

Measures for Assessment and Evaluation in Supervised Visitation and Exchange Programs in Cases Involving Domestic Violence

Dear Colleagues:

The following seven measures were compiled or developed as part of the National Evaluation of the Safe Havens Demonstration Initiative. The evaluation was conducted by Daniel Saunders, Cris Sullivan, Richard Tolman, and Marguerite Grabarek through a Cooperative Agreement between the University of Michigan and the U.S. Department of Justice, Office on Violence Against Women (Grant #2003-WT-BX-K044).

You do not need permission to use the measures provided that you give proper credit as noted at the end of each measure. You may also modify the measures that we developed without seeking permission. If you use any of the measures, we would be interested in receiving information from you on your aggregate and anonymous results.

Sincerely,

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Collaborative Member Survey: Supervised Visitation/Exchange Programs & Community Partners

This survey is intended to assess how effective you think your collaborative is in meeting its goals. If you agree to complete this survey, your answers will be kept confidential. Your responses will not be shared with anyone.

The collaborative is defined as the group that meets regularly, typically consisting of the representatives of the supervised visitation/exchange program, domestic violence agencies and the court. Please circle a number that best represents your views.

A. Clarity of Purpose

	Not at all	A little	Some what	Mostly	Very	
1. How clear are the goals of the collaborative?	1	2	3	4	5	Don't Know / NA
2. How clear are you regarding the actions that need to occur in order to achieve these goals?	1	2	3	4	5	Don't Know / NA

B. Shared Purpose

3. Collaborative members have a shared understanding of domestic violence.	1	2	3	4	5	Don't Know/ NA
4. Collaborative members have a shared vision regarding the changes needed in the community's response to domestic violence in supervised visitation settings	1	2	3	4	5	Don't Know/ NA

C. Collaborating

5. Collaborative members' roles and responsibilities are discussed, agreed upon, and clearly communicated	1	2	3	4	5	Don't Know/ NA
6. Our Collaborative has an understood process for making decisions	1	2	3	4	5	Don't Know/ NA

7. Our collaborative is tolerant of differences or disagreements	1	2	3	4	5	Don't Know/ NA
8. How effective do you feel the activity (program) planning process has been thus far?	1	2	3	4	5	Don't Know/ NA
9. How effectively does the collaborative facilitate sharing of individual program information amongst collaborative members?	1	2	3	4	5	Don't Know/ NA
	Not at all	A little	Some-what	Mostly	Very	
10. How effectively does the collaborative facilitate problem-solving of individual supervised visitation agencies' programmatic issues (peer to peer learning)?	1	2	3	4	5	Don't Know/ NA
11. How frequently does your agency share materials within the collaborative , such as print, audio-visual, trainings, and electronic materials?	1	2	3	4	5	Don't Know/ NA
12. How effectively does the collaborative partner with other community groups outside the collaborative to share knowledge, skills or resources?	1	2	3	4	5	Don't Know/ NA

13. Below are statements describing the effects this collaborative may have on relationships among the agencies represented here. Please circle the number to the right of each statement that shows how accurately it represents the effect your collaborative has had. In your opinion , the collaborative has:	Strongly Disagree	Disagree	Some-what Disagree	Some-what Agree	Agree	Strongly Agree
a. Increased the ability of organizations to coordinate their efforts	1	2	3	4	5	6
b. Increased members' knowledge about each other's organizations	1	2	3	4	5	6
c. Increased members' knowledge of other members' roles and limitations	1	2	3	4	5	6
d. Resulted in agencies working together more efficiently	1	2	3	4	5	6

D. Leadership

	Not at all	A little	Some-what	Mostly	Very	
14. Our Collaborative Leader (Project Director) is attentive to individual member concerns.	1	2	3	4	5	Don't Know/ NA
15. Our Collaborative Leader (Project Director) is adept in organizational and communication skills.	1	2	3	4	5	Don't Know/ NA
16. Our Collaborative Leader (Project Director) applies standards in a fair and impartial manner	1	2	3	4	5	Don't Know/ NA
17. Our Collaborative Leader (Project Director) is adept at building relationships with other organizations and leaders regarding supervised visitation issues.	1	2	3	4	5	Don't Know/ NA

E. Communication

	Not at all	A little	Some-what	Mostly	Very	
18. Is the collaborative climate characterized by open communication between collaborative members (i.e., unrestricted exchange of information, thoughts, and concerns)	1	2	3	4	5	Don't Know/ NA
19. How respectful are collaborative members of each other's organizations?	1	2	3	4	5	Don't Know/ NA
20. How satisfied are you with the trust that Collaborative members show each other?	1	2	3	4	5	Don't Know/ NA

F. Diversity

21. How satisfied are you with the collaborative's sensitivity to diversity and cultural issues?	1	2	3	4	5	Don't Know/ NA
22. How satisfied are you with the cultural, ethnic, and racial diversity within the collaborative?	1	2	3	4	5	Don't Know/ NA

G. Program Progress

23. Our Collaborative addressed shortcomings in practices in community agencies regarding their response to supervised visitation and domestic violence.	1	2	3	4	5	Don't Know/ NA
24. Our Collaborative has influenced changes in practice in community agencies that have increased batterer accountability	1	2	3	4	5	Don't Know/ NA
25. Our Collaborative has influenced the policies of agencies regarding their response to domestic violence	1	2	3	4	5	Don't Know/ NA
26. Our Collaborative has influenced changes in practice in community agencies that have increased the safety of women and their children	1	2	3	4	5	Don't Know/ NA

H. General Feedback

27. As a collaborative member, in what areas do you feel the **collaborative** has been **most successful**?

Please explain (continue on back if needed):

28. As a collaborative member, in what areas do you think the **collaborative** could be **improved**:

Please explain (continue on back if needed):

I. Background Information

29. Since the last survey, how many times have you met with this collaborative, either by phone or in person? _____

30. How long have you been a member of this collaborative? _____

31. Years working at your agency: _____

32. Job Title (please circle all that apply): SV Center Administrator SV Monitor Family Court staff DV Agency Staff Other: _____

33. Sector (please circle one): Supervised visitation provider Court DV Agency Other: _____

34. Age (please circle range): 18-29 30-39 40-59 60 or over

35. Highest level of education: High School Some college Four year college Advanced Degree

36. Primary ethnic/race identity (please circle all that apply):
American Indian/ Alaska Native African-American/ Black Asian
Latino(a) Native Hawaiian or other Pacific Islander
White Other: _____

(Items 5-7 from Organizational Research Services, Seattle, Washington; Items 20-22 from Fawcett, Foster & Francisco, 1997; items 3, 4, 13-15, 23-26 from Allen & Hagen, 2003. All other items from Applied Survey Research, California) Version: 12-20-04

INVENTORY OF POLICIES AND SAFETY MECHANISMS for Supervised Visitation and Exchange Programs

POLICIES AND GUIDELINES:

1. Which specific written policies or guidelines are in place? *Note: it may be a “parent/umbrella” agency policy or a visitation/exchange program policy. Please check the appropriate box next to each item.*

	Yes	No
Appropriate parent behavior and conversations	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate parent/child interactions	<input type="checkbox"/>	<input type="checkbox"/>
Cases involving: domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Chemical dependency	<input type="checkbox"/>	<input type="checkbox"/>
Child physical abuse	<input type="checkbox"/>	<input type="checkbox"/>
Child sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Child psychological/emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>
Child neglect	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault of adults	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Crisis intervention	<input type="checkbox"/>	<input type="checkbox"/>
Safety and security	<input type="checkbox"/>	<input type="checkbox"/>
Working with diverse clients	<input type="checkbox"/>	<input type="checkbox"/>
No alcohol/drug use policy	<input type="checkbox"/>	<input type="checkbox"/>
No weapons policy	<input type="checkbox"/>	<input type="checkbox"/>
Visiting party cannot reenter	<input type="checkbox"/>	<input type="checkbox"/>
Victim notified of noncompliance	<input type="checkbox"/>	<input type="checkbox"/>
Child never alone with visiting parent	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Documentation

2. Were separate case files created for each client (i.e. did members of the same family have separate files)?

Yes, Always Yes, Sometimes Never

3. Case files for each client included: (Please check all that apply **and** add the month and year *if* a change occurred)

<u>Descriptive information:</u>	<u>Custodial</u>	<u>Month/Yr</u>	<u>Non-custodial</u>	<u>Month/Yr</u>	<u>Child(ren)</u>	<u>Month/Yr</u>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	(i.e. visiting party)					
Name, address, phone number, etc.	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Social security number	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Employer’s name, address, telephone	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Emergency contacts	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
School name, address, telephone	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
History of arrests and convictions	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
History of treatment/services	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

History of domestic violence	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Photograph of child	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
		<u>CustodialMonth/Yr</u>	<u>Non-custodial</u>	<u>Month/Yr</u>	<u>Child(ren)</u>	<u>Month/Yr</u>
Photograph of adults	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Physical description of visiting parent	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Statement of reason for referral	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<u>Forms/ documents:</u>						
Assessment form	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Court order	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Restraining orders	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Intake form	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Observation report	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Phone log	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Services log, including referrals	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Signed confidentiality statement	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Signed program contract	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Signed safety guidelines	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Schedule does not reveal location of parents	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

4. Does the center have translated client forms? Yes, All Yes, Some No

If yes, which languages? (Please list) _____

Physical Safety and Security

5. Specific safety measures undertaken by the center included: (Please check the appropriate box for each item **and** if this changed during the past year, please indicate the month it changed)

	Yes, Always/fully	Yes, Sometimes/part	No	Month
<i>Equipment:</i>				
Breathalyzer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Intercom/overhead paging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Metal detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Panic button nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Panic button on staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speaker phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Video camera inside center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Video camera outside center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walkie-talkie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Center design:</i>				
Outside lighting front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outside lighting back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Separate entrances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Separate parking areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Separate waiting areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Locking mechanisms:

Manual locks on entrances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manual locks on exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Automatic locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Locked filing/records systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Program design:</i>				
Custodial parents escorted to center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Custodial parents escorted from center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-custodial parents escorted to center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-custodial parents escorted from center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Separate case planning sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staggered arrival times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staggered departure times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PROCEDURES & STAFFING: (Please check the appropriate box for each item and if this changed during the past year, please indicate the month it changed)

	Yes, Always/fully	Yes, Sometimes/part	No	<u>Month</u>
<i>Safety planning:</i>				
For children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
For victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
For staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency code word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provide "red flags"* list to staff *risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Regular contact with:</i>				
Counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Probation officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Batterer intervention provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Court/Court staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Staffing</i>				
Multiple staff on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
On-site law enforcement/security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staff observes for signs of abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staff wears visible ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back up staff close to visit (nearby)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

RISK ASSESSMENT:

In addition to the center's general assessment procedures, did the center conduct specific risk assessments/assess safety for the following: (Please check the appropriate box for each item)

	Yes, always	Yes, sometimes	Never	<u>Month</u>
Child neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child abuse – sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Child abuse – physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child abuse – psychological/emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child abduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Domestic violence/assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lethality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manipulation of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manipulation of the victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Noncompliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

For any of the above policies and safety mechanisms that you do not have, are there any you plan to implement during the coming year?

For those you do not have and do not plan to implement, please explain why you do not plan to implement them.

For any of the above policies and safety mechanisms that you have in place, do you plan to modify them during the coming year and why?

Person completing inventory _____

Thank you for completing this survey!

Modified from a version developed in 2004 for use in the National Evaluation of Safe Havens Demonstration Initiative with many of the items developed by Lauren Litton and Beth McNamara. The evaluation was conducted by Daniel Saunders, Cris Sullivan, Richard Tolman, & Marguerite Grabarek with funding from a Cooperative Agreement between the University of Michigan and the U.S. Department of Justice, Office on Violence Against Women, Grant #2003-WT-BX-K044. For more information contact Dr. Saunders at saunddan@umich.edu or 734-763-6415.

Frequency of Abuse at Your Supervised Visitation/Exchange Program [Program Staff Only]

Please indicate below the number of times you observed different forms of abuse or severe rule violations at your supervised visitation program during times you were a monitor/supervisor for families. Include abuse that occurred in the visitation center or exchange space, in the rest of the building, outside areas, and the parking lot for times before, during, and after visits and exchanges. If none of the incidents occurred, please enter zero: "0". Leave blank if you were not monitoring in a specific year.

What period of time have you supervised/monitored at the center?
 FROM: month _____ year _____ TO: month _____ year _____

		Number of Times You Observed at VISITS in Past Year	Number of Times You Observed at EXCHANGES in Past Year
Physical aggression against: <i>Examples:</i> pushed, shoved, grabbed, slapped, hit, punched, restrained, choked, kicked, beat up	Custodial parents		
	Non-custodial parents		
	Children		
	Staff		
Physical aggression against property	Center property (e.g., a wall)		
	Other parent's property (e.g., car tires)		
	___ Child's property (e.g., toys)		
	Other		
Psychological abuse against: <i>Examples:</i> yelled at, swore at, called names, made threats or looks or movements meant to scare, or similar behaviors	The other parent		
	Children		
	Staff		
	Other		
Parent used child to try to locate other parent	----->		

		At VISITS Past Year	At EXCHANGES Past Year
Other serious rule violations <i>Examples:</i> _____	By Non-custodial parents		
	By Custodial parents		
	By Children		
Abductions	Of children		
	Of parents		
Attempted Abductions	Of child		
	Of parent		
Substance Abuse <i>Examples:</i> Showed up for visit smelling of alcohol or being “high” on drugs	By custodial parents		
	By non-custodial parents		
	By children		
Arrest or papers served at center to: <i>Examples: Parent served legal papers. Visit interrupted/cancelled due to arrest.</i>	Custodial parents		
	Non-Custodial parents		
Stalking/ harassment immediately before or after the visit. <i>Examples: follow, spy on or show up when other person didn’t want them to; fail to follow staggered arrival procedure; violation of restraining order or No Contact order</i>	In visitation center space		
	In the rest of the building		
	Outside or in parking lot		
Child sexual abuse related incident <i>Examples:</i> Parents bringing objects associated with their child’s abuse (photographs, toys, etc.) or the use of a reoccurring phrase that makes child uneasy and that may trigger memories of the abuse.	----->		

Modified from a version developed in 2006 for use in the National Evaluation of Safe Havens Demonstration Initiative conducted by Daniel Saunders, Cris Sullivan, Richard Tolman, & Marguerite Grabarek through a Cooperative Agreement between the University of Michigan and the U.S. Department of Justice, Grant #2003-WT-BX-K044. For more information contact Dr. Saunders at saunddan@umich.edu; 734-763-6415.

Client Satisfaction Survey

Supervised Visitation & Exchange Program

We are asking for your help in evaluating the quality of our services. Please take five to ten minutes to complete this survey to give information that will help us change our services to better help you and others. Your participation is **voluntary**, and you will **not be refused services** here or at any other agency if you do not complete the survey. Your responses will be kept **confidential**. Please do not put your name on the survey.

Please read the following statements and check the box that shows how much you agree with each one:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	NA / Don't Know
1) I am satisfied with the way my request for services was handled during my orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) The rules and procedures of this center were clearly explained during my orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Center staff make an effort to understand me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Center staff explain things in a way I can understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Center staff are respectful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Center staff are helpful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Center staff support me in my own decision-making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) I find the center to be clean and comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) This center is equipped with toys, books and games that my child(ren) enjoys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) If I have concerns about the visit or exchange, a staff member is available to answer my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) I feel safe while at the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) My child(ren) feel safe while at the center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Center staff are sensitive to my concerns about safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) If I need help in the future with visitation or exchange services, I would contact this center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Items 4, 7, and 14 were adapted from "Evaluation of Services Survey", City of Chicago. All other items were developed by Applied Survey Research and the Santa Clara California Safe Havens Site in collaboration with the National Evaluation of the Safe Havens Demonstration Initiative. For more information contact Dr. Daniel Saunders, University of Michigan, School of Social Work, saunddan@umich.edu; 734-763-6415.

Please check the box that **shows how much you agree with** each of the following statements:

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	NA / Don't Know
1) Staff acknowledge the importance of my cultural beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Staff understand that people of my racial or ethnic group are not all alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Staff treat me as if my culture is not important for them to consider in any planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) The staff who worked with me were interested in understanding more about my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) The staff treat me with disrespect because of the way I speak English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) The reading materials are not in the language that my family and I usually speak at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Staff are willing to be flexible and provide alternative approaches or services to meet my cultural/ethnic needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) The staff understand that I might want to talk to a person from my own racial or ethnic group about getting the service I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) If I need them, there are translators or interpreters easily available to assist me and/or my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) If needed, the staff understand concerns I have about immigration issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Items 5 and 10 are from: Cultural Competence Agency Self-Assessment Instrument, Child Welfare League (2002); items 1-3 and 6-9 are from: Maryland Mental Hygiene Administration, Survey of the Cultural Competency of Adult Services (2002); item 5 is from: R. L. Johnson, et al., Racial and ethnic differences in patient perceptions of bias and cultural competence in health care (2004).

What were your **greatest needs or concerns** when you started coming to this visitation/exchange center?

What services or referrals do you **need but have not yet received?**

How has the visitation/exchange center been **helpful to you?**

How do you think this visitation/exchange center **could improve its services** to better help you and your child(ren)?

Thank you for completing this survey!

Next we would like to know about events or incidents that may have taken place during the **month prior to your visit or exchange today**. We understand it is possible you may answer ‘yes’ to several questions about one event or incident you experienced.

8. During the past month, did you have **any direct contact** with your former spouse/partner-- *whether by your choice or not*?

Yes (1) **No** (2) **If “No” skip to question #9**

8a. **If yes**, how many times during the past month did this happen? _____ (Please give a number)

8b. Of these contacts, how many were **unwanted contacts** or **not by your choice**? _____

9. During the past month, did your ex-partner **physically hurt** you or **try to physically hurt** you in any way?

Yes (1) **No** (2)

10. During the past month, did your ex-partner **threaten to physically hurt or abuse** you in any way, either directly (for example, in person, by phone or in writing) or through other people?

Yes (1) **No** (2)

11. During the past month, did your ex-partner **stalk you**—directly or indirectly, such as through other people or notes?

Yes (1) **No** (2) **Not sure** (9)

12. During the past month, did your ex-partner **threaten** you or **harass** you **in any other way**? [for example, threats to: take you to court; report you to immigration or other authorities, threats to take things that belong to you; or similar behaviors]

Yes (1) **No** (2)

The next questions are about your child or children

13. During the past month, did your ex-partner make **unauthorized contact** with any of **your children**, **take your child without permission** or **stalk your child**?

Yes (1) **No** (2) **Not sure** (9)

14. During the past month, did your ex-partner **use your child or children** to hurt you or try to hurt you? [for example, asked your child about you or your location; reported you to child protective services; got or try to get sole custody of your child or similar behaviors]

Yes (1) **No** (2)

15. During the past month, did your ex-partner **make any threats that involved any of your children**? [for example, threats to: take your child without permission; report you to child protective services; get sole custody of your child; stop child support; or similar threats]

Yes (1) **No** (2)

Developed in 2005 by the National Evaluation of Safe Havens Demonstration Initiative conducted by Daniel Saunders, Cris Sullivan, Richard Tolman, & Marguerite Grabarek, through a Cooperative Agreement between the University of Michigan and the U.S. Department of Justice, Grant #2003-WT-BX-K044 in collaboration with the Demonstration Initiative’s technical assistance providers, project directors, local evaluators, and the Office on Violence Against Women.

Client Demographic/Background Information

Date: _____

Are you the: ___ Custodial parent ___ Non-custodial parent

Date began using Supervised Visitation/Exchange Center Services: Month _____ Year _____

Prior to coming to this center, have you used:

supervised visitation Yes No supervised exchange Yes No

If yes to either one above, was this service provided by: (Check all that apply)

___ This Program ___ Another Program ___ Friend/relative ___ Used a public place for exchange ___ Other

When did your relationship with the other parent begin? Month _____ Year _____

Did you ever live with him/her? Yes No

If yes, when did you begin living with other parent? Month _____ Year _____

 When did you stop living with him/her(even if still romantically involved)? Month _____ Year _____

When did the relationship end (not romantically involved)? Month _____ Year _____

Race/ethnicity of clients: (check all that apply)

Custodial Parent	Non-Custodial Parent																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Race/ethnicity</th> <th style="width: 50px;"></th> </tr> </thead> <tbody> <tr><td>Black or African American</td><td></td></tr> <tr><td>American Indian and Alaska Native</td><td></td></tr> <tr><td>Asian</td><td></td></tr> <tr><td>Native Hawaiian and other Pacific Islander</td><td></td></tr> <tr><td>Hispanic or Latino</td><td></td></tr> <tr><td>White</td><td></td></tr> <tr><td>Unknown</td><td></td></tr> </tbody> </table> <p>Gender: (Check one) ___ Male ___ Female Date of Birth: Month ___ Year _____ Other Demographics (Check all that apply) ___ Disabilities ___ Limited English proficiency ___ Immigrant, refugee, asylum seeker, foreign born ___ Lives in rural area</p>	Race/ethnicity		Black or African American		American Indian and Alaska Native		Asian		Native Hawaiian and other Pacific Islander		Hispanic or Latino		White		Unknown		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Race/ethnicity</th> <th style="width: 50px;"></th> </tr> </thead> <tbody> <tr><td>Black or African American</td><td></td></tr> <tr><td>American Indian and Alaska Native</td><td></td></tr> <tr><td>Asian</td><td></td></tr> <tr><td>Native Hawaiian and other Pacific Islander</td><td></td></tr> <tr><td>Hispanic or Latino</td><td></td></tr> <tr><td>White</td><td></td></tr> <tr><td>Unknown</td><td></td></tr> </tbody> </table> <p>Gender: (Check one) ___ Male ___ Female Date of Birth: Month ___ Year _____ Other Demographics (Check all that apply) ___ Disabilities ___ Limited English proficiency ___ Immigrant, refugee, asylum seeker, foreign born ___ Lives in rural area</p>	Race/ethnicity		Black or African American		American Indian and Alaska Native		Asian		Native Hawaiian and other Pacific Islander		Hispanic or Latino		White		Unknown	
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Note: Disability Definition. Client is considered to be living with a disability if there is a significant limitation in activities of daily living. This may include people who are vision impaired, people who are hearing impaired, people with physical disabilities, and people with diagnosed mental illness, if their activities are so limited.

Child #1

Mark race/ethnicity of clients. Biracial and multiracial clients may be counted once for each race/ ethnicity with which they identify.

Race/ethnicity	
Black or African American	
American Indian and Alaska Native	
Asian	
Native Hawaiian and other Pacific Islander	
Hispanic or Latino	
White	
Unknown	

Gender (Check one) ___ Male ___ Female

Date of Birth: Month ___ Year _____

Child #2

Mark race/ethnicity of clients. Biracial and multiracial clients may be counted once for each race/ ethnicity with which they identify.

Race/ethnicity	
Black or African American	
American Indian and Alaska Native	
Asian	
Native Hawaiian and other Pacific Islander	
Hispanic or Latino	
White	
Unknown	

Gender (Check one) ___ Male ___ Female

Date of Birth: Month ___ Year _____

Child #3

Mark race/ethnicity of clients. Biracial and multiracial clients may be counted once for each race/ ethnicity with which they identify.

Race/ethnicity	
Black or African American	
American Indian and Alaska Native	
Asian	
Native Hawaiian and other Pacific Islander	
Hispanic or Latino	
White	
Unknown	

Gender (Check one) ___ Male ___ Female

Date of Birth: Month ___ Year _____

Child #4

Mark race/ethnicity of clients. Biracial and multiracial clients may be counted once for each race/ ethnicity with which they identify.

Race/ethnicity	
Black or African American	
American Indian and Alaska Native	
Asian	
Native Hawaiian and other Pacific Islander	
Hispanic or Latino	
White	
Unknown	

Gender (Check one) ___ Male ___ Female

Date of Birth: Month ___ Year _____

How were you referred to this center? (please check all that apply)

- ___ Criminal court order (Bail, post conviction order, etc, not protection order)
- ___ Family court order (Divorce, visitation, paternity order, not protection order)
- ___ Juvenile court order (Dependency [child protection], delinquency, person in need of supervision case)
- ___ Protection order (Criminal or civil order, see definitions in instructions)
- ___ Other civil court order (Family, juvenile, or protection orders, including probate orders)
- ___ Child welfare agency (Child protection, foster care, adoption, **not court-ordered cases**)
- ___ Other social services (Domestic violence program, counseling service, etc, **not court-ordered**)
- ___ Self-referral (Not referred by another agency or organization)

Other (specify)

What types of Services do you receive from this Center (Check all that apply)

- Group supervision One-to-one supervision Supervised exchange
- Parent education program [Custodial Non-Custodial]
- Telephone monitoring Therapeutic supervision
- Other (specify) _____

Has the other parent made threats to take your children without permission? Yes No
IF YES, did he ever take the children without permission? Yes No
IF YES: When was the most recent time? Month _____ Year _____

The following are examples of things the other parent may have done to you when you had an argument or at any other time.

Did the other parent ever emotionally abuse you, for example yelling, putting you down, calling you names, threats of physical and nonphysical harm? Yes No

Did the other parent ever use physical force against you, such as push, restrain, grab, throw or slap you; throw an object at you, hit you with a fist, physically force sex on you, hit or tried to hit you with something, beat you up (multiple blows), choked you, made threats with a weapon, or used a weapon against you? Yes No

If yes, we know it's hard to come up with a number for this, but we are trying to get a sense of how often the **physical** abuse occurred **during your relationship**. So on average, would you say it happened:

- once/month or less 2-3 times a month 1-2 times a week 3 times a week or more

On average, how often would you say the **physical** abuse has happened **since the relationship ended** (not romantically involved):

- once/month or less 2-3 times a month 1-2 times a week 3 times a week or more

Since ending the relationship, has the other parent stalked you, for example by following or phoning you, or through other people or notes? Yes No Not sure

IF YES: When was the most recent time? Month _____ Year _____

If you answered yes to any of the physical abuse questions above...

When were you first abused by the other parent? Month _____ Year _____

When was the most recent incident of abuse? Month _____ Year _____

As a result of any of the violence you received from the other parent, how many times did you suffer any of the injuries **during the relationship**?

- _____ mild (scratch, small bruise, swelling)
- _____ moderate (fracture, minor burn, cuts, large bruises)
- _____ severe (major wound, severe bleeding or burns, knocked out)
- _____ permanent damage (blindness, loss of hearing, disfigurement, chronic pain)

As a result of any of the violence you received from the other parent, how many times did you suffer any of the injuries **since the relationship ended**?

- _____ mild (scratch, small bruise, swelling)
- _____ moderate (fracture, minor burn, cuts, large bruises)
- _____ severe (major wound, severe bleeding or burns, knocked out)
- _____ permanent damage (blindness, loss of hearing, disfigurement, chronic pain)

Thank you!

Semi-Structured Interview with Survivors Custodial Parent Version for Exchanges and Visits

[Note to Interviewer: This interview will be conducted conversationally, beginning with questions about why the family was referred to the visitation center. You will also capture information on the program intake process, on the first visit/exchange, and how things are going in general. You will then talk more about safety concerns, additional contact with the other parent, and under what circumstances the client feels supervised visitation/exchange would no longer be needed (if any). Interviews will not necessarily follow this sequence, but interviews will not end until all topics have been adequately covered and the client has had a chance to add anything they believe to be important. Interviews will generally last between one and two hours. Both written and verbal informed consent covering the potential risks and benefits of the interview will precede the interview and an incentive will be given at the end. First, obtain informed consent and then gather the information on the demographic/background form.]

Opening

Thank you for agreeing to be interviewed about your experiences with the visitation/exchange center. We're helping centers understand what is working well and what is not working well with these services, and we appreciate your taking the time to tell us confidentially about your experience.

[Explore her or his level of comfort in sharing information with you, e.g., Do you have any concerns about your safety in providing information to me?]

Referral Process

I'd like to start by asking you how you came to be referred to supervised visitation/exchange?

[Probes: How long ago? What arrangements existed for visits/exchanges, if any, before supervised visitation or exchange at this center? Did the other parent have unsupervised visitation? With whom? How did you feel about being referred to supervised visitation or exchange? How did your children seem to feel? What did you feel about the court procedures?]

First Contact with Center and Intake

After you were referred to this center, what happened next?

[Probes: What was the intake process like for you? Was there a separate orientation session for you? For the children? How did you feel coming into the center? How did you feel after talking with staff at the center that first time?]

What information did you have about visits or exchanges before coming to the center?

First Visit

Tell me a little about the first visit/exchange that occurred here.

[Probes: Please describe your first visit/exchange at the center—starting with coming to the center, dropping off your children, remaining at the center (if you did so), and leaving after the visit. Did you feel safe? If so, why? How comfortable did you feel? Did you have concerns? What was positive? What was negative? What emotions and behaviors did you notice in your child(ren) Was it difficult to get here? How convenient was it? If it was an exchange, where does it occur? Was the process for exchange drop off and pick up the same? Different? Did they proceed as they were first described to you?]

Visits/Exchanges in General

Compare visits now to your first experience. How are they similar or different? How do you feel about coming to the center now? In general, how do the visits go now?

What have you found most helpful about the center? What have you found least helpful about the center?

[Probes: How often do visits/exchanges occur? Are the days and times convenient? Do you have safety concerns? What are the child[ren]'s reactions before the visit? What are their reactions after the visit? Do they say anything about the visit itself? If so, what? How do you deal with this? Did you receive written or verbal feedback about the visit? Routinely? When you or partner asked or required by the court or statute?

Services At Agency Beyond Visitation/Exchange

What other services, if any, have you received here outside of visitation and exchange (.e .g, parent education group, divorce support group, domestic violence legal advocacy, counseling, or other services?) Please describe them and how helpful or unhelpful they have been.

Safety Surrounding Center

Have you and/or your children been harmed coming to the center or exchange site? Leaving the center or the exchange site? Please explain.

How safe have you felt coming to the center [how much risk of danger do you feel from the other parent]?

How safe have you felt leaving the center?

How has supervised visitation or exchange affected your sense of safety during the visits or exchanges?

How safe do you believe your children are during the visit/exchange?

[Probes: ask about possible danger from the other parent as well as from anyone else: from those in the neighborhood the center is in, family members or friends

If there have been any threats or abuse, get details about when, what happened, where, whether there were witnesses, whether it was reported, and whether there were consequences for perpetrator

Did you tell center staff you had been harmed or felt unsafe? If so, how did they respond? If you did not tell the staff, was there anything that held you back? [DUTY TO PROTECT: If danger appears imminent, assess further. If danger is assessed to be imminent, begin safety planning procedures in collaboration with staff and other agencies as needed]

Safety in General

Describe any experiences you might have with the other parent during a typical month. How safe do you feel in relation to your ex-partner/partner at other times?

Has your ex-partner/partner threatened you or harmed you at any time since you started using the center?

Have any services here or elsewhere [advocacy, counseling, support group] affected your sense of safety between visits? If so, how?

[Probes: If there were any threats or abuse find out when, where, how often, etc, whether there were witnesses, whether it was reported, and whether there were consequences for the perpetrator. Threats could be through other people.]

How concerned are you, if at all, that your ex-partner/partner will threaten you or harm you in the future? Why do you say that?

How concerned are you, if at all, that your ex-partner/partner will threaten or harm your child(ren) in the future? Why do you say that?

[DUTY TO PROTECT: If danger appears imminent, assess further. If danger is assessed to be imminent, begin safety planning procedures in collaboration with staff and other agencies as needed]

Since coming to the center has your ex-partner tried to harm you in non-physical ways? If yes, describe.
[Probe: threats to get sole custody, bringing false charges of child abuse, etc.]

Has the center affected your sense of safety? If so, how?
What changes would you suggest to help you and your child(ren) feel safer at this center?

Perceptions of Physical Features of Center

Tell me what you think about the physical setting of the visitation/exchange center. [Probes: comfort, sense of safety, whether safety measures feel too restrictive or feel supportive]

Have you noticed any changes in the way the center operates since you started using the center or exchange service, for example in safety mechanisms [cameras, locks], procedures, or rules?

Perceptions of Center Staff

Tell me how things are going between you and the staff.

How are you treated by center staff? How about your children?

[Probes: are staff sensitive to your needs? Do they “take anyone’s side?” Are they respectful? Describe the staff’s interaction with you, with the other parent, with the children.

Do staff recognize the importance of your cultural beliefs and practices?]

[Assess cultural sensitivity of staff indirectly through questions about respect and comfort and a question like: If you were hired to be director of the center how would you design it? What staff would you hire? How would services be provided?]

Additional contact with other parent

Does your ex-partner/partner ever try to see the child(ren) outside of supervised visitation/exchange against your desires?

[Probes: How? How often? Is he/she successful? What have you done about it, if anything? Who have you told about this? Have any of those people/agencies done anything?]

Have you ever wanted your children to have additional contacts with your ex-partner? Does your children’s (father/mother) have any additional contact with them outside of this supervised visitation center that you’ve wanted?

[Probes: under what circumstances does this occur? How often? How do you do it safely? How do you feel about it? How do the children seem to feel about it?]

Services At Other Agencies

Where else have you gone for help regarding concerns for yourself or your children in relation the other parent?

What other services have you received or are you receiving at other agencies or organizations?

How helpful have these services been?

What problems, if any, did you encounter? Please explain.

What services beyond supervision/exchange would you recommend for survivors?

Please tell me about your experiences with the court system—judges, court staff, etc. How did judges and courts staff respond to you?

What were your experiences like with services at domestic violence agencies [including legal advocacy, crisis counseling, support groups, etc.]?

What about other services – mental health, guardian ad litem, and other types of help you received, if any?

Do you have any comments about the coordination between the services here and other agencies?

How do you feel about the way staff documents the visits? What do you know about the use of staff notes and agency records of the agency?

Do you think their use has hurt or helped you and your children?

Supervised visitation ending

How long has your (ex-husband, ex-wife, etc) been ordered to participate in supervised visitation? Can you see a time when you'd feel comfortable with him/her having unsupervised visitation with your child(ren)? What do you believe would need to happen before he/she should have unsupervised visitation?

Center Effect on Other Parent

How, if at all, do you think this center has influenced your (ex-partner's/partner)'s parenting of your child(ren)?

[Probes: does he/she undermine your parenting? Try to "get away with anything" during visits that you know of? Do they interact more positively or negatively with your child? Any changes you have noticed over time?]

How, if at all, have the services changed your relationship with the other parent?

Center Effect on Child(ren)

Has coming to the center seemed to affect how your child(ren) feels toward their (father, mother)? Do they seem more comfortable with them? Less comfortable?

How do you feel about bringing your child to a supervised visitation/exchange center? Ask about more specific perceptions of services at the center itself.

[Probes: How does the visitation/exchange affect their relationship with the other parent? Positively or negatively? Any changes over time?]

Center Effect on Self

And finally, what effect has coming to the center had on you?

[Probes: more or less comfortable; more or less safe; more or less frightened? Any changes over time?]

In general, does the center meet your needs?

Closing: General Questions

Is there anything else you'd like to share with me about your experiences and reactions to the supervised visitation/exchange services or other services? Do you have any concerns about having shared this information with me?

Resources

Check to see if she is aware of local domestic violence and child abuse crisis services and other resources she might need now or in the future. Have available written material on local services that you can give to her.

Modified for general use from a version developed on 6-25-05. Developed by Safe Havens National Demonstration Initiative Coordinators of Evaluation (Daniel Saunders, Cris Sullivan, Richard Tolman, & Marguerite Grabarek) in collaboration with the U.S. Department of Justice, Office on Violence Against Women (OVW), and Demonstration Initiative Technical Assistance partners, Project Directors, and Local Evaluators. Funded through a Cooperative Agreement between the University of Michigan and the U.S. Department of Justice, Office on Violence Against Women, Grant #2003-WT-BX-K044