

# Healing Voices Survey

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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 survivors 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 he 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** \_\_\_\_\_  
*(Type the date you completed this survey.....Thank you!)*

**Date Admitted to Program** \_\_\_\_\_

**Date Exiting Program** \_\_\_\_\_

**What county do you live in.** \_\_\_\_\_

**I identify as....** \_\_\_\_\_ Female \_\_\_\_\_ Male

**Identify as... (Check One)** \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ African American  
\_\_\_\_\_ Native American \_\_\_\_\_ Asian American \_\_\_\_\_ Other \_\_\_\_\_

**Which category below includes your age? (Check One)** \_\_\_\_\_ 1-6 \_\_\_\_\_ 7-12 \_\_\_\_\_ 13-17

\_\_\_\_\_ 18-24 \_\_\_\_\_ 25-40 \_\_\_\_\_ 41-59 \_\_\_\_\_ Do not want to share

**I have come to this center for services...** \_\_\_\_\_ 1 time \_\_\_\_\_ 2-4 times \_\_\_\_\_ 5-10 times \_\_\_\_\_  
More than 10 times

**The assault (s) abuse occurred:** \_\_\_\_\_ yesterday \_\_\_\_\_ days ago \_\_\_\_\_ weeks ago \_\_\_\_\_ months ago \_\_\_\_\_ years ago

**In my life I have been assaulted or abused...** \_\_\_\_\_ One time \_\_\_\_\_ More than one time

## **TYPES OF SERVICES**

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**The Program that provide your contact: (Check all that apply)**

<input type="checkbox"/>	New Beginning Shelter	<input type="checkbox"/>	MASH	<input type="checkbox"/>	Let's Talk About It
<input type="checkbox"/>	Legal Assistance Project	<input type="checkbox"/>	L.E.A.H.	<input type="checkbox"/>	S.A.R.A.H.
<input type="checkbox"/>	Ester Generation	<input type="checkbox"/>	Y.E.S.	<input type="checkbox"/>	Healthy Relationship Sessions
<input type="checkbox"/>	Other (Specify)				

**Types of Services Rendered: (Check all that apply)**

<input type="checkbox"/>	Shelter	<input type="checkbox"/>	Medical Advocacy	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Clothes	<input type="checkbox"/>	Food	<input type="checkbox"/>	Victim Compensation	<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Income Maintenance	<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"/>	Individual Sessions	<input type="checkbox"/>	Custody/ Visitation
<input type="checkbox"/>	Child/Spousal Support	<input type="checkbox"/>	Special Event	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	
<input type="checkbox"/>	Bill of Rights	<input type="checkbox"/>	Social Services	<input type="checkbox"/>	Other Family Matters		
<input type="checkbox"/>	Group Sessions	<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>	

**Type (s) of Case: (Check all that apply)**

<input type="checkbox"/>	Sexual Assault	<input type="checkbox"/>	Dating Violence
<input type="checkbox"/>	Stalking	<input type="checkbox"/>	Domestic Violence
<input type="checkbox"/>	Homicide Survivor	<input type="checkbox"/>	Child Abuse

**Offender was:**

<input type="checkbox"/>	Child	<input type="checkbox"/>	Ex-Spouse	<input type="checkbox"/>	Acquaintance
<input type="checkbox"/>	Family	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Stranger
<input type="checkbox"/>	Friend/Partner	<input type="checkbox"/>	Ex-Friend/Partner	<input type="checkbox"/>	

**Who provided you with Services?**

Name of Your Advocate: \_\_\_\_\_

Name of Your Attorney: \_\_\_\_\_

## EXPERIENCES

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**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. Check your response, thank you!**

<i>The people who worked here are respectful</i>	Never	Sometimes	Usually	Always
When I need to make decisions, the people who work here think my opinion is important.				
When I talk about what has happened in my life, the people who work here believe me.				
When I need help, someone here tries to help me.				
When I come here I feel safe.				
When I am upset the people who work here support me.				
The suggestions people here give to me are useful				
When I tell people here about private things, they respect my privacy.				

## 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 describe your experiences. Remember to think about all of your experiences since the assault.**

<i>My Experiences</i>	Hurtful	Helpful	Hurtful & Helpful	I did not have contact
The police was....				
The doctors were....				
The nurses were ...				

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<b><i>My Experiences</i></b>	<b>Hurtful</b>	<b>Helpful</b>	<b>Hurtful &amp; Helpful</b>	<b>I did not have contact</b>
My family was ....				
My friends were ....				
My minister was				
My advocate from the center was ...				
The person who talked to me on the hotline was...				

**Everyone who is assaulted or abused reacts differently. You 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 use drugs or alcohol to deal with my feelings						
I feel numb or in shock.						
I avoid things that make me think about the assault or abuse						
I feel unsafe.						

**I believe I can heal or recover from the assault or abuse.** \_\_\_ A lot less \_\_\_ About the same \_\_\_ A lot more \_\_\_ A little less \_\_\_ A little more \_\_\_ I never believed this

**I believe the assault or abuse was not my fault. Now I believe this...** \_\_\_ A lot less \_\_\_ About the same \_\_\_ A lot more \_\_\_ A little less \_\_\_ A little more \_\_\_ I never believed this

**Is there anything else you want us to know?**

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## OVERALL SUMMARY

Overall Summary – Please indicate your level of agreement with the following statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This agency helped me to recognize my legal rights.					
The Victim Service Advocate assisted me in developing a sound safety plan.					
I was invited to attend group and/or individual counseling sessions.					
The Victim Service Advocate helped to understand my need for safety.					
Were you given strategies for enhancing your safety?					
I was informed of my Bill of Rights.					
The Attorney explained my legal rights.					
The Victim Services Advocate was courteous to me.					
The Legal Assistance Project’s Attorney was courteous to me.					
The services I received helped me to participate in the court and prosecution processes.					
This agency helped me learn how to access benefits or community resources.					
The Victim Service Advocate support helped me to cope with my situation					
The Legal Assistance Attorney helped me to cope with my situation.					
Was staff available to you?					
Other (please specify)					