

_____ Yes _____ No (*If no, go to question 14.*)

IF YES,

A. Why are eligible victims being referred to non-project partners?

14. From which sources do you **receive** domestic violence-related civil legal **referrals**?

Please circle the number in the appropriate box for each referral source listed below.

Referral Sources	<i>Do NOT Receive Referrals for Grant- funded Services</i>	<i>Receive Referrals Occasionally for Grant- funded Services</i>	<i>Receive Referrals Frequently for Grant- funded Services</i>
a. Courts	1	2	3
b. Prosecutors	1	2	3
c. Law enforcement	1	2	3
d. Other legal services providers (grant project partners)	1	2	3
e. Other legal services providers (non-grant project partners)	1	2	3
f. Victim services providers (grant project partners)	1	2	3
g. Victim services providers (non-grant project partners)	1	2	3
h. Public social services agencies	1	2	3
i. Private social services agencies	1	2	3
j. Hospitals	1	2	3
k. Faith-based or community organizations	1	2	3
l. Agencies serving primarily underserved populations <i>Specify populations:</i> _____	1	2	3

m. Other: _____		2	3

15. What, if any, difficulties or unexpected obstacles has your agency experienced in serving or reaching out to domestic violence victims? *If necessary, attach additional comments.*

III. Data Collection

The purpose of this section is to gather baseline data on basic client information across all Legal Assistance for Victims grantees. We are also interested in understanding how you collect data for your Legal Assistance for Victims project.

16. Can you distinguish between your Legal Assistance for Victims cases and those cases that are handled with non-grant funds?

_____ Yes _____ No

A. Describe any problems you may have in this area: _____

If unable to distinguish cases, go to question 18.

17. Please provide the following information for victims served under the Legal Assistance for Victims grant for the year **2000**.

- _____ a. Number receiving referrals with no other services (i.e., a case was opened, but no other services were provided)
- _____ b. Number receiving legal counseling **only**
- _____ c. Number receiving legal counseling and a referral
- _____ d. Number receiving legal representation (e.g., trial, settlements)
- _____ e. Number receiving appellate representation
- _____ f. Number receiving other services
- _____ g. Total number of victims receiving services under your grant (i.e., new cases opened)
- _____ h. Number of victims seeking services who could not be helped under your grant

A. If these services were also delivered in **1999**, please provide that information as well.

- _____ 1. Number receiving referrals with no other services (i.e., a case was opened, but no other services were provided)
- _____ 2. Number receiving legal counseling **only**
- _____ 3. Number receiving legal counseling and a referral
- _____ 4. Number receiving legal representation (e.g., trial, settlements)
- _____ 5. Number receiving appellate representation
- _____ 6. Number receiving other services
- _____ 7. Total number of victims receiving services under your grant (i.e., new cases opened)
- _____ 8. Number of victims seeking services who could not be helped under your grant

18. Do you collect the following information about domestic violence victims served under the Legal Assistance for Victims grant? (*Check all that apply.*)

- | | |
|--|--|
| _____ 1. Age | _____ 6. Income (individual or family) |
| _____ 2. Race | _____ 7. Immigration status |
| _____ 3. Gender | _____ 8. Employment status |
| _____ 4. Marital status | _____ 9. None of the above |
| _____ 5. Status of concurrent criminal cases | |

A. Is any of the above information kept in a computerized database?

_____ Yes _____ No

19. Do you compile any of the above information in an Annual Report? (*This does **not** include grant progress reports sent to VAWO.*)

_____ Yes **Include a copy of your most recent Annual Report with this survey.**
_____ No

20. Do you conduct victim satisfaction surveys?

_____ Yes _____ No

21. If you **do not** currently keep data about the victims you serve under your LAV grant, would you be willing to begin collecting this information for the purposes of this national evaluation?

_____ Yes _____ No

22. List any products that have been developed under you Legal Assistance for Victims grant (e.g., brochures, manuals, etc.).

IV. Grantee Profile

The purpose of these questions is to better define for us your agency's funding, size, and jurisdiction.

23. What is your agency's total annual funding? \$_____

24. What is the geographic area served by your Legal Assistance for Victims project? (*Check only one.*)

- | | | | |
|-------|-----------------|-------|-------------------------|
| _____ | 1. Statewide | _____ | 4. Local (city or town) |
| _____ | 2. Multi-county | _____ | 5. Tribal jurisdiction |
| _____ | 3. County | _____ | 6. Other: _____ |

25. What kind of area **best** characterizes the jurisdiction that you serve? (*Check only one.*)

- | | |
|-------|-----------------|
| _____ | 1. Rural |
| _____ | 2. Suburban |
| _____ | 3. Urban |
| _____ | 4. Tribal |
| _____ | 5. Other: _____ |

26. If available, please provide the general population size of the jurisdiction that you serve.

27. In what areas, if any, did you experience difficulty during the implementation of the project? (*Check all that apply.*)

- | | |
|-------|--|
| _____ | 1. Establishing relationships with partner agencies |
| _____ | 2. Establishing relationships with non-project partner agencies in the area |
| _____ | 3. Establishing a pool of clientele |
| _____ | 4. Hiring staff |
| _____ | 5. Developing written policies and procedures |
| _____ | 6. Developing a practice manual or other materials |
| _____ | 7. Acquiring or expanding facilities (e.g., office space) |
| _____ | 8. Acquiring equipment |
| _____ | 9. Acquiring training for project staff |
| _____ | 10. Other: _____ |

A. Please comment on your most serious difficulties listed above. ***Attach additional information to this survey if necessary.***

28. Any additional comments: _____

Thank you for your time and effort in completing this survey. Please return the completed survey along with your Annual Report, if available, and any other attachments in the enclosed postage paid envelope to

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Legal Assistance for Victims Program Follow-Up Survey of Grantees

Introduction

The Institute for Law and Justice (ILJ) in partnership with the National Center for Victims of Crime (NCVC) is conducting an evaluation of the Legal Assistance for Victims Program. This evaluation is being administered by the National Institute of Justice (NIJ) with funding from the Office on Violence Against Women (OVW). Information obtained from this evaluation will inform Congress, the field, and the nation about successes, challenges, and policy issues related to the Legal Assistance for Victims (LAV) program.

As part of this evaluation, LAV grantees who completed an initial survey in 2001 are being asked to participate in the follow-up survey. The attached questionnaire asks about key issues identified in the first LAV grantee survey, as well as issues identified through other evaluation activities, including site visits to 20 LAV programs.

Your completion of this follow-up survey is extremely important. The information you provide will be treated in a confidential manner. Names and other identifying information will not be used in any way. The information will be used only for research purposes. All respondents will receive summaries of the survey results.

If you have any questions about this survey, please contact Barbara Webster via email at barbara@ilj.org or at 703-684-5300. Please return the completed survey by **August 25, 2003**.

We sincerely appreciate your participation in this important project.

Please provide the contact information requested below. The information may be used to clarify responses or to request additional information on some of the topics.

Name of person who completed the survey: _____

Agency: _____

Position: _____

Email Address: _____

Telephone Number: _____

Legal Assistance for Victims Follow-Up Questionnaire for Grantees

This is the second survey of Legal Assistance for Victims grantees. It explores in greater detail some of the key issues identified in the first survey of grantees. Most background questions from the first survey are not repeated; however, the questionnaire does ask you to provide some specific data (Questions 1 and 4), which will be very important for the evaluation in helping to document resources, trends, and unmet needs.

Resources and Expenditures

The purpose of this section is to gather up-to-date information about your Legal Assistance for Victims project resources and expenditures, and to update our information about other sources of funding to support provision of civil legal services to domestic violence victims.

1. Please check the calendar years in which you have operated your Legal Assistance for Victims (LAV) program with OVW funds and provide your expenditures on the LAV program for those years.

Year	LAV Program Annual Expenditures
<input type="checkbox"/> 1998	\$ _____
<input type="checkbox"/> 1999	\$ _____
<input type="checkbox"/> 2000	\$ _____
<input type="checkbox"/> 2001	\$ _____
<input type="checkbox"/> 2002	\$ _____

2. With what other resources are you providing **domestic violence-related civil legal assistance** to domestic violence victims? (*Check all that apply.*)

- | | |
|---|---|
| <input type="checkbox"/> Legal Services Corporation funding | <input type="checkbox"/> No other funds |
| <input type="checkbox"/> IOLTA funds | |
| <input type="checkbox"/> Federal grant other than LAV | |
| <input type="checkbox"/> State grant | |
| <input type="checkbox"/> Local or State Bar Association funding | |
| <input type="checkbox"/> Foundation grant | |
| <input type="checkbox"/> University funds or services | |
| <input type="checkbox"/> Other: _____ | |

2a. Have any of those funds decreased in the past year? No Yes

If so, which funds? _____

3. Have your partners in the LAV project changed since you received your first LAV grant?

No. We continue to work with the same partner(s).

Yes. If yes:

We have **added a new partner(s)**.

We **no longer work with a former partner(s)**.

Comments:

Legal Services

This section asks about numbers and types of cases for which civil legal services were provided to domestic violence victims under the LAV grant program. This information is very important for the LAV program evaluation, as it will assist in identifying trends and unmet needs.

4. Please indicate the number of cases your agency handled **under your LAV grant project** in each of the legal services areas listed below. In the first column, specify the number of domestic violence cases handled in the **first full year in which you operated your LAV grant project**. In the second column, specify the number of domestic violence cases handled in the **most recent full year in which you operated your LAV grant project**.

Legal Services Areas	Number of LAV cases, first full year of LAV funding	Number of LAV cases, most recent full year of LAV funding
a. Temporary/ <i>ex parte</i> protection order cases		
b. Permanent protection order cases		
c. Divorces		
d. Custody cases		
e. Spousal support		
f. Child support		
g. Other areas (e.g., housing, employment, public benefits, name changes)		

4.a. With respect to the data provided above, please comment on any significant changes in numbers or types of cases handled by your LAV project.

Pro Bono Attorneys

5. Do you use *pro bono* attorneys under your Legal Assistance for Victims grant?

No. Please explain why *pro bono* attorneys are not used.

Go to Question 6.

Yes. If yes:

5.a. From 2000 through 2002, has your agency's use of *pro bono* attorneys (*Check one.*)

Decreased Stayed about the same Increased

5.b. How would you describe the amount of free legal work your LAV project receives from *pro bono* attorneys? (*Check one.*)

Very adequate Adequate Inadequate Very inadequate

5.c. How would you describe the quality of the *pro bono* work?

N/A. Do not monitor quality of *pro bono* work .

Excellent Good Fair Poor

5.d. Please describe any techniques you have found to be successful in **recruiting** *pro bono* attorneys to provide legal services to victims of domestic violence.

5.e. Please indicate which of the following techniques or incentives you have used successfully to encourage *pro bono* attorneys to handle complex cases (e.g., custody, contested divorce, support cases). (*Check all that apply.*)

- Partial payment
- Free training
- Continuing legal education (CLE) credit
- Mentoring
- Other:

Victim Assistance Services

The purpose of this section is to gather up-to-date information about the various types of victim assistance services provided under your Legal Assistance for Victims grant project.

6. Please indicate the **victim services areas** in which clients served under your LAV grant project currently receive services.

Victim Services Areas	<i>Service is NOT Provided</i>	<i>Service is Provided using OTHER (non- LAV) Funds</i>	<i>Service is Provided using LAV Grant Funds</i>
a. Crisis intervention			
b. Safety planning			
c. General support and options counseling			
d. Court accompaniment			
e. Assistance to <i>pro se</i> victims			
f. Crime victim compensation claims			
g. Information and referral to community resources (e.g., housing, welfare, transportation)			
h. Other: _____ _____			

Staffing, Recruiting, and Retention

7. Please indicate how many staff are currently funded under your Legal Assistance for Victims grant (including lead agency's and project partner agency's staff), and how many additional staff, if any, would be needed to meet the demand for services?

Position/Title	Number of Full-Time Equivalents (e.g., count two half-time employees as one FTE)	Number of Additional Full-Time Equivalents Needed to Meet Demand for Services
a. Attorney		
b. Paralegal		
c. Victim advocate		

8. Please indicate the extent to which the following factors affect your ability to recruit or retain staff attorneys.

Recruitment/ Retention Factors	Not a Problem	Minor Problem	Significant Problem
a. Low salaries			
b. Rural, isolated service areas			
c. Attorneys unwilling to work in domestic violence field			
d. Uncertain duration of grant-funded positions			
e. Lack of multi-lingual attorneys			
f. Lack of public interest law school clinics			
g. Other _____ _____			

9. Please briefly describe any solutions you have developed that have successfully addressed problems with recruiting or retaining staff attorneys.

Protection Order Enforcement

The purpose of this question is to obtain more detailed information about how protection order enforcement is being addressed under your Legal Assistance for Victims grant.

10. Please comment on the assistance provided by your attorneys to domestic violence victims whose batterers have **violated a protection order**.

10.a. To what extent do LAV attorneys counsel their clients to contact them if the batterer violates a protection order?

- Never Occasionally Often Always

10.b. To what extent do victims call on LAV attorneys for legal assistance when their batterer has violated a protection order?

- Never Occasionally Often Always

10.c. What are some examples of actions you have found successful with respect to protection order enforcement (e.g., warning letter to police chief, filing of contempt of court charges against officers who fail to enforce)?

Demand for Services

11. Approximately what percentage of **eligible** requests for civil legal services in domestic violence cases are you currently able to handle? (Check the most appropriate response.)

- | | |
|---|--|
| <input type="checkbox"/> 90-100 percent | <input type="checkbox"/> 40-50 percent |
| <input type="checkbox"/> 80-90 percent | <input type="checkbox"/> 30-40 percent |
| <input type="checkbox"/> 70-80 percent | <input type="checkbox"/> 20-30 percent |
| <input type="checkbox"/> 60-70 percent | <input type="checkbox"/> 10-20 percent |
| <input type="checkbox"/> 50-60 percent | <input type="checkbox"/> 0-10 percent |

12. In 2002, approximately how many domestic violence victims requesting civil legal services did you refer to other legal resources because high LAV attorney workloads did not permit them to accept new cases?

13. Please indicate the extent to which the following factors affect your ability to meet demands for civil legal services to domestic violence victims.

	Not a Problem	Minor Problem	Significant Problem
a. Eligibility requirements			
b. Staff shortages			
c. Lack of attorneys taking <i>pro bono</i> family law cases			
d. Language barriers			
e. Other: _____ _____			

14. In 2000, the LAV program expanded to include provision of civil legal services to victims of sexual assault and stalking.

14a. Has your agency changed any of its procedures because of this expansion (e.g., agency began accepting referrals from programs serving sexual assault victims)?

- No
- Yes. Comments: _____

14b. Please comment on any changes in your agency's workload **in the past year** related to the inclusion of sexual assault and stalking victims among LAV-eligible clients.

15. We would welcome any additional comments you would like to provide.

Thank you for your time and effort in completing this survey. Please mail your completed questionnaire to the Institute for Law and Justice (ILJ) in the envelope provided, or FAX to ILJ at 703-739-5533. If you have questions about the survey, please contact Barbara Webster at ILJ (email Barbara@ilj.org or phone at 703-684-5300).

Victim/Client Legal Services Questionnaire

Directions for Advocate: Please read this questionnaire verbatim. Do not skip any questions unless directed to do so. Capture as many of the client's comments as possible. Feel free to make notes in the margins.

Advocate: "We'd like you to complete the whole questionnaire, if possible. There are some yes/no questions, some with multiple choice answers, and others that ask you to comment or give an opinion. I am here to answer any questions you may have, and to record all of your responses."

I. Demographic Information

Advocate: "First, I have a few basic questions about you."

1. How would you describe your gender?

Male

Female

2. What is your age?

18-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65 and over

3. How do you describe your race? **Check all that apply**

- White
- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Other race (Specify) _____

4. How many children do you have? _____ **[If none, go to Question 5]**

4a. Do any of them live with you?

- No
- Yes

4b. What are their ages? _____

II. History and Background of Case

Advocate: "Now, I'd like to ask you a few things about your relationship with [A]."

5. During your relationship with [A], has [A] ever done any of the following things to you?

	Yes	No
1) Break your glasses or tear your clothing?	1	0
2) Push or shove you?	1	0

3) Grab you?	1	0
4) Slap you with an open hand?	1	0
5) Bite you?	1	0
6) Hit you with a fist?	1	0
7) Kick you?	1	0
8) Throw something at you?	1	0
9) Try to hit you with an object?	1	0
10) Twist your arm or leg?	1	0
11) Choke you or try to smother you (including drowning)?	1	0
12) Tie you up or physically restrain you in some way?	1	0
13) Beat you up?	1	0
14) Force sexual activity?	1	0
15) Threaten you with a knife or gun?	1	0

6. When was the last incident of violence involving [A]?

- 6 months ago or less
- About a year ago
- About two years ago
- Several years ago

7. At the time you sought legal services, how would you describe your relationship with [A]?

- Married, Living Together
- Married, Not Living Together
- Divorced, Living Together
- Divorced, Not Living Together
- Intimate Relationship, Living Together
- Intimate Relationship, Not Living Together
- Ex-Intimate Relationship
- Dating, but not an Intimate Relationship
- Have a child[ren] in common (not married)
- Other (Specify) _____

7a. Is this relationship with a same sex partner?

- No
- Yes

8. Did [A] violate any court orders while you were receiving legal services?

- No **[Go to Question 9]**
- Yes

8a. If yes, what did you do after [A] violated the order?

- Called police
- Called a friend or relative
- Called my attorney
- Talked to him
- Nothing
- Something else (please describe): _____

8b. What happened to [A] after he violated the order?

- He was arrested
- Arrested and went to court
- Nothing
- Something else (please describe): _____

III. Legal Services

Advocate: "Next, I'd like to ask a few questions about what kinds of legal services you asked for and what [insert grantee agency] was able to help you with."

9. What motivated you to seek legal services? **Directions to Advocate: Probe for main reason for seeking services.**

- Fear for personal safety
- Fear for child's(ren) safety
- Fear of property damage
- Financial concerns
- Other _____

10. How did you find out about [insert grantee agency] legal services? **Check all that apply**

- Newspaper or advertisement
- Brochure
- Presentation given by legal agency's staff
- Referral from victim services/shelter program staff
- Referral from police
- Referral from prosecutor's office
- Referral from court/court services
- Referral from hospital
- Friend

- Another domestic violence survivor
- Other (Specify): _____

11. Which of the following services did [insert grantee agency] help you with? ***Check all that apply***

- Provided advice or counsel
- Provided brief service (i.e., made some phone calls or wrote letters)
- Provided a referral to another legal service provider or other community resource
- Helped fill out and file court forms
- Represented you in court
- Represented you in court more than once
- Provided some other service Describe: _____

12.

Advocate: "I'd like to ask you about the services you received and how satisfied you were with the result(s) of your case. I want to emphasize that everything you say in this questionnaire will be kept completely confidential."

Directions for Advocate: Complete each field in the following chart with client's responses. Only services provided by grantee should be recorded. Also, show interviewee a copy of these responses to choose from.

<u>Services Received</u>		<u>Satisfaction with Results</u>				
	✓	V. Diss.	Diss.	Neutral	Satisfied	V. Satis.
Protection Order/ Restraining Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custody*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitation*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help w/ Housing Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help w/ Employ- ment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help w/ Pub. Ben.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help w/ Immi- gration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** Direction to Advocate: These cases should be separate and apart from any relief sought or received in a PO/RO.*

13. Were there any services you requested that the legal services agency was unable to help you with?

No [**Go to Question 14**]

Yes

13a. If yes, what services? _____

13b. Why were they unable to help you? _____

IV. Satisfaction with Legal Services

Advocate: "The following questions ask you about your satisfaction with the legal services you received from [insert grantee agency], including your satisfaction with your attorney. Again, let me remind you that everything you say in this questionnaire will be kept completely confidential and will not be shared with [insert grantee agency]. Your attorney will not be told your answers to any of these questions, your answers will not get your attorney into trouble, and your answers will not affect any future services you may receive from [insert grantee agency]."

14. How satisfied were you with **your attorney(s)** in this case? *Choose only one*

- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

14a. What was satisfactory or unsatisfactory about your attorney(s)? _____

15. When you sought help following the domestic violence incident, did anybody help you plan for your **safety** at home?

No [**Go to Question 16**]

Yes

15a. If yes, who gave you suggestions and/or helped you plan for your safety? *Check all that apply*

Attorney

Paralegal

Victim Advocate

Police

Someone else (please describe): _____

15b. As a result of talking with this person about your safety, did you make any changes?

No [**Go to Question 16**]

Yes

15b(i) Which of the following changes did you make? *Check all that apply*

Direction to Advocate: After reading each response, ask the interviewee to indicate if the response applies to her.

Developed strategies to leave your home quickly (e.g., doors, windows, elevators)

Began to organize items so that they were easily accessible (e.g., purse, credit cards, identification, family medical records, keys)

Made a list of important contact numbers (e.g., domestic violence hotline, shelter)

Increased safety measures around the home (e.g., smoke detector, change locks)

Identified people you could invite to help secure your safety (e.g., your boss, neighbor, security guard, family members, friend)

Increased your safety precautions out of the home (e.g., changing the route you travel to work each day)

- Prepared to enforce your protection order, if necessary (e.g., registering it with the police, carrying a copy, informing key people such as your boss, co-workers, friend, child's principal or teacher, or neighbor)
- Increased your children's safety (e.g., informing those at their school as to who is allowed to pick them up)
- Left the abuser
- Made other changes _____

V. Impact of Legal Services

Advocate: "Now I have a few questions about how receiving assistance through [insert grantee agency] has helped you."

16. Can you tell me whether the following things have gotten better, worse or have stayed the same as a result of receiving legal services?

	Better	Worse	No change
Living situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of self-worth/self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something else _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Do you believe that you could have received help with your case if the services had not been provided for free?

- No
- Yes

18. Has [A] been violent toward you since you received your services (e.g., divorce, custody, protection order)?

- No **[Go to Question 18a]**
- Yes **[Go to Question 18b]**

18a. If no, do you feel that [A] will be violent against you in the future?

- Definitely Not
- Probably Not
- Probably Will
- Definitely Will
- Don't know

18a(i) Why or why not? _____

18b. If yes, how frequently?

- Once
- Once a month or less
- 2 or 3 times a month
- Once or twice a week
- 3 to 5 times a week
- Everyday

18b(i) Can you describe the most recent incident? _____

V. Current Situation

Advocate: "The last few questions are about your current relationship (if any) with [A]."

19. Do you currently have contact with [A]?

No **[Go to Question 20]**

Yes

19a. If yes, what kind of contact do you have with [A]?

Live together

Current relationship (Not living together)

Phone contact

Custody visit exchanges

Spousal support

Child support

Other (Specify) _____

20. Right now, to what degree, if at all, are you afraid of [A]?

Not at all

A little

Somewhat

Very much

20a. What makes you say that?

21. Do you have any other comments?

*Advocate: Thank you for your time and your participation in this study. We appreciate your willingness to help.
Advocate to provide victim with \$25 for their participation.*