Telephone Survey Evaluation of Victim Advocacy Services for Battered Women

Author(s) of Instrument:
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Key References: Publications related to this instrument


Primary Use/Purpose: This section describes what this instrument was designed to measure.

This instrument was used for telephone interviews with women named as victims on police reports of domestic violence. A strength is that this approach seeks the opinions and experiences of women who possibly did not seek help from formal sources other than police. One weakness of the instrument is that it was developed in the late 1990s. It requires privacy for respondents to answer honestly, and currently, many women would probably not answer the phone or might not have the same phone number that they gave police.
**Background and Development:** How and why this instrument was developed.

The instrument was developed in Detroit to reach urban, abused women who were rarely included in formal research. At the time, the Detroit Police Department was in the early stages of developing a domestic violence unit, and the prosecutor's office, along with a few domestic violence programs, were increasing their efforts to provide legal advocacy for abused women. This was an effort to evaluate these interventions from survivors' perspectives. Both the initial interview and the six month follow-up study are included.

This instrument is related to the Telephone Survey for Detroit Domestic Violence Unit, Detroit Police Department.

**Psychometrics (if applicable):** Any testing of this instrument.

N/A.

**Link to Instrument:** Link to the instrument if available.

https://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/3017/summary or see attached.

**Submitted by:** Arlene Weisz certified permission to publicly share this instrument.
Original Data Collection Instruments
(Provided by the Principal Investigators)
Victim Advocacy Evaluation Pr
PCR Coding

Case I.D [ ] Precinct [ ] Incident [ ]

Arrest? □ Yes □ No Personal Protection Or □ Yes □ No

Complainant

last: [ ]
first: [ ]
M.I. [ ]
Race □ Black □ White □ Hispanic/Latino □ Other
Age [ ]
Date of Brit [ ]

Suspect

last: [ ]
first: [ ]
M.I. [ ]
Race □ Black □ White □ Hispanic/Latino □ Other
Age [ ]
Date of Brit [ ]

Complainant/Suspect Relationship: (CHECK ALL TH)
□ Married □ Reside Together □ Child in Common □ Divorced

Alcohol Involve □ Yes □ No

Controlled Substance Involved □ Yes □ No

Weapon/Other object used □ Yes □ No

Previous incidents involving violence □ Yes □ No

Property damage □ Yes □ No

Did complainant seek medical attention □ Yes □ No

Admitted to hospital □ Yes □ No

Call originated from □ 911 call from resident □ 911 call from other location □ Other DPD Victim Rights For provided to victim? □ Yes □ No

Description of Incidence (check if occurred, leave blank if not mentioned)

Psychological Aggres

□ Insulted or swore at victim
□ Shouted at victim
□ Stomped out of room house or yard during a disagreement
□ Destroyed something belonging to victim
□ Threatened to hit or throw something at victim
□ Threatened victim with a weapon (gun, knife)
□ Threatened to kill (no weapon involved)

Injury

□ Victim had a sprain, bruise, swelling, or small cut because of a fight
□ Victim passed out from being hit on the head by partner in a fight
□ Victim went to a doctor because of fight with partner
□ Victim refused to see a doctor as result of a fight with partner
□ Victim had a broken bone from a fight with partner

Sexual Coercion

□ Threatened sex in a way she did not want to
□ Forced sex in a way she did not want to

Physical Assault

□ Threw something at victim that could hurt
□ Twisted victim's arm or hair
□ Pushed or shoved victim
□ Grabbed victim
□ Slapped victim
□ Used a knife or gun on victim
□ Punched or hit victim with something that could hurt
□ Choked victim
□ Slammed victim against something like a wall
□ Beat up or dragged victim
□ Burned or scalped victim on purpose
□ Kicked victim

NOT ENOUGH INFORMATION □ YES
**Description of Incidence (check if occurred, leave blank if not mentioned)**

**Psychological Aggres**
- ☐ Insulted or swore at victim
- ☐ Shouted at victim
- ☐ Stomped out of room house or yard during a disagreement
- ☐ Destroyed something belonging to victim
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**Injury**
- ☐ Victim had a sprain, bruise, swelling, or small cut because of a fight
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- ☐ Victim went to a doctor because of fight with partner
- ☐ Victim refused to see a doctor as result of a fight with partner
- ☐ Victim had a broken bone from a fight with partner

**NOT ENOUGH INFORMATION □ YES**

**Sexual Coercion**
- ☐ Threatened sex in a way she did not want to
- ☐ Forced sex in a way she did not want to

**Physical Assault**
- ☐ Threw something at victim that could hurt
- ☐ Twisted victim's arm or hair
- ☐ Pushed or shoved victim
- ☐ Grabbed victim
- ☐ Slapped victim
- ☐ Used a knife or gun on victim
- ☐ Pulled or hit victim with something that could
- ☐ Choked victim
- ☐ Slammed victim against something like a wall
- ☐ Beat up or dragged victim
- ☐ Burned or scaled victim on purpose
- ☐ Kicked victim
Victim Advocacy Project - Contact Form

Victim Name: ___________________________ PCR #: ______________ Date of Birth: ____________ Or Age ____________

Evaluation ID: __________ Date of Contact: ___________ Gender: □ Male □ Female

Your Role: □ Prec. DV Couns. □ Prec. Legal Advocate □ CFAB Advocate □ Other: ______________

□ Contact With Victim □ Collateral Contact

IF CONTACT WITH VICTIM:

Was contact..... CHECK ALL THAT APPLY

□ In Person
□ On Phone
□ In Court
□ Support Group Meeting
□ Mailing
□ Other: ______________

IF CONTACT WITH VICTIM:

Check any referral made

□ Counseling for victims
□ Counseling for child
□ Shelter
□ Medical care
□ Legal Advocate
□ Lawyer, other legal aid
□ DPD DV Unit/Inv. Officer
□ Crisis line/Hotline
□ Help with child visitation
□ Other: ______________

IF CONTACT WITH VICTIM:

Check any direct services provided...

□ Assistance getting PPO
□ Info about police/court procedures
□ Agree to contact Collateral
□ Arrange transportation
□ Direct counseling
□ Court support PPO hearing
□ Court support perp's trial
□ Other: ______________

FOR OFFICE USE ON: ___________
Victim Advocacy Project - Prosecution Dispos

Last Name: ..................................................
First Name: ............................................... 
Evaluation ID: .........................................

Type of Charge: □ Misdemeanor □ Felony

FOR RESOLVED CASE

Date dispose ...........................................

Outcome □ Pled Guilty □ Found not guilty □ Dismissed

IF DISMISSED? Why? (CHECK ONLY ONE)
 □ wt fl/ap □ insufficient evidence
 □ court order □ witness not pro-prosecution
 □ domestic violence [ordred to DVAP]

IF SENTENCED: (CHECK ALL THAT APPLY)
 □ Probation □ Costs
 □ Restitution (50 CVRF) □ Confinement
 □ No contact with victim □ Batterer’s program
 □ s/f 360; hrs community service □ 45 ACWF (alternative work force)
 □ DVAP

IF PROBATION: (CHECK ONLY ONE) CONFINEMENT: CHECK ALL THAT APPLY)
 □ Length not specified □ Time served
 □ 1 Year □ days credit
 □ 2 years □ 30-60 days WCJ
 □ 3 years □ 61-90 days WCJ
 □ continued until specified date □ more than 90 days WCJ
 □ concur w/ct II

IF CASE UNDISPOSED: (CHECK ONLY ONE)
 □ Warrant issued but no other proceedings
 □ Warrant issued, pretrial hearing, no outcome
 □ Status unknown
IF A MALE OR CHILD ANSWERS:

Hello, my name is _____ and I'm calling from the Center for Urban Studies at Wayne State University. We are calling residents throughout the Detroit metropolitan area to gather opinions about various services. For this survey, I will need to speak to the female head of household, if there is one available.

First, may I verify that I have reached a household at telephone number «PHONE»?

IF FEMALE IS UNAVAILABLE SET AN APPT., IF NECESSARY.

IF A FEMALE ANSWERS:

Hello, my name is _____ and I'm calling from the Center for Urban Studies at Wayne State University. May I please speak to «VFNAME» «VLNAME»?

•TEMPORARY QUESTION •
  -Check List- (Number of items: 1 Min: 1 Max: 1)
  1 CONTINUED

Question # 2   Page # 2

Hello, you may have been told by someone at the police precinct or prosecutor's office to expect our call. You are being asked to participate in an interview about your experiences within the legal system related to domestic violence. The purpose of the interview is to learn about how the legal services or advocacy you received affected you. We will be asking about your satisfaction with the services you received related to the incident that took place on «DOI». This opportunity to share your opinions regarding the services you received will be used to improve services that you or others might receive in the future. This interview will take about 15-30 minutes to complete. Is this a good time for you or can we arrange another time to talk?

MAKE ARRANGEMENTS, IF NECESSARY.

Before we begin, I am required to read a consent form to you.

•TEMPORARY QUESTION •
  -Check List- (Number of items: 1 Min: 1 Max: 1)
  1 CONTINUED

Question # 3   Page # 3

If any of the questions are sensitive in nature or cause you distress, we may skip them at any time. If you are still involved with the man who was involved in the incident that led to the police report and he learns that you are doing the survey, he might become violent. If you need help now or in the future related to domestic violence I can give you numbers to the Interim House (313-861-5300) or My Sister's Place (313-371-3900).

No reimbursement, compensation, or medical coverage is offered in the event of any injury resulting from this research study. You will receive no financial compensation for participating in the study. This interview is entirely voluntary and will not affect your services. No information that you give will identify you personally. We will use identification numbers only. Only researchers involved in the study will be allowed access to interview data. All information obtained during this study is strictly confidential, within the limits of the law. According to the law, the researchers will...
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be required to report to Protective Services if you tell us about any child abuse or neglect. We must also warn the proper authorities and potential victims if you tell us about a plan to harm anyone.

•TEMPORARY QUESTION •
-Check List-  (Number of items: 1   Min: 1   Max: 1)
1    CONTINUED

Question # 4  Page # 4
Do you have any questions? Do you understand everything that I have read?

IF R. HAS FURTHER QUESTIONS: feel free to contact Dr. Weisz (313-577-4420), Dr. Canales-Portalatin (313-577-4782) or Dr. Lichtenberg (313-577-5174).

•TEMPORARY QUESTION •
-Check List-  (Number of items: 1   Min: 1   Max: 1)
1    CONTINUED

Question # 5  Page # 5
How well do you remember the incident on «DOI» Would you say . . .

-Check List-  (Number of items: 6   Min: 1   Max: 1)
1    very well
2    somewhat well
3    not very well
4    not at all
8    DK
9    RF

Question # 6  Page # 6
What is your relationship to the abuser?

Terminate interview if abuser is not spouse, former spouse, child in common, live together or used to live together.

(READ RESPONSES BELOW)
-Check List Open-  (Number of items: 9   Min: 1   Max: 1)
1    Spouse
2    Former spouse
3    Child in common / child's father
4    Live together
5    Used to live together
6    Dating
8    DK
9    RF
7    Other (specify): «»
Question # 7  Page # 7
Who called the police during the incident on «DOI»?

-Check List Open-  (Number of items: 9  Min: 1  Max: 1)
1  Respondent
2  Partner / abuser
3  Friend
4  Family member
5  Went to police station myself
6  DOES NOT APPLY
8  DK
9  RF
7  Other (specify): ""

SKIPS from Q7
IF q7=5 SKIP TO: 12
IF q7=6 SKIP TO: 13

Question # 8  Page # 8
Did the police arrive promptly?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  DON'T NEED / NA
8  DK
9  RF

Question # 9  Page # 9
Were you or your partner arrested at the scene?

PROBE: FOR WHO WAS ARRESTED

-Check List-  (Number of items: 7  Min: 1  Max: 1)
1  Yes, partner only
2  Yes, respondent only
3  Both respondent and partner
4  No, neither were arrested
5  PARTNER WAS NOT AT SCENE/ALREADY GONE
8  DK
9  RF

SKIPS from Q9
IF (q9=1)|(q9=3) SKIP TO: 12
IF q9=5 SKIP TO: 11

Question # 10  Page # 10
Was your partner removed from the scene without an arrest?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
Question # 11 Page # 11
Were you or your partner advised to leave the scene?

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 Yes, partner only
2 Yes, respondent only
3 Both respondent and partner
4 No, neither were asked to leave
8 DK
9 RF

Question # 12 Page # 12
Were you advised to file charges?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 DON'T NEED / NA
8 DK
9 RF

Question # 13 Page # 13
Were you offered to be taken to a shelter or safe place?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 DON'T NEED / NA
8 DK
9 RF

Question # 14 Page # 14
Were you offered to be taken to a hospital or receive medical care?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 DON'T NEED / NA
8 DK
9 RF

Question # 15 Page # 15
Were you provided names of agencies to call for assistance?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 DON'T NEED / NA
8 DK
9 RF
Question # 16 Page # 16
Did the police listen to what you had to say?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 DON'T NEED / NA
8 DK
9 RF

Question # 17 Page # 17
Did the police tell you that a counselor was available at the precinct?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 DON'T NEED / NA
8 DK
9 RF

Question # 18 Page # 18
Whose side did you feel the police were on? Would you say

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 Your side, respondent
2 Your partner's side / abuser
3 BOTH SIDES
4 NEITHER SIDE
8 DK
9 RF

Question # 19 Page # 19
How satisfied are you with the way the incident was handled by the police? Would you say . . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 Very satisfied
2 Somewhat satisfied
3 Not very satisfied
4 Not at all satisfied
8 DK
9 RF

Question # 20 Page # 20
Why were you «label(q19)>> with the way the incident was handled by the police?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 21 Page # 21
If a similar incident occurred in the future, how likely would you be to call the police? Would you be . . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very likely
2 somewhat likely
3 not very likely
4 not at all likely
Was your partner put in jail at any time since this incident due to domestic assault?

IF YES: How long was he held?

**Question # 22  Page # 22**

-Check List- (Number of items: 5  Min: 1  Max: 1)

1. Yes
2. No
3. DON'T NEED / NA
8. DK
9. RF

SKIPS from Q22
IF q22≠1  SKIP TO: 24

**Question # 23  Page # 22**

-Check List- (Number of items: 8  Min: 1  Max: 1)

1. Released immediately
2. Held over night
3. About a week
4. About 2 weeks
5. Almost a month
6. Over a month
8. DK
9. RF

Directly following the incident, did you have any contact with a domestic violence counselor who works at a police precinct?

(Remember: this is a women from an agency who was not a police officer, but who was calling you from the police precinct to offer help after the incident.)

IF IN CONTACT, ASK: How was the contact made?

**Question # 24  Page # 23**

-Check List- (Number of items: 5  Min: 1  Max: 1)

1. Yes
2. No
3. DON'T NEED / NA
8. DK
9. RF

SKIPS from Q24
IF q24≠1  SKIP TO: 63

**Question # 25  Page # 23**

-Check List Open- (Number of items: 6  Min: 1  Max: 1)

1. Phone call
2. Mail
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Question # 26  Page # 24
Did the counselor talk to you about your feelings about the incident?

-Check List-  (Number of items: 5    Min: 1    Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 27  Page # 25
Did the counselor tell you what would happen next in the legal process?

-Check List-  (Number of items: 5    Min: 1    Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 28  Page # 26
Did they help you get information about the police process or investigation?

-Check List-  (Number of items: 5    Min: 1    Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 29  Page # 27
Did they help you plan for your safety?

-Check List-  (Number of items: 5    Min: 1    Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 30  Page # 28
Did they tell you how to get a Personal Protection Order or PPO?

-Check List-  (Number of items: 5    Min: 1    Max: 1)
1  Yes
2  No
Question # 31  Page # 29
Did you follow-up and get a Personal Protection Order or PPO?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / already have one
8 DK
9 RF

SKIPS from Q30
IF q30≠1  SKIP TO: 33

Question # 32  Page # 30
How helpful is the Personal Protection Order or PPO? Is it . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 33  Page # 31
Did the counselor refer you to another counselor who could talk more with you about your feelings?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q33
IF q33≠1  SKIP TO: 36

Question # 34  Page # 32
Did you follow-up on this and talk with another counselor about your feelings?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
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8    DK
9    RF

SKIPS from Q34
IF q34≠1    SKIP TO: 36

Question # 35  Page # 33
How helpful was this counselor who talked with you about your feelings? Was he / she . . .

-Check List-  (Number of items: 6    Min: 1    Max: 1)
1    very helpful
2    somewhat helpful
3    not very helpful
4    not at all helpful
8    DK
9    RF

Question # 36  Page # 34
Did the precinct domestic violence counselor refer you to a shelter?

-Check List-  (Number of items: 5    Min: 1    Max: 1)
1    Yes
2    No
3    Don't need / not applicable
8    DK
9    RF

SKIPS from Q36
IF q36≠1    SKIP TO: 39

Question # 37  Page # 35
Did you follow-up and use a shelter?

-Check List-  (Number of items: 5    Min: 1    Max: 1)
1    Yes
2    No
3    Don't need / not applicable
8    DK
9    RF

SKIPS from Q37
IF q37≠1    SKIP TO: 39

Question # 38  Page # 36
How helpful was the shelter? Was it . . .

-Check List-  (Number of items: 6    Min: 1    Max: 1)
1    very helpful
2    somewhat helpful
3    not very helpful
4    not at all helpful
8    DK
9    RF
Question # 39  Page # 37
Did the precinct domestic violence counselor refer you for help with the child visitation process?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1. Yes
2. No
3. Don't need / not applicable
8. DK
9. RF

SKIPS from Q39
IF q39≠1  SKIP TO: 42

Question # 40  Page # 38
Did you follow-up with the child visitation process?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1. Yes
2. No
3. Don't need / not applicable
8. DK
9. RF

SKIPS from Q40
IF q40≠1  SKIP TO: 42

Question # 41  Page # 39
How helpful was the child visitation process? Was it . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1. very helpful
2. somewhat helpful
3. not very helpful
4. not at all helpful
8. DK
9. RF

Question # 42  Page # 40
Did the counselor assist you in getting medical care?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1. Yes
2. No
3. Don't need / not applicable
8. DK
9. RF

SKIPS from Q42
IF q42≠1  SKIP TO: 45
Question # 43  Page # 41
Did you follow-up and get medical care?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q43
IF q43≠1 SKIP TO: 45

Question # 44  Page # 42
How helpful was the medical care? Was it

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 45  Page # 43
Did the counselor assist you with getting transportation to court, shelters or police stations?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q45
IF q45≠1 SKIP TO: 48

Question # 46  Page # 44
Did you follow-up and get transportation?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q46
IF q46≠1 SKIP TO: 48

Question # 47  Page # 45
How helpful was this transportation? Was it . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
Question # 48 Page # 46
Did the counselor assist you with getting children's services (counseling)?

- Check List- (Number of items: 5 Min: 1 Max: 1)
  1 Yes
  2 No
  3 Don't need / not applicable
  8 DK
  9 RF

SKIPS from Q48
IF q48≠1 SKIP TO: 51

Question # 49 Page # 47
Did you follow-up and get children's services?

- Check List- (Number of items: 5 Min: 1 Max: 1)
  1 Yes
  2 No
  3 Don't need / not applicable
  8 DK
  9 RF

SKIPS from Q49
IF q49≠1 SKIP TO: 51

Question # 50 Page # 48
How helpful were the children's services? Were they . . .

- Check List- (Number of items: 6 Min: 1 Max: 1)
  1 very helpful
  2 somewhat helpful
  3 not very helpful
  4 not at all helpful
  8 DK
  9 RF

Question # 51 Page # 49
Did the counselor assist you in finding an attorney or legal service?

- Check List- (Number of items: 5 Min: 1 Max: 1)
  1 Yes
  2 No
  3 Don't need / not applicable
Question # 52  Page # 50
Did you follow-up and obtain an attorney or legal service?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 53  Page # 51
How helpful was the attorney or legal service? Was it . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1  very helpful
2  somewhat helpful
3  not very helpful
4  not at all helpful
8  DK
9  RF

Question # 54  Page # 52
Did the counselor tell you about a domestic violence support group that meets at the precinct?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Did you follow-up and attend the domestic violence support group at the precinct?

IF YES: How many times have you attended? ENTER NUMBER OF SESSIONS.

Question # 55  Page # 53
-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
Question # 56 Page # 53
-Dbase-(Number of items: 2)
How many times have you attended? «Integer: $0 \leq i \leq 50$ »

Question # 57 Page # 54
How helpful was the this support group? Was it . . .
-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 58 Page # 55
What other things, if any, did the precinct counselor help you with?
-Dbase-(Number of items: 1)
«Text Variable»

Question # 59 Page # 56
What needs did you have that the precinct counselor did not address, if any?
-Dbase-(Number of items: 1)
«Text Variable»

Question # 60 Page # 57
Overall, how helpful was the precinct counselor? Would you say . . .
-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 61 Page # 58
Why do you feel that the precinct counselor was «label(q60)»?
-Dbase-(Number of items: 1)
«Text Variable»
Question # 62  Page # 59
If another incident occurred, how likely would you be to seek services from the DV counselor at the precinct? Would you be . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1  very likely
2  somewhat likely
3  not very likely
4  not at all likely
8  DK
9  RF

Question # 63  Page # 60
Did you have a Personal Protection Order or PPO in effect during the incident on «DOI»?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q63
IF 63≠2 SKIP TO: 66

Question # 64  Page # 61
Did you get a Personal Protection Order or PPO after the incident on «DOI»?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q64
IF q64≠1 SKIP TO: 66

Question # 65  Page # 62
Was the abuser served the order?

-Check List-  (Number of items: 4  Min: 1  Max: 1)
1  Yes
2  No
8  DK
9  RF

Question # 66  Page # 63
Did you receive legal advocacy services at the precinct?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
Question # 67  Page # 64
What agency was the advocate from?

-Check List Open-  (Number of items: 5  Min: 1  Max: 1)
1 Interim House
2 My Sister's Place
8 DK
9 RF
7 Other (specify name of agency and advocate): «»

Question # 68  Page # 65
Did the advocate gather information on what happened?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 69  Page # 66
Did the advocate refer you to a shelter?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q69
IF q69=3  SKIP TO: 71

Question # 70  Page # 67
Did the advocate assist you with getting transportation to a shelter?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF
Question # 71  Page # 68
Did the advocate assist you with finding an attorney or legal service?

-Check List-   (Number of items: 5    Min: 1    Max: 1)
1    Yes
2    No
3    Don't need / not applicable
8    DK
9    RF

Question # 72  Page # 69
Did the advocate assist you in getting child support?

-Check List-   (Number of items: 5    Min: 1    Max: 1)
1    Yes
2    No
3    Don't need / not applicable
8    DK
9    RF

Question # 73  Page # 70
Did the advocate tell you how to get a Personal Protection Order or PPO?

-Check List-   (Number of items: 5    Min: 1    Max: 1)
1    Yes
2    No
3    Don't need / not applicable
8    DK
9    RF

   SKIPS from Q73
   IF ((q63=1)\(\ne\)q73) SKIP TO: 76

Question # 74  Page # 71
Did you decide to get a Personal Protection Order after talking with the advocate?

-Check List-   (Number of items: 5    Min: 1    Max: 1)
1    Yes
2    No
3    Don't need / not applicable
8    DK
9    RF

   SKIPS from Q74
   IF q74\(\ne\)1 SKIP TO: 76

Question # 75  Page # 72
Did the advocate file the PPO papers for you?

-Check List-   (Number of items: 5    Min: 1    Max: 1)
1    Yes
2    No
3    Don't need / not applicable
8    DK
9    RF
Question # 76  Page # 73
What other things, if any, did the legal advocate at the precinct help you with?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 77  Page # 74
Overall, how helpful was the legal advocate at the precinct? Would you say . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 78  Page # 75
Why do you feel that the legal advocate at the precinct was «label(q77)>>?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 79  Page # 76
If another incident occurred, how likely would you be to seek services from that advocate? Would you be . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1 very likely
2 somewhat likely
3 not very likely
4 not at all likely
8 DK
9 RF

Question # 80  Page # 77
What else could the legal advocate have done to help in regard to this domestic violence situation, if anything?

-Dbase-(Number of items: 1)
«Text Variable»

Directly following the incident, did you have contact with an advocate who works with the Wayne County Prosecutor's office?

(REMEMBER: the advocate was a woman who talked to you about the case, but who wasn't a lawyer)?

IF IN CONTACT, ASK: How was the contact made?
Question # 81  Page # 78
-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPs from Q81
IF q81≠1  SKIP TO: 111

Question # 82  Page # 78
-Check List Open- (Number of items: 6  Min: 1  Max: 1)
1  Phone call
2  Mail
3  In-person meeting
8  DK
9  RF
7  Other (specify): «»

Question # 83  Page # 79
Did the advocate talk to you about your feelings about the incident?
-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 84  Page # 80
Did the advocate tell you what will happen next in the legal process?
-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 85  Page # 81
Did the advocate assist you in planning for your safety?
-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF
**Question # 86  Page # 82**
Did the advocate refer you to a counselor or group?

-Check List- (Number of items: 5   Min: 1   Max: 1)
1       Yes
2       No
3 Don't need / not applicable
8       DK
9       RF

SKIPS from Q86
IF q86≠1     SKIP TO: 89

**Question # 87  Page # 83**
Did you follow-up with a counselor or a group?

-Check List- (Number of items: 5   Min: 1   Max: 1)
1       Yes
2       No
3 Don't need / not applicable
8       DK
9       RF

SKIPS from Q87
IF q87≠1     SKIP TO: 89

**Question # 88  Page # 84**
How helpful was the counselor or group? Was it . . .

-Check List- (Number of items: 6   Min: 1   Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8       DK
9       RF

**Question # 89  Page # 85**
Did the advocate refer you to a shelter or domestic violence program?

-Check List- (Number of items: 5   Min: 1   Max: 1)
1       Yes
2       No
3 Don't need / not applicable
8       DK
9       RF

SKIPS from Q89
IF q89≠1     SKIP TO: 92
Question # 90 Page # 86
Did you follow-up and go to a shelter or a domestic violence program?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q90
IF q90#1 SKIP TO: 92

Question # 91 Page # 87
How helpful was the shelter or domestic violence program? Was it . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 92 Page # 88
Did the advocate refer you to the Family Independence Agency?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q92
IF q92#1 SKIP TO: 95

Question # 93 Page # 89
Did you follow-up and use the Family Independence Agency? (i.e., public assistance, etc.)

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q93
IF q93#1 SKIP TO: 95
Question # 94  Page # 90
How helpful was the Family Independence Agency? Was it . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 95  Page # 91
Did the advocate refer you to a family service agency? (i.e., family counseling, etc.)

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q95
IF q95#1  SKIP TO: 98

Question # 96  Page # 92
Did you follow-up and use a family service agency?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q96
IF q96#1  SKIP TO: 98

Question # 97  Page # 93
How helpful was the family service agency? Was it . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF
Question # 98  Page # 94
Did the advocate assist you with medical care?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q98
IF q98≠1  SKIP TO: 101

Question # 99  Page # 95
Did you follow-up and receive medical care?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q99
IF q99≠1  SKIP TO: 101

Question # 100  Page # 96
How helpful was the medical care? Was it . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1  very helpful
2  somewhat helpful
3  not very helpful
4  not at all helpful
8  DK
9  RF

Question # 101  Page # 97
Did the advocate assist you in finding an attorney or legal service?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q101
IF q101≠1  SKIP TO: 104
Question # 102Page # 98
Did you follow-up and obtain an attorney or legal service?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q102
IF q102≠1  SKIP TO: 104

Question # 103Page # 99
How helpful was the attorney or legal service? Was it . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1  very helpful
2  somewhat helpful
3  not very helpful
4  not at all helpful
8  DK
9  RF

Question # 104Page # 100
Did the advocate assist you with transportation to court?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q104
IF q104≠1  SKIP TO: 107

Question # 105Page # 101
Did you follow-up and get transportation?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q105
IF q105≠1  SKIP TO: 107
Question # 106 Page # 102
How helpful was the transportation?

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 107 Page # 103
What other things, if any, did the advocate help you with?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 108 Page # 104
Overall, how helpful was the advocate from the Wayne County Prosecutor's Office? Would you say . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 109 Page # 105
Why do you feel that the advocate was «label(q108)>>?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 110 Page # 106
If another incident occurred, how likely would you be to seek services from that advocate or other advocates from the Prosecutor's office? Would you be . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very likely
2 somewhat likely
3 not very likely
4 not at all likely
8 DK
9 RF

SKIPS from Q110
IF ((q24#2)&(q66#2)&(q81#2)) SKIP TO: 112
Was there any reason why you didn't talk to a counselor or advocate at the precinct or prosecutor's office?

-Dbas-(Number of items: 1)

How long was it before you were in contact with a prosecutor after the incident on «DOI»?

**IF CONTACTED ASK:** How were you contacted?

-Check List- (Number of items: 6 Min: 1 Max: 1)

1 Within the first week
2 Within two weeks
3 Within a month
4 NO CONTACT W/PROSECUTOR
8 DK
9 RF

SKIPS from Q112
IF ((q112=4)|(q112=8)|(q112=9)) SKIP TO: 122

-Check List Open- (Number of items: 6 Min: 1 Max: 1)

1 Phone call
2 Mail
3 In-person meeting
8 DK
9 RF
7 Other (specify): «»

SKIPS from Q113
IF q113≠3 SKIP TO: 115

Did you see the prosecutor at the precinct or downtown at the prosecutor's office?

-Check List Open- (Number of items: 5 Min: 1 Max: 1)

1 at the precinct
2 downtown at the prosecutor's office
8 DK
9 RF
7 OTHER (specify): «»
Question # 115
Did the prosecutor gather information on what happened?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 116
Did the prosecutor discuss what will happen with the warrant?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 117
Did the prosecutor discuss the charges?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 118
What other things, if any, did the prosecutor help you with?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 119
How satisfied are you with the prosecutor's services? Are you . . ..

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1  Very satisfied
2  Somewhat satisfied
3  Not very satisfied
4  Not at all satisfied
8  DK
9  RF

Question # 120
Why are you «label(q119)>> with the prosecutor's services?

-Dbase-(Number of items: 1)
«Text Variable»
Question # 121 Page # 116
If another incident occurred, how likely would you be to talk to that prosecutor about it? Would you be . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very likely
2 somewhat likely
3 not very likely
4 not at all likely
8 DK
9 RF

Question # 122 Page # 117
Do you think it is a good idea for the prosecutor to press charges against your partner?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 123 Page # 118
Why did you feel this way?

-Dbase-(Number of items: 1)
«Text Variable»

Were there any charges filed?

IF YES: Was the charge (1) a misdemeanor, or (2) a felony?

Question # 124 Page # 119
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q124
IF q124≠1 SKIP TO: 126

Question # 125 Page # 119
-Check List- (Number of items: 4 Min: 1 Max: 1)
1 (1) misdemeanor
2 (2) felony
8 DK
9 RF
Question # 126 Page # 120
Did you feel pressured by anyone to try to drop the charges or accept a plea bargain?

IF YES: SPECIFY BY WHOM

-Check List Open- (Number of items: 4 Min: 1 Max: 1)
  2 No
  8 DK
  9 RF
  1 Yes (specify): «»

Question # 127 Page # 121
Did you feel pressured by anyone to pursue the charges?

IF YES: SPECIFY BY WHOM

-Check List Open- (Number of items: 4 Min: 1 Max: 1)
  2 No
  8 DK
  9 RF
  1 Yes (specify): «»

SKIPS from Q127
IF q124≠1 SKIP TO: 142

Question # 128 Page # 122
As far as you know, has there been a preliminary exam or pre-trial hearing yet or is there one scheduled?

-Check List- (Number of items: 5 Min: 1 Max: 1)
  1 Yes, one has taken place
  2 Yes, one is scheduled
  3 No, don't know anything about it
  8 DK
  9 RF

SKIPS from Q128
IF q128=2 SKIP TO: 131
IF ((q128=3)&&(q128=8)&&(q128=9)) SKIP TO: 142

Question # 129 Page # 123
Were you present in court for the preliminary exam or pre-trial hearing?

-Check List- (Number of items: 5 Min: 1 Max: 1)
  1 Yes
  2 No
  3 Don't need / not applicable
  8 DK
  9 RF
Question # 130 Page # 124
Why did / didn’t you go to court?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 131 Page # 125
Did you receive advocacy services from the advocates associated with the prosecutor’s office regarding the preliminary exam or pre-trial hearing?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 132 Page # 126
Did the advocate(s) from the prosecutor’s office notify you of the date of the preliminary exam or pre-trial hearing?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q132
IF q132≠1 SKIP TO: 135

Question # 133 Page # 127
Did they help you prepare for the preliminary exam or pre-trial hearing?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q133
IF q128=2 SKIP TO: 135

Question # 134 Page # 128
Did they accompany you during the preliminary exam or pre-trial hearing?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF
What other things, if any, did the advocate(s) from the prosecutor's office do to assist you?

-Dbase-(Number of items: 1)
	«Text Variable»

SKIPs from Q135
IF q128=2 SKIP TO: 142

Overall, how helpful was the advocacy service you received during the preliminary exam or pre-trial hearing? Was it . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Why do you feel that the advocacy service was «label(q136)»?

-Dbase-(Number of items: 1)
	«Text Variable»

How satisfied are you with the way the preliminary exam or pre-trial hearing was handled by the prosecutor? Are you . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1 Very satisfied
2 Somewhat satisfied
3 Not very satisfied
4 Not at all satisfied
8 DK
9 RF

Why were you «label(q138)» with the way the preliminary exam or pre-trial hearing was handled by the prosecutor?

-Dbase-(Number of items: 1)
	«Text Variable»

How satisfied are you with the way the preliminary exam or pre-trial hearing was handled by the judge? Are you . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1 Very satisfied
2 Somewhat satisfied
Question # 141 Page # 135
Why were you «label(q140)» with the way the preliminary exam or pre-trial hearing was handled by the judge?

-Dbase-(Number of items: 1)
«Text Variable»

After your first contact with the counselor from the precinct or advocate from the prosecutor's office, did you call again?

IF YES ASK: How many times?

Question # 142 Page # 136
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 DON'T NEED / NEVER CONTACTED THEM
8 DK
9 RF

SKIPS from Q142
IF q142≠1 SKIP TO: 145

Question # 143 Page # 136
-Check List- (Number of items: 6 Min: 1 Max: 1)
1 one time
2 two times
3 three times
4 4 or more
8 DK
9 RF

Question # 144 Page # 137
What kind of help were you looking for when you made the call(s)?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 145 Page # 138
How much has your contact with the police and the court system related to the incident on «DOI» helped to solve your problem? Would you say it has . . .

-Check List- (Number of items: 7 Min: 1 Max: 1)
1 helped very much
2 helped a little
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3 made no difference
4 made it a little worse
5 made it a lot worse
8 DK
9 RF

Question # 146 Page # 139
Has your contact with the legal system helped to . . .

CHECK ALL THAT APPLY

-Check List- (Number of items: 6 Min: 1 Max: 5)
1 decrease your abuse
2 help you to leave your partner
3 keep your abuser away
4 give you referrals to other services
5 give you information
6 NONE OF THE ABOVE

Question # 147 Page # 140
What other things have you found helpful as a result of contacting the legal system, if any?

-Dbase-(Number of items: 1)
«Text Variable»

Aside from the services you may have received from precinct counselors and/or prosecutor's office advocates, I would like to know of other help or services you may have received related to domestic violence within the last 6 months from other agencies.

Have you received temporary shelter?

IF YES: Where did you learn about the shelter?

Question # 148 Page # 141

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q148
IF q148≠1 SKIP TO: 151

Question # 149 Page # 141

-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
Question # 150 Page # 142
How helpful was the temporary shelter? Was it . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Have you received assistance with food, money or other resources?

IF YES: Where did you learn about the food, money or other resources?

Question # 151 Page # 143
-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q151
IF q151#1 SKIP TO: 154

Question # 152 Page # 143
-Check List Open- (Number of items: 8  Min: 1  Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 153 Page # 144
How helpful was the food, money or other resources? Were they . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

. . . arrangements for child care?

IF YES: Where did you learn about arrangements for childcare?
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Question # 154 Page # 145
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q154
IF q154≠1 SKIP TO: 157

Question # 155 Page # 145
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 156 Page # 146
How helpful were the arrangements for child care?

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Have you received assistance from a hot line?

IF YES: Where did you learn about the hotline?

Question # 157 Page # 147
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q157
IF q157≠1 SKIP TO: 160

Question # 158 Page # 147
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family

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Question # 159 Page # 148
How helpful was the hot line? Was it . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Have you received assistance in getting employment?

IF YES: Where did you learn about assistance in getting employment?

Question # 160 Page # 149
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q160
IF q160≠1 SKIP TO: 163

Question # 161 Page # 149
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 162 Page # 150
How helpful was the employment? Was it . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
Question # 163 Page # 151
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q163
IF q163≠1 SKIP TO: 166

Question # 164 Page # 151
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 165 Page # 152
How helpful was the education? Was it . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

. . . getting a lawyer for divorce or child custody issues?

IF YES: Where did you learn about getting a lawyer?
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Question # 166 Page # 153
- Check List-  (Number of items: 5  Min: 1  Max: 1)
  1  Yes
  2  No
  3  Don't need / not applicable
  8  DK
  9  RF

SKIPS from Q166
IF q166≠1  SKIP TO: 169

Question # 167 Page # 153
- Check List Open-  (Number of items: 8  Min: 1  Max: 1)
  1  friend
  2  family
  3  police
  4  phone book
  5  self
  8  DK
  9  RF
  7  other (specify):  «»

Question # 168 Page # 154
How helpful was the lawyer for divorce or child custody issues? Was he/she . . .

- Check List-  (Number of items: 6  Min: 1  Max: 1)
  1  very helpful
  2  somewhat helpful
  3  not very helpful
  4  not at all helpful
  8  DK
  9  RF

. . getting permanent housing?

IF YES: Where did you learn about getting permanent housing?

Question # 169 Page # 155
- Check List-  (Number of items: 5  Min: 1  Max: 1)
  1  Yes
  2  No
  3  Don't need / not applicable
  8  DK
  9  RF

SKIPS from Q169
IF q169≠1  SKIP TO: 172
Question # 170 Page # 155
-Check List Open- (Number of items: 8  Min: 1  Max: 1)
1  friend
2  family
3  police
4  phone book
5  self
8  DK
9  RF
7  other (specify): «»

Question # 171 Page # 156
How helpful was getting permanent housing?

-Check List- (Number of items: 6  Min: 1  Max: 1)
1  very helpful
2  somewhat helpful
3  not very helpful
4  not at all helpful
8  DK
9  RF

Have you received assistance from support or self-help groups?

IF YES: Where did you learn about the support or self-help groups?

Question # 172 Page # 157
-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q172
IF q172#1 SKIP TO: 175

Question # 173 Page # 157
-Check List Open- (Number of items: 8  Min: 1  Max: 1)
1  friend
2  family
3  police
4  phone book
5  self
8  DK
9  RF
7  other (specify): «»
How helpful were the self-help or support groups? Were they . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Have you received assistance from individual counseling?

IF YES: Where did you learn about individual counseling?

Question # 175 Page # 159
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q175
IF q175#1 SKIP TO: 178

Question # 176 Page # 159
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 177 Page # 160
How helpful was the individual counseling? Was it . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

. . . from marital or couples counseling?

IF YES: Where did you learn about marital or couples counseling?
Question # 178 Page # 161
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q178
IF q178≠1 SKIP TO: 181

Question # 179 Page # 161
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 180 Page # 162
How helpful was the marital or couples counseling? Was it . . .
-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

. . . from substance abuse treatment programs for yourself?
IF YES: Where did you learn about substance abuse treatment programs?

Question # 181 Page # 163
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q181
IF q181≠1 SKIP TO: 184

Question # 182 Page # 163
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
Question # 183
How helpful were the substance abuse treatment programs?
Were they . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

. . . from a spiritual guidance (priest, minister, clergy, etc)?

IF YES: Where did you learn about the spiritual guidance?

Question # 184
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q184
IF q184≠1 SKIP TO: 187

Question # 185
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 186
How helpful was the spiritual guidance? Was it . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
Question # 187 Page # 167
What assistance have you received from other sources for domestic violence, if any?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 188 Page # 168
Since the incident on «DOI» has your partner received treatment for drug or alcohol problems?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 189 Page # 169
Since the incident on «DOI» has your partner received treatment for battering behavior?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 190 Page # 170
Aside from the incident on «DOI», we would like to know how many times during the last 6 months each of the following things happened to you with that partner.

How many times during the last 6 months have you called the police or tried to call the police because you felt you or other family members were in danger. Would you say . . .

-Check List- (Number of items: 10 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 NOT APPLICABLE
98 DK
99 RF
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Question # 191 Page # 171
How many times during the last 6 months have you left home overnight because of a violent incident. Would you say . . .

-Check List-  (Number of items: 10  Min: 1  Max: 1)
1   Never
2   Once
3   Twice
4   3 - 5 times
5   6 - 10 times
6   11 - 20 times
7   more than 20
8   NOT APPLICABLE
98  DK
99  RF

Question # 192 Page # 172
How many times during the last 6 months that partner was arrested because of violence or abuse towards you. Would you say . . .

-Check List-  (Number of items: 10  Min: 1  Max: 1)
1   Never
2   Once
3   Twice
4   3 - 5 times
5   6 - 10 times
6   11 - 20 times
7   more than 20
8   NOT APPLICABLE
98  DK
99  RF

Question # 193 Page # 173
How many times during the last 6 months have you called the police for a violation of a protective order. Would you say . . .

-Check List-  (Number of items: 10  Min: 1  Max: 1)
1   Never
2   Once
3   Twice
4   3 - 5 times
5   6 - 10 times
6   11 - 20 times
7   more than 20
8   NOT APPLICABLE
98  DK
99  RF

Question # 194 Page # 174
The following are things that might occur when people have conflicts. In the following section, when we use the word "partner," we mean the man who was involved in the incident with you on «DATE».
Thinking about your partner who was involved in the incident on «DOI», how many times in the past 6 months has your partner said he cared about you even though you disagreed. Would you say . . .

-Check List-  (Number of items: 9  Min: 1  Max: 1)
1. Never
2. Once
3. Twice
4. 3 - 5 times
5. 6 - 10 times
6. 11 - 20 times
7. more than 20
8. DK
9. RF

Question # 195  Page # 175
In the past 6 months, how many times has your partner explained his side of a disagreement to you. Would you say . . .

-Check List-  (Number of items: 9  Min: 1  Max: 1)
1. Never
2. Once
3. Twice
4. 3 - 5 times
5. 6 - 10 times
6. 11 - 20 times
7. more than 20
8. DK
9. RF

Question # 196  Page # 176
In the past 6 months, how many times has your partner insulted you or sworn at you. Would you say . . .

-Check List-  (Number of items: 9  Min: 1  Max: 1)
1. Never
2. Once
3. Twice
4. 3 - 5 times
5. 6 - 10 times
6. 11 - 20 times
7. more than 20
8. DK
9. RF

Question # 197  Page # 177
In the past 6 months, how many times did your partner throw something at you that could hurt. Would you say . . .

-Check List-  (Number of items: 9  Min: 1  Max: 1)
1. Never
2. Once
3. Twice
Question # 198 Page # 178
In the past 6 months, how many times has your partner twisted your arm or hair.

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 199 Page # 179
In the past 6 months, how many times have you had a sprain, bruise or small cut because of a fight with your partner. Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 200 Page # 180
In the past 6 months, how many times has your partner shown respect for your feelings about an issue. Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF
Question # 201 Page # 181
In the past 6 months, how many times has your partner made you have sex without a condom. Would you say . . .

- Check List - (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 202 Page # 182
In the past 6 months, how many times has your partner pushed or shoved you. Would you say . . .

- Check List - (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 203 Page # 183
In the past 6 months, how many times has your partner used force (like hitting, holding down, or using a weapon) to make you have oral or anal sex? Would you say . . .

- Check List - (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 204 Page # 184
In the past 6 months, how many times has your partner used a knife or a gun on you. Would you say . . .

- Check List - (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
Question # 205 Page # 185
In the past 6 months, how many times have you passed out from being hit on the head by that partner in a fight. Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
  1 Never
  2 Once
  3 Twice
  4 3 - 5 times
  5 6 - 10 times
  6 11 - 20 times
  7 more than 20
  8 DK
  9 RF

Question # 206 Page # 186
In the past 6 months, how many times has your partner called you a name like fat or ugly. Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
  1 Never
  2 Once
  3 Twice
  4 3 - 5 times
  5 6 - 10 times
  6 11 - 20 times
  7 more than 20
  8 DK
  9 RF

Question # 207 Page # 187
In the past 6 months, how many times has your partner punched or hit you with something that could hurt. Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
  1 Never
  2 Once
  3 Twice
  4 3 - 5 times
  5 6 - 10 times
  6 11 - 20 times
  7 more than 20
  8 DK
  9 RF
**Question # 208**
**Page # 188**

In the past 6 months, how many times has your partner destroyed something that belonged to you. Would you say . . .

-Check List-  (Number of items: 9   Min: 1   Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
8  DK
9  RF

---

**Question # 209**
**Page # 189**

In the past 6 months, how many times did you go to a doctor because of a fight with your partner. Would you say . . .

-Check List-  (Number of items: 9   Min: 1   Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
8  DK
9  RF

---

**Question # 210**
**Page # 190**

In the past 6 months, how many times has your partner choked you. Would you say . . .

-Check List-  (Number of items: 9   Min: 1   Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
8  DK
9  RF

---

**Question # 211**
**Page # 191**

Was your partner using alcohol during any of these incidents

-Check List-  (Number of items: 4   Min: 1   Max: 1)
1  Yes
2  No
8  DK
9  RF
VICTIM ADVOCACY SURVEY ‘98
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Question # 212 Page # 192
Was your partner using drugs during any of these incidents?

-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes
2 No
8 DK
9 RF

Question # 213 Page # 193
Do you and your partner have any children under the age of 18?

-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes
2 No
8 DK
9 RF

Question # 214 Page # 194
Are you and your partner currently together?

-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes
2 No
8 DK
9 RF

SKIPS from Q214
IF q214=2 SKIP TO: 216

Question # 215 Page # 195
Have you and your partner ever been separated?

-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes
2 No
8 DK
9 RF

SKIPS from Q215
IF q215#1 SKIP TO: 232

Question # 216 Page # 196
How long have you been (were you) separated?

-Check List- (Number of items: 10 Min: 1 Max: 1)
1 less than 4 days
2 4 - 30 days
3 1 - 3 months
4 3 - 6 months
5 6 months - 1 year
6 1 - 3 years
Question # 217 Page # 197
The following is a list of situations that some women may have to go through when relationships end. While separated, how often had your partner harassed you on the telephone?

Would you say . . .

-Check List- (Number of items: 9  Min: 1  Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 218 Page # 198
How often has he written you threatening letters? Would you say . . .

-Check List- (Number of items: 9  Min: 1  Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 219 Page # 199
How often has he violated legal restrictions such as orders of protection? Would you say . . .

-Check List- (Number of items: 9  Min: 1  Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times

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Question # 220 Page # 200
How often has he threatened to hurt himself if you didn't return? Would you say . . .

-Check List-  (Number of items: 9  Min: 1  Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
8  DK
9  RF

Question # 221 Page # 201
How often has he followed you around? Would you say . . .

-Check List-  (Number of items: 9  Min: 1  Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
8  DK
9  RF

Question # 222 Page # 202
How often has he insisted on seeing you when you didn't want to see him? Would you say . . .

-Check List-  (Number of items: 9  Min: 1  Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
8  DK
9  RF
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Question # 223 Page # 203
How often has he refused to leave your home or property when you asked him? Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 224 Page # 204
How often has he harassed you at work? Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 225 Page # 205
How often has he threatened to hurt you if you didn't return to him? Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

SKIPS from Q225
IF q213≠1 SKIP TO: 232

Question # 226 Page # 206
How often has your partner failed to pay child support? Would you say . . .

-Check List- (Number of items: 10 Min: 1 Max: 1)
1 Never
2 Once
Question # 227 Page # 207
How often has he put the children in the middle of disagreements between you and him?  Would you say . . .

-Check List-  (Number of items: 10  Min: 1  Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
8  NOT APPLICABLE
98  DK
99  RF

Question # 228 Page # 208
How often has he used the children as an excuse to see you?  Would you say . . .

-Check List-  (Number of items: 10  Min: 1  Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
8  NOT APPLICABLE
98  DK
99  RF

Question # 229 Page # 209
How often has he used the children to get back at you?  Would you say . . .

-Check List-  (Number of items: 10  Min: 1  Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
Question # 230 Page # 210
How often has he threatened to take the children without permission?
Would you say . . .

-Check List- (Number of items: 10  Min: 1  Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 NOT APPLICABLE
98 DK
99 RF

Question # 231 Page # 211
How often has he threatened or carried out a custody battle?
Would you say . . .

-Check List- (Number of items: 10  Min: 1  Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 NOT APPLICABLE
98 DK
99 RF

Question # 232 Page # 212
On a scale of 1 to 7 with 1 meaning not at all likely and 7 meaning very likely, how likely do you think it is that your partner will harm you physically within the next 6 months.

-Check List- (Number of items: 9  Min: 1  Max: 1)
1 1 not at all likely
2 2
3 3
4 4 somewhat likely
5 5
6 6
7 7 very likely
8 DK
9 RF
Question # 233 Page # 213
Using the same scale, how likely do you think that it is that he will harm you psychologically or emotionally within the next 6 months?

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 1 not at all likely
2 2
3 3
4 4 somewhat likely
5 5
6 6
7 7 very likely
8 DK
9 RF

Question # 234 Page # 214
How likely do you think he will harm you financially, like not paying for household expenses or withholding child support, within the next 6 months?

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 1 not at all likely
2 2
3 3
4 4 somewhat likely
5 5
6 6
7 7 very likely
8 DK
9 RF

Question # 235 Page # 215
We are almost done. I just have a few questions for classification purposes only.

In what year were you born?

IF DK OR RF. ENTER 1985

-Dbase-(Number of items: 2)
Year of birth:
«Integer: 1900 ≤ i ≤ 1985 »

Question # 236 Page # 216
What is your race or ethnic background?

-Check List Open- (Number of items: 9 Min: 1 Max: 1)
1 African-American / Black
2 Caucasian / White / European
3 Latino / Hispanic
4 Arab / Middle Eastern
5 Pacific Islander / Asian
6 Native American / Indian
8 DK
9 RF
7 Other (specify): «»
Question # 237 Page # 217
What is the highest grade or level of school you have completed?

-Check List Open- (Number of items: 9 Min: 1 Max: 1)
1 Grade school
2 Some high school
3 Graduated high school / GED
4 Vocational / technical school
5 Some college
6 Graduated college
8 DK
9 RF
7 Other (specify): ""

Question # 238 Page # 218
How many years ago did you first become involved with that partner?

-Dbase-(Number of items: 1)
«Real: 0.000 ≤ r ≤ 100.000 »

Question # 239 Page # 218
How many years ago did the first incident of violence happen with that partner?

-Dbase-(Number of items: 1)
«Real: 0.000 ≤ r ≤ 100.000 »

Question # 240 Page # 219
How many children do you have?

-Dbase-(Number of items: 2)
# of children:
«Integer: 0 ≤ i ≤ 10 »

SKIPS from Q240
IF q240:2=0 SKIP TO: 242

Question # 241 Page # 219
What are their ages? CHECK ALL THAT APPLY

-Check List- (Number of items: 20 Min: 1 Max: 10)
1 Less than 1
2
3
4
5
6
7
8
9
10
11
12

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Question # 242 Page # 220
How many children currently live with you, if any?

-Dbase-(Number of items: 2)
# of children:
«Integer: $0 \leq i \leq 10$ »

What is your current employment status? Are you . . . .
IF EMPLOYED: PART-TIME OR FULL-TIME

Question # 243 Page # 221
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
2 unemployed
3 student
4 homemaker
5 disabled
6 retired
8 DK
9 RF
1 employed (specify): «»

SKIPS from Q243
IF q243#1 SKIP TO: 245

Question # 244 Page # 221
-Check List- (Number of items: 4 Min: 1 Max: 1)
1 part-time
2 full-time
8 DK
9 RF

Question # 245 Page # 222
I'm going to read a list of income categories. Please stop me when I get to your household's annual income before taxes for 1997.

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 less than $5,000
2 $5,000 - $10,000
3 $10,000 - $20,000
4 $20,000 - $30,000
5 $30,000 - $40,000
Question # 246 Page # 223
Is there anything else you can tell us about the police, advocates’, prosecutors’, and judges’ response to domestic violence that could help improve services for domestic violence victims and their families?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 247 Page # 224
Are there any comments that you would like to make about this interview?

-Dbase-(Number of items: 1)
«Text Variable»

SKIP THIS PAGE FOR PRE-TEST
We would like to call you again in 6 months to find out how things are going for you and ask similar questions. We will never reveal to anyone why we are calling. Is this okay with you?

IF YES, WILLING TO BE CONTACTED, ASK:
We will also do a follow-up call in about 3 months just to see how things are going with you. Can you give us a couple of names and phone numbers of people who will know where to find you, so that we can be sure to reach you?

Question # 248 Page # 225
-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes, willing to be contacted
2 No, not interested in being contacted
8 DK
9 RF

SKIPS from Q248
IF q248≠1 SKIP TO: 250

Question # 249 Page # 225
-Dbase-(Number of items: 8)
Contact name:
«Text Variable»
Phone:
«Text Variable»
Contact name
«Text Variable»
Phone
«Text Variable»
Thank you so much for taking the time to answer these questions. I just want to remind you that if you need help now or in the future regarding these issues, please contact Interim House at 313-861-5300 or My Sister's Place at 313-371-3900.

**Question # 250 Page # 226**
-Dbase-(Number of items: 2)
  ID
  «Text Variable»

**Question # 251 Page # 226**
-Dbase-(Number of items: 2)
  Current phone:
  «Text Variable»

INTERVIEWER: PLEASE INCLUDE ANY NOTES OR INTERVENTION MEASURES TAKEN.

**Question # 252 Page # 227**
-Dbase-(Number of items: 1)
  «Text Variable»

**Question # 253 Page # 227**
•TEMPORARY QUESTION •
-Check List- (Number of items: 1  Min: 1  Max: 1)
  1 FINISHED
VICTIM ADVOCACY 6 MONTH FOLLOW-UP SURVEY ‘99

Question # 1 Page # 1
IF A MALE OR CHILD ANSWERS:

Hello, my name is ______ and I'm calling from the Center for Urban Studies at Wayne State University. We are calling residents throughout the Detroit metropolitan area to gather opinions about various services. For this survey, I will need to speak to the female head of household, if there is one available.

First, may I verify that I have reached a household at telephone number «PHONE»?

IF FEMALE IS UNAVAILABLE SET AN APPT., IF NECESSARY.

IF A FEMALE ANSWERS:

Hello, my name is ______ and I'm calling from the Center for Urban Studies at Wayne State University. May I please speak to «VFNAME» «VLNAME»?

•TEMPORARY QUESTION •
-Check List- (Number of items: 1 Min: 1 Max: 1)
1 CONTINUED

Question # 2 Page # 2
Hello, you completed a telephone interview about 6 months ago about your experiences within the legal system and about your satisfaction with the services you received related to the domestic violence incident that took place on «DOI». Now we are calling for an update on the services you received and to find out how things have been going for you since our first survey. This opportunity to share your opinions regarding the services you received will be used to improve services offered in the future. This interview will take about 15-30 minutes to complete. Is this a good time for you or can we arrange another time to talk?

MAKE ARRANGEMENTS, IF NECESSARY.

Before we begin, I am required to read a consent form to you.

•TEMPORARY QUESTION •
-Check List- (Number of items: 1 Min: 1 Max: 1)
1 CONTINUED
Question # 3  Page # 3
If any of the questions are sensitive in nature or cause you distress, we may skip them at any time. If you are still involved with the man who was involved in the incident that led to the police report and he learns that you are doing the survey, he might become violent. If you need help now or in the future related to domestic violence I can give you numbers to the Interim House (313-861-5300) or My Sister's Place (313-371-3900).

No reimbursement, compensation, or medical coverage is offered in the event of any injury resulting from this research study. You will receive no financial compensation for participating in the study. This interview is entirely voluntary and will not affect your services. No information that you give will identify you personally. We will use identification numbers only. Only researchers involved in the study will be allowed access to interview data. All information obtained during this study is strictly confidential, within the limits of the law. According to the law, the researchers will be required to report to Protective Services if you tell us about any child abuse or neglect. We must also warn the proper authorities and potential victims if you tell us about a plan to harm anyone.

•TEMPORARY QUESTION •
-Check List- (Number of items: 1 Min: 1 Max: 1)
  1 CONTINUED

Question # 4  Page # 4
Do you have any questions? Do you understand everything that I have read?

IF R. HAS FURTHER QUESTIONS: feel free to contact Dr. Weisz (313-577-4420), Dr. Canales-Portalatin (313-577-4782) or Dr. Lichtenberg (313-577-5174).

•TEMPORARY QUESTION •
-Check List- (Number of items: 1 Min: 1 Max: 1)
  1 CONTINUED

Question # 5  Page # 5
What is your current relationship to the abuser from the incident on «DOI»?

READ RESPONSES BELOW

-Check List Open- (Number of items: 10 Min: 1 Max: 1)
  1 Spouse
  2 Former spouse
  3 Child in common / child's father
  4 Live together
  5 Used to live together
  6 Dating
  7 Used to date
  98 DK
  99 RF
  97 Other (specify): «»
Since our first telephone interview, has your partner been put in jail at any time since this incident due to domestic assault?

IF YES: How long was he held? Was he . . . .

**Question # 6  Page # 6**
-Check List- (Number of items: 5  Min: 1  Max: 1)
  1  Yes
  2  No
  3  DON'T NEED / NA
  8  DK
  9  RF

  SKIPS from Q6
  IF q6≠1 SKIP TO: 8

**Question # 7  Page # 6**
-Check List- (Number of items: 8  Min: 1  Max: 1)
  1  Released immediately
  2  Held over night
  3  About a week
  4  About 2 weeks
  5  Almost a month
  6  Over a month
  8  DK
  9  RF

Since our first telephone interview, did you have any further contact with a social worker or domestic violence counselor who works with the Detroit Police Department?

(Remember: this is a woman from an agency who was not a police officer, but who was calling you from the police precinct to offer help after the incident.)

IF IN CONTACT, ASK: How was the contact made?

**Question # 8  Page # 7**
-Check List- (Number of items: 5  Min: 1  Max: 1)
  1  Yes
  2  No
  3  DON'T NEED / NA
  8  DK
  9  RF

  SKIPS from Q8
  IF q8≠1 SKIP TO: 43
Question # 9  Page # 7
-Check List Open- (Number of items: 6  Min: 1  Max: 1)
1  Phone call
2  Mail
3  In-person meeting
8  DK
9  RF
7  Other (specify): «»

Question # 10  Page # 8
Did the social worker or counselor talk to you about your feelings about the incident on «DOI» or about a different incident?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 11  Page # 9
Did the social worker or counselor tell you what would happen next in the legal process?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 12  Page # 10
Did they help you get information about the police process or investigation?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 13  Page # 11
Did they help you plan for your safety?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF
**Question # 14  Page # 12**
Did they tell you how to get a Personal Protection Order or PPO?

-Check List- (Number of items: 5  Min: 1  Max: 1)
  1  Yes
  2  No
  3  Don't need / not applicable
  8  DK
  9  RF

  SKIPS from Q14
  IF q14≠1  SKIP TO: 17

**Question # 15  Page # 13**
Did you follow-up and get a Personal Protection Order or PPO?

-Check List- (Number of items: 5  Min: 1  Max: 1)
  1  Yes
  2  No
  3  Don't need / already have one
  8  DK
  9  RF

  SKIPS from Q15
  IF ((q15≠1)&(q15≠3))  SKIP TO: 17

**Question # 16  Page # 14**
How helpful is the Personal Protection Order or PPO?
Is it . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
  1  very helpful
  2  somewhat helpful
  3  not very helpful
  4  not at all helpful
  8  DK
  9  RF

**Question # 17  Page # 15**
Did the social worker or counselor refer you to another counselor who could talk more with you about your feelings?

-Check List- (Number of items: 5  Min: 1  Max: 1)
  1  Yes
  2  No
  3  Don't need / not applicable
  8  DK
  9  RF
Question # 18  Page # 16
Did you follow-up on this and talk with another counselor about your feelings?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 19  Page # 17
How helpful was this counselor who talked with you about your feelings? Was he / she . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1  very helpful
2  somewhat helpful
3  not very helpful
4  not at all helpful
8  DK
9  RF

Question # 20  Page # 18
Did the domestic violence counselor or social worker refer you to a shelter?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 21  Page # 19
Did you follow-up and use a shelter?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF
Question # 22  Page # 20
How helpful was the shelter? Was it . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1  very helpful
2  somewhat helpful
3  not very helpful
4  not at all helpful
8  DK
9  RF

Question # 23  Page # 21
Did the domestic violence counselor or social worker refer you for help you with the child visitation process?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 24  Page # 22
Did you follow-up with the child visitation process?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 25  Page # 23
How helpful was the child visitation process? Was it . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1  very helpful
2  somewhat helpful
3  not very helpful
Question # 26  Page # 24
Did the counselor assist you in getting medical care?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q26
IF q26#1   SKIP TO: 29

Question # 27  Page # 25
Did you follow-up and get medical care?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q27
IF q27#1   SKIP TO: 29

Question # 28  Page # 26
How helpful was the medical care? Was it

-Check List- (Number of items: 6  Min: 1  Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 29  Page # 27
Did the counselor or social worker assist you with getting transportation to court, shelters or police stations?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q29
IF q29#1   SKIP TO: 32
Question # 30  Page # 28
Did you follow-up and get transportation?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q30
IF q30≠1 SKIP TO: 32

Question # 31  Page # 29
How helpful was this transportation? Was it . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 32  Page # 30
Did the counselor assist you with getting children's services (counseling)?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q32
IF q32≠1 SKIP TO: 35

Question # 33  Page # 31
Did you follow-up and get children's services?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q33
IF q33≠1 SKIP TO: 35

Question # 34  Page # 32
How helpful were the children's services? Were they . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1 very helpful
Question # 35  Page # 33
Did the counselor or social worker assist you in finding an attorney or legal service?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q35
IF q35#1  SKIP TO: 38

Question # 36  Page # 34
Did you follow-up and obtain an attorney or legal service?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q36
IF q36#1  SKIP TO: 38

Question # 37  Page # 35
How helpful was the attorney or legal service? Was it . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Question # 38  Page # 36
What other things, if any, did the counselor or social worker help you with?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 39  Page # 37
What needs did you have that the counselor or social worker did not address, if any?

-Dbase-(Number of items: 1)
«Text Variable»
Question # 40  Page # 38
Overall, how helpful was the counselor or social worker? Would you say . . .

-Check List-   (Number of items: 6    Min: 1    Max: 1)
1    very helpful
2    somewhat helpful
3    not very helpful
4    not at all helpful
8    DK
9    RF

Question # 41  Page # 39
Why do you feel that the counselor or social worker was «label(q40)»?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 42  Page # 40
If another incident occurred, how likely would you be to seek services from the domestic violence counselor or social worker who works with the police? Would you be . . .

-Check List-   (Number of items: 6    Min: 1    Max: 1)
1    very likely
2    somewhat likely
3    not very likely
4    not at all likely
8    DK
9    RF

Question # 43  Page # 41
Since our first telephone interview, did you get a Personal Protection Order or PPO for the incident on «DOI»?

-Check List-   (Number of items: 6    Min: 1    Max: 1)
1    Yes
2    No
3    Don't need / not applicable
4    Already had one since first interview
8    DK
9    RF

    SKIPS from Q43
    IF q43≠1    SKIP TO: 46

Question # 44  Page # 42
When did you get the Personal Protection Order?

-Check List-   (Number of items: 6    Min: 1    Max: 1)
1    Within the last week
2    Within the last month
3    A couple of months ago
4    Shortly after the incident
Question # 45  Page # 43
Did someone serve the abuser an order?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 46  Page # 44
Since our first telephone interview, did you receive legal advocacy services at the 9th or 12th precinct?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q46
IF q46≠1 SKIP TO: 61

Question # 47  Page # 45
What agency was the advocate from?

-Check List Open- (Number of items: 5  Min: 1  Max: 1)
1  Interim House
2  My Sister's Place
8  DK
9  RF
7  Other (specify name of agency and advocate): «»

Question # 48  Page # 46
Since the first telephone interview, did the advocate gather information on what happened?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 49  Page # 47
Did the advocate refer you to a shelter?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF
Question # 50  Page # 48
Did the advocate assist you with getting transportation to a shelter?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 51  Page # 49
Did the advocate assist you with finding an attorney or legal service?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 52  Page # 50
Did the advocate assist you in getting child support?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 53  Page # 51
Did the advocate tell you how to get a Personal Protection Order or PPO?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q53
IF ((q43=1)|(q53≠1))  SKIP TO: 56
Question # 54  Page # 52
Did you decide to get a Personal Protection Order after talking with the advocate?

-Check List-  (Number of items: 5     Min: 1     Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q54
IF q54#1      SKIP TO: 56

Question # 55  Page # 53
Did the advocate file the PPO papers for you?

-Check List-  (Number of items: 5     Min: 1     Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 56  Page # 54
What other things, if any, did the legal advocate at the precinct help you with?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 57  Page # 55
Overall, how helpful was the legal advocate at the precinct? Would you say . . .

-Check List-  (Number of items: 6     Min: 1     Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF
**Question # 58  Page # 56**
Why do you feel that the legal advocate at the precinct was «label(q57)»?

-Dbase-(Number of items: 1)
«Text Variable»

**Question # 59  Page # 57**
If another incident occurred, how likely would you be to seek services from that advocate? Would you be.

-Check List- (Number of items: 6  Min: 1  Max: 1)
1  very likely
2  somewhat likely
3  not very likely
4  not at all likely
8  DK
9  RF

**Question # 60  Page # 58**
What else could the legal advocate have done to help in regard to this domestic violence situation, if anything?

-Dbase-(Number of items: 1)
«Text Variable»

Since our first telephone interview, aside from the court, did you have contact with an advocate who works with the Wayne County Prosecutor's office?

(REMEMBER: the advocate was a woman who talked to you about the case, but who wasn't a lawyer)?

IF IN CONTACT, ASK: How was the contact made?

**Question # 61  Page # 59**
-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q61
IF q61#1  SKIP TO: 91
Question # 62  Page # 59
-Check List Open- (Number of items: 6  Min: 1  Max: 1)
1  Phone call
2  Mail
3  In-person meeting
8  DK
9  RF
7  Other (specify): «»

Question # 63  Page # 60
Since our first telephone interview, did the advocate talk to you about your feelings about a domestic violence incident?
-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 64  Page # 61
Since our first telephone interview, did the advocate tell you what will happen next in the legal process?
-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 65  Page # 62
Since our first telephone interview, did the advocate assist you in planning for your safety?
-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF
Question # 66  Page # 63
Did the advocate refer you to a counselor or group?
-Check List- (Number of items: 5  Min: 1  Max: 1)
  1  Yes
  2  No
  3  Don't need / not applicable
  8  DK
  9  RF

  SKIPS from Q66
  IF q66#1    SKIP TO: 69

Question # 67  Page # 64
Did you follow-up with a counselor or a group?
-Check List- (Number of items: 5  Min: 1  Max: 1)
  1  Yes
  2  No
  3  Don't need / not applicable
  8  DK
  9  RF

  SKIPS from Q67
  IF q67#1    SKIP TO: 69

Question # 68  Page # 65
How helpful was the counselor or group? Was it . . .
-Check List- (Number of items: 6  Min: 1  Max: 1)
  1  very helpful
  2  somewhat helpful
  3  not very helpful
  4  not at all helpful
  8  DK
  9  RF

Question # 69  Page # 66
Since our first telephone interview, did the advocate refer you to a shelter or domestic violence program?
-Check List- (Number of items: 5  Min: 1  Max: 1)
  1  Yes
  2  No
  3  Don't need / not applicable
  8  DK
  9  RF

  SKIPS from Q69
  IF q69#1    SKIP TO: 72

Question # 70  Page # 67
Did you follow-up and go to a shelter or a domestic violence program?
-Check List- (Number of items: 5  Min: 1  Max: 1)
  1  Yes
Question # 71  Page # 68  
How helpful was the shelter or domestic violence program? Was it . . .  

-Check List-  (Number of items: 6  Min: 1  Max: 1)  
1  very helpful  
2  somewhat helpful  
3  not very helpful  
4  not at all helpful  
8  DK  
9  RF  

Question # 72  Page # 69  
Since our first telephone interview, did the advocate refer you to the Family Independence Agency?  

-Check List-  (Number of items: 5  Min: 1  Max: 1)  
1  Yes  
2  No  
3  Don't need / not applicable  
8  DK  
9  RF  

SKIPS from Q72  
IF q72≠1  SKIP TO: 75
Question # 73  Page # 70
Did you follow-up and use the Family Independence Agency? (i.e., public assistance, etc.)

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q73
IF q73#1  SKIP TO: 75

Question # 74  Page # 71
How helpful was the Family Independence Agency? Was it . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1  very helpful
2  somewhat helpful
3  not very helpful
4  not at all helpful
8  DK
9  RF

Question # 75  Page # 72
Since our first telephone interview, did the advocate refer you to a family service agency? (i.e., family counseling, etc.)

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q75
IF q75#1  SKIP TO: 78

Question # 76  Page # 73
Did you follow-up and use a family service agency?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q76
IF q76#1  SKIP TO: 78

Question # 77  Page # 74
How helpful was the family service agency? Was it . . .
-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

**Question # 78 Page # 75**
Since our first telephone interview, did the advocate assist you with medical care?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q78
IF q78#1 SKIP TO: 81

**Question # 79 Page # 76**
Did you follow-up and receive medical care?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q79
IF q79#1 SKIP TO: 81
Question # 80  Page # 77
How helpful was the medical care? Was it . . .

-Check List-  (Number of items: 6   Min: 1   Max: 1)
  1 very helpful
  2 somewhat helpful
  3 not very helpful
  4 not at all helpful
  8 DK
  9 RF

Question # 81  Page # 78
Since our first telephone interview, did the advocate assist you in finding an attorney or legal service?

-Check List-  (Number of items: 5   Min: 1   Max: 1)
  1 Yes
  2 No
  3 Don't need / not applicable
  8 DK
  9 RF

    SKIPS from Q81
    IF q81≠1       SKIP TO: 84

Question # 82  Page # 79
Did you follow-up and obtain an attorney or legal service?

-Check List-  (Number of items: 5   Min: 1   Max: 1)
  1 Yes
  2 No
  3 Don't need / not applicable
  8 DK
  9 RF

    SKIPS from Q82
    IF q82≠1       SKIP TO: 84

Question # 83  Page # 80
How helpful was the attorney or legal service? Was it . . .

-Check List-  (Number of items: 6   Min: 1   Max: 1)
  1 very helpful
  2 somewhat helpful
  3 not very helpful
  4 not at all helpful
  8 DK
  9 RF

Question # 84  Page # 81
Since our first telephone interview, did the advocate assist you with transportation to court?

-Check List-  (Number of items: 5   Min: 1   Max: 1)
  1 Yes
  2 No
VICTIM ADVOCACY 6 MONTH FOLLOW-UP SURVEY ‘99

Question # 85  Page # 82
Did you follow-up and get transportation?

-Check List-  (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

SKIPS from Q85
IF q85≠1  SKIP TO: 87

Question # 86  Page # 83
How helpful was the transportation?

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1  very helpful
2  somewhat helpful
3  not very helpful
4  not at all helpful
8  DK
9  RF

Question # 87  Page # 84
What other things, if any, did the advocate help you with?

-Dbase-(Number of items: 1)
«Text Variable»
Question # 88  Page # 85
Overall, how helpful was the advocate from the Wayne County Prosecutor's Office? Would you say . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1  very helpful
2  somewhat helpful
3  not very helpful
4  not at all helpful
8  DK
9  RF

Question # 89  Page # 86
Why do you feel that the advocate was «label(q88)»?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 90  Page # 87
If another incident occurred, how likely would you be to seek services from that advocate or other advocates from the Prosecutor's office? Would you be . . .

-Check List-  (Number of items: 6  Min: 1  Max: 1)
1  very likely
2  somewhat likely
3  not very likely
4  not at all likely
8  DK
9  RF

Since our first telephone interview, aside from the court date, were you in contact with a prosecutor about the incident on «DOI»?

IF YES ASK: How was the contact made? Was it . . .

Question # 91  Page # 88
-Check List-  (Number of items: 4  Min: 1  Max: 1)
1  Yes
2  No
8  DK
9  RF

SKIPS from Q91
IF q91#1  SKIP TO: 101
Question # 92  Page # 88
-Check List Open- (Number of items: 6  Min: 1  Max: 1)
1 Phone call
2 Mail
3 In-person meeting
8 DK
9 RF
7 Other (specify): «»

Question # 93  Page # 89
Did the prosecutor gather information on what happened?
-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 94  Page # 90
Did the prosecutor discuss what will happen with the case?
-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 95  Page # 91
Did the prosecutor discuss the charges?
-Check List- (Number of items: 5  Min: 1  Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 96  Page # 92
What other things, if any, did the prosecutor help you with?
-Dbase-(Number of items: 1)
«Text Variable»
Question # 97  Page # 93
How satisfied are you with the prosecutor’s services? Are you . . ..

-Check List- (Number of items: 6  Min: 1  Max: 1)
  1    Very satisfied
  2    Somewhat satisfied
  3    Not very satisfied
  4    Not at all satisfied
  8    DK
  9    RF

Question # 98  Page # 94
Why are you «label(q97)>> with the prosecutor’s services?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 99  Page # 95
If another incident occurred, how likely would you be to talk to that prosecutor about it? Would you be . . ..

-Check List- (Number of items: 6  Min: 1  Max: 1)
  1    very likely
  2    somewhat likely
  3    not very likely
  4    not at all likely
  8    DK
  9    RF

Question # 100Page # 96
Did you feel pressured by anyone to drop the charges or plea bargain?

IF YES: SPECIFY BY WHOM

-Check List Open- (Number of items: 4  Min: 1  Max: 1)
  2    No
  8    DK
  9    RF
  1    Yes (specify): «»
Did you feel pressured by anyone to pursue the charges?

IF YES: SPECIFY BY WHOM

-Check List Open- (Number of items: 4 Min: 1 Max: 1)
  2 No
  8 DK
  9 RF
  1 Yes (specify):

Since our first telephone interview, has there been an arraignment related to the incident on «DOI» or is there one scheduled?

-Check List- (Number of items: 6 Min: 1 Max: 1)
  1 Yes, one has taken place
  2 Yes, one is scheduled
  3 No, don’t know anything about it
  4 No, one hasn’t been scheduled
  8 DK
  9 RF

Since our first telephone interview, has there been a preliminary exam or pre-trial hearing about the incident on «DOI» or is there one scheduled?

-Check List- (Number of items: 6 Min: 1 Max: 1)
  1 Yes, one has taken place
  2 Yes, one is scheduled
  3 No, don’t know anything about it
  4 No, one hasn’t been scheduled
  8 DK
  9 RF

Were you present in court for the preliminary exam or pre-trial hearing?

-Check List- (Number of items: 4 Min: 1 Max: 1)
  1 Yes
  2 No
  8 DK
  9 RF

Why did / didn’t you attend? «Text Variable»
Question # 106 Page # 101
Since our first telephone interview, did you receive advocacy services from the prosecutor's office regarding the preliminary exam or pre-trial hearing?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q106
IF q106≠1 SKIP TO: 130

Question # 107 Page # 102
Did the advocate(s) from the prosecutor's office notify you of the date of the preliminary exam or pre-trial hearing?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 108 Page # 103
Did they help you prepare for the preliminary exam or pre-trial hearing?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q108
IF q103≠1 SKIP TO: 130
Question # 109 Page # 104
Did they accompany you during the preliminary exam or pre-trial hearing?

-Check List- (Number of items: 5  Min: 1  Max: 1)
1  Yes
2  No
3  Don't need / not applicable
8  DK
9  RF

Question # 110 Page # 105
Overall, how helpful was the advocacy service you received during the preliminary exam or pre-trial hearing? Was it . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1  very helpful
2  somewhat helpful
3  not very helpful
4  not at all helpful
8  DK
9  RF

Question # 111 Page # 106
Why do you feel that the advocacy service was «label(q110)»?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 112 Page # 107
How satisfied are you with the way the preliminary exam or pre-trial hearing was handled by the prosecutor? Are you . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1  Very satisfied
2  Somewhat satisfied
3  Not very satisfied
4  Not at all satisfied
8  DK
9  RF

Question # 113 Page # 108
Why were you «label(q112)» with the way the preliminary exam or pre-trial hearing was handled by the prosecutor?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 114 Page # 109
How satisfied are you with the way the preliminary exam or pre-trial hearing was handled by the judge? Are you . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1  Very satisfied
2  Somewhat satisfied
Question # 115 Page # 110
Why were you «label(q114)» with the way the preliminary exam or pre-trial hearing was handled by the judge?

-Dbase-(Number of items: 1)
«Text Variable»

Question # 116 Page # 111
Since our first telephone interview, has there been a trial about the incident on «DOI» or is there one scheduled?

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 Yes, one has taken place
2 Yes, one is scheduled
3 No, don't know anything about it
4 No, one hasn't been scheduled
8 DK
9 RF

SKIPS from Q116
IF q116=2 SKIP TO: 119
IF ((q103=3)||(q103=4)||(q103=8)||(q103=9)) SKIP TO: 130

Were you present in court during a trial?

Question # 117 Page # 112
-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes
2 No
8 DK
9 RF

SKIPS from Q117
IF ((q117=8)||(q117=9)) SKIP TO: 119
Question # 118 Page # 112
-Dbase-(Number of items: 2)
Why did / didn't you attend? «Text Variable»

Question # 119 Page # 113
Did you receive advocacy services regarding the trial?

-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes
2 No
8 DK
9 RF

SKIPS from Q119
IF ((q119≠1)&(q116=2)) SKIP TO: 130
IF q119≠1 SKIP TO: 130

Question # 120 Page # 114
Did the advocate(s) from the prosecutor's office notify you of the date of the trial?

-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes
2 No
8 DK
9 RF

Question # 121 Page # 115
Did the advocates help you prepare for the trial?

-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes
2 No
8 DK
9 RF

SKIPS from Q121
IF q116≠1 SKIP TO: 130

Question # 122 Page # 116
Did they accompany you during the trial?

-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes
2 No
8 DK
9 RF
Overall, how helpful was the advocacy service you received during the trial? Was it . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Why do you feel that the advocacy service was «label(q123)>>?

-Dbase-(Number of items: 1)
«Text Variable»

How satisfied are you with the way the trial was handled by the prosecutor? Are you . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 Very satisfied
2 Somewhat satisfied
3 Not very satisfied
4 Not at all satisfied
8 DK
9 RF

Why were you «label(q125)>> with how the trial was handled by the prosecutor?

-Dbase-(Number of items: 1)
«Text Variable»

How satisfied are you with how the trial was handled by the judge? Are you . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 Very satisfied
2 Somewhat satisfied
3 Not very satisfied
4 Not at all satisfied
8 DK
9 RF
**Question # 128**
Why were you «label(q127)>> with how the trial was handled by the judge?

-Dbase-(Number of items: 1)
«Text Variable»

**Question # 129**
What was the outcome of the case?

-Dbase-(Number of items: 2)
Outcome of case? «Text Variable»

**Question # 130**
What other things, if any, did the advocate(s) from the prosecutor's office do to assist you?

-Dbase-(Number of items: 1)
«Text Variable»

**Question # 131**
Since our first telephone interview, did you call the . . .

READ LIST AND CHECK ALL THAT APPLY.

-Check List- (Number of items: 7 Min: 1 Max: 6)
1 police
2 police counselor / social worker
3 precinct legal advocate
4 advocate from the prosecutor's office
5 prosecutor
6 judge
7 DIDN'T CALL ANY OF THE ABOVE

**Question # 132**
How much has your contact with the police and the court system related to incident on «DOI» helped to solve your problem? Would you say it has . . .

-Check List- (Number of items: 7 Min: 1 Max: 1)
1 helped very much
2 helped a little
3 made no difference
4 made it a little worse
5 made it a lot worse
6 DK
7 RF

**Question # 133**
Has your contact with the legal system helped to . . .

CHECK ALL THAT APPLY

-Check List- (Number of items: 6 Min: 1 Max: 5)
1 decrease your abuse
Aside from the services you may have received from precinct counselors and/or prosecutor's office advocates, I would like to know of other help or services you may have received related to domestic violence from other agencies since our last telephone interview.

Have you received temporary shelter?

IF YES: Where did you learn about the shelter?

Question # 135 Page # 129
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q135
IF q135≠1 SKIP TO: 138
Question # 136 Page # 129
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 137 Page # 130
How helpful was the temporary shelter? Was it . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Have you received assistance with food, money or other resources?

IF YES: Where did you learn about the food, money or other resources?

Question # 138 Page # 131
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q138
IF q138≠1 SKIP TO: 141

Question # 139 Page # 131
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»
Question # 140 Page # 132
How helpful was the food, money or other resources? Were they . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

. . . arrangements for child care?

IF YES: Where did you learn about arrangements for childcare?

Question # 141 Page # 133
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q141
IF q141≠1 SKIP TO: 144

Question # 142 Page # 133
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 143 Page # 134
How helpful were the arrangements for child care?

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF
Have you received assistance from a hotline?

IF YES: Where did you learn about the hotline?

**Question # 144 Page # 135**
- Check List- (Number of items: 5 Min: 1 Max: 1)
  1. Yes
  2. No
  3. Don't need / not applicable
  8. DK
  9. RF

  SKIPS from Q144
  IF q144≠1 SKIP TO: 147

**Question # 145 Page # 135**
- Check List Open- (Number of items: 8 Min: 1 Max: 1)
  1. friend
  2. family
  3. police
  4. phone book
  5. self
  8. DK
  9. RF
  7. other (specify): «»

**Question # 146 Page # 136**
How helpful was the hotline? Was it . . .

- Check List- (Number of items: 6 Min: 1 Max: 1)
  1. very helpful
  2. somewhat helpful
  3. not very helpful
  4. not at all helpful
  8. DK
  9. RF

Have you received assistance in getting employment?

IF YES: Where did you learn about assistance in getting employment?

**Question # 147 Page # 137**
- Check List- (Number of items: 5 Min: 1 Max: 1)
  1. Yes
  2. No
  3. Don't need / not applicable
  8. DK
  9. RF

  SKIPS from Q147
  IF q147≠1 SKIP TO: 150

**Question # 148 Page # 137**
- Check List Open- (Number of items: 8 Min: 1 Max: 1)
  1. friend
Question # 149 Page # 138
How helpful was the employment? Was it . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

. . . getting more education?

IF YES: Where did you learn about how to further your education?

Question # 150 Page # 139
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q150
IF q150≠1 SKIP TO: 153

Question # 151 Page # 139
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 152 Page # 140
How helpful was the education? Was it . . .
Question # 153 Page # 141
-Check List- (Number of items: 5  Min: 1  Max: 1)
1     Yes
2     No
3     Don't need / not applicable
8     DK
9     RF

SKIPS from Q153
IF q153≠1 SKIP TO: 156

Question # 154 Page # 141
-Check List Open- (Number of items: 8  Min: 1  Max: 1)
1     friend
2     family
3     police
4     phone book
5     self
8     DK
9     RF
7     other (specify): «»

Question # 155 Page # 142
How helpful was the lawyer for divorce or child custody issues?
Was he/she . . .

-Check List- (Number of items: 6  Min: 1  Max: 1)
1     very helpful
2     somewhat helpful
3     not very helpful
4     not at all helpful
8     DK
9     RF

. . getting permanent housing?

IF YES: Where did you learn about getting permanent housing?

Question # 156 Page # 143
-Check List- (Number of items: 5  Min: 1  Max: 1)
1     Yes
Question # 157 Page # 143
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 158 Page # 144
How helpful was getting permanent housing?
-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

Have you received assistance from support or self-help groups?
IF YES: Where did you learn about the support or self-help groups?

Question # 159 Page # 145
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 160 Page # 145
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
VICTIM ADVOCACY 6 MONTH FOLLOW-UP SURVEY '99

8  DK
9  RF
7  other (specify): «»

Question # 161 Page # 146
How helpful were the self-help or support groups? Were they . . .

-Check List- (Number of items: 6    Min: 1    Max: 1)
  1  very helpful
  2  somewhat helpful
  3  not very helpful
  4  not at all helpful
  8  DK
  9  RF

Have you received assistance for individual counseling?

IF YES: Where did you learn about individual counseling?

Question # 162 Page # 147
-Check List- (Number of items: 5    Min: 1    Max: 1)
  1  Yes
  2  No
  3  Don't need / not applicable
  8  DK
  9  RF

  SKIPS from Q162
  IF q162≠1   SKIP TO: 165

Question # 163 Page # 147
-Check List Open- (Number of items: 8    Min: 1    Max: 1)
  1  friend
  2  family
  3  police
  4  phone book
  5  self
  8  DK
  9  RF
  7  other (specify): «»

Question # 164 Page # 148
How helpful was the individual counseling? Was it . . .

-Check List- (Number of items: 6    Min: 1    Max: 1)
  1  very helpful
  2  somewhat helpful
  3  not very helpful
Question # 165 Page # 149
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

SKIPS from Q165
IF q165≠1 SKIP TO: 168

Question # 166 Page # 149
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 167 Page # 150
How helpful was the marital or couples counseling? Was it . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

. . . from substance abuse treatment programs for yourself?

IF YES: Where did you learn about substance abuse treatment programs?

Question # 168 Page # 151
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
Question # 169 Page # 151
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»

Question # 170 Page # 152
How helpful were the substance abuse treatment programs?
Were they . . .
-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful
2 somewhat helpful
3 not very helpful
4 not at all helpful
8 DK
9 RF

. . . from a spiritual guidance (priest, minister, clergy, etc.)?

IF YES: Where did you learn about the spiritual guidance?

Question # 171 Page # 153
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 Don't need / not applicable
8 DK
9 RF

Question # 172 Page # 153
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
1 friend
2 family
3 police
4 phone book
5 self
8 DK
9 RF
7 other (specify): «»
Question # 173 Page # 154
How helpful was the spiritual guidance? Was it . . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 very helpful  
2 somewhat helpful  
3 not very helpful  
4 not at all helpful  
8 DK  
9 RF

Question # 174 Page # 155
What assistance have you received from other sources for domestic violence, if any?

-Dbase-(Number of items: 1)
«Text Variable»

Did our first telephone interview or 3-month follow-up call lead you to seek any services for domestic violence?

Question # 175 Page # 156
-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes  
2 No  
3 Don't need / not applicable  
8 DK  
9 RF

SKIPS from Q175
IF q175≠1 SKIP TO: 177

Question # 176 Page # 156
-Dbase-(Number of items: 2)
What type of services did you seek?  
«Text Variable»

Question # 177 Page # 157
Since our first telephone interview, has your partner received treatment for drug or alcohol problems?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes  
2 No  
3 Don't need / not applicable  
8 DK  
9 RF

Question # 178 Page # 158
Since our first telephone interview, has your partner received treatment for battering behavior?

-Check List- (Number of items: 5 Min: 1 Max: 1)
Question # 179 Page # 159
We would like to know how many times each of the following things happened to you with the partner involved in the incident on «DOI»

Since our first telephone interview about 6 months ago, how many times have you called the police or tried to call the police because you felt you or other family members were in danger. Would you say . . .

-Check List- (Number of items: 10 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 NOT APPLICABLE
98 DK
99 RF

Question # 180 Page # 160
Since our first telephone interview, how many times have you left home overnight because of a violent incident. Would you say . . .

-Check List- (Number of items: 10 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 NOT APPLICABLE
98 DK
99 RF

Question # 181 Page # 161
Since our first telephone interview, how many times was your partner arrested because of violence or abuse towards you. Would you say . . .

-Check List- (Number of items: 10 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
Question # 182 | Page # 162
Since our first telephone interview, how many times have you called the police for a violation of a protective order. Would you say . . .

-Check List- (Number of items: 10  Min: 1  Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
8  NOT APPLICABLE
98  DK
99  RF

Question # 183 | Page # 163
The following are things that might occur when people have conflicts. In the following section, when we use the word "partner," we mean the man who was involved in the incident with you on «DOI».

Thinking about your partner who was involved in the incident on «DOI», how many times since our first telephone interview has your partner said he cared about you even though you disagreed. Would you say . . .

-Check List- (Number of items: 9  Min: 1  Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
8  DK
9  RF

Question # 184 | Page # 164
Since our first interview, how many times has your partner explained his side of a disagreement to you. Would you say . . .

-Check List- (Number of items: 9  Min: 1  Max: 1)
1  Never
2  Once
3  Twice
4  3 - 5 times
5  6 - 10 times
6  11 - 20 times
7  more than 20
8  DK
9  RF
**Question # 185 Page # 165**

. . . how many times has your partner insulted you or sworn at you. Would you say . . .

-Check List- (Number of items: 9   Min: 1   Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

**Question # 186 Page # 166**

How many times did your partner throw something at you that could hurt. Would you say . . .

-Check List- (Number of items: 9   Min: 1   Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

**Question # 187 Page # 167**

Since our first telephone interview, how many times has your partner twisted your arm or hair.

-Check List- (Number of items: 9   Min: 1   Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

**Question # 188 Page # 168**

Since our first telephone interview, how many times have you had a sprain, bruise or small cut because of a fight with your partner. Would you say . . .

-Check List- (Number of items: 9   Min: 1   Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
### Question # 189 Page # 169
...how many times has your partner shown respect for your feelings about an issue. Would you say . . .

- **Check List-** (Number of items: 9  Min: 1  Max: 1)
  1. Never
  2. Once
  3. Twice
  4. 3 - 5 times
  5. 6 - 10 times
  6. 11 - 20 times
  7. more than 20
  8. DK
  9. RF

### Question # 190 Page # 170
. . . how many times has your partner made you have sex without a condom. Would you say . . .

- **Check List-** (Number of items: 9  Min: 1  Max: 1)
  1. Never
  2. Once
  3. Twice
  4. 3 - 5 times
  5. 6 - 10 times
  6. 11 - 20 times
  7. more than 20
  8. DK
  9. RF

### Question # 191 Page # 171
. . . . how many times has your partner pushed or shoved you. Would you say . . .

- **Check List-** (Number of items: 9  Min: 1  Max: 1)
  1. Never
  2. Once
  3. Twice
  4. 3 - 5 times
  5. 6 - 10 times
  6. 11 - 20 times
  7. more than 20
  8. DK
  9. RF
Question # 192 Page # 172
Since our first telephone interview, how many times has your partner used force (like hitting, holding down, or using a weapon) to make you have oral or anal sex? Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 193 Page # 173
Since our first telephone interview, how many times has your partner used a knife or a gun on you. Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 194 Page # 174
. . . how many times have you passed out from being hit on the head by that partner in a fight. Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 195 Page # 175
. . . how many times has your partner called you a name like fat or ugly. Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
Question # 196 Page # 176
. . . . how many times has your partner punched or hit you with something that could hurt. Would you say . . .

-Check List- (Number of items: 9  Min: 1  Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 197 Page # 177
. . . . . how many times has your partner destroyed something that belonged to you. Would you say . . .

-Check List- (Number of items: 9  Min: 1  Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 198 Page # 178
Since our first telephone interview, how many times did you go to a doctor because of a fight with your partner. Would you say . . .

-Check List- (Number of items: 9  Min: 1  Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF
Question # 199 Page # 179
Since our first telephone interview, how many times has your partner choked you. Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 200 Page # 180
Was your partner using alcohol during any of these incidents

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 DOES NOT APPLY
8 DK
9 RF

Question # 201 Page # 181
Was your partner using drugs during any of these incidents?

-Check List- (Number of items: 5 Min: 1 Max: 1)
1 Yes
2 No
3 DOES NOT APPLY
8 DK
9 RF

Question # 202 Page # 182
Are you and your partner currently together?

-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes
2 No
8 DK
9 RF

SKIPS from Q202
IF q202=2 SKIP TO: 205

Question # 203 Page # 183
Since our first telephone interview, have you and your partner ever been separated?

-Check List- (Number of items: 4 Min: 1 Max: 1)
1 Yes
2 No
8 DK
Question # 204
How long have you been (were you) separated?

-Check List- (Number of items: 10  Min: 1  Max: 1)
1 less than 4 days
2 4 - 30 days
3 1 - 3 months
4 3 - 6 months
5 6 months - 1 year
6 1 - 3 years
7 3 - 5 years
8 more than 5 years
98 DK
99 RF

Question # 205
The following is a list of situations that some women may have to go through when relationships end. Since our first telephone interview, while separated, how often had your partner harassed you on the telephone?

Would you say . . .

-Check List- (Number of items: 9  Min: 1  Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 206
Since our first telephone interview, how often has he written you threatening letters? Would you say . . .

-Check List- (Number of items: 9  Min: 1  Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF
Question # 207 Page # 187
Since our first telephone interview, how often has he violated legal restrictions such as orders of protection?  Would you say . . .

-Check List-  (Number of items: 9  Min: 1  Max: 1)
  1  Never
  2  Once
  3  Twice
  4  3 - 5 times
  5  6 - 10 times
  6  11 - 20 times
  7  more than 20
  8  DK
  9  RF

Question # 208 Page # 188
. . . . how often has he threatened to hurt himself if you didn't return?  Would you say . . .

-Check List-  (Number of items: 9  Min: 1  Max: 1)
  1  Never
  2  Once
  3  Twice
  4  3 - 5 times
  5  6 - 10 times
  6  11 - 20 times
  7  more than 20
  8  DK
  9  RF

Question # 209 Page # 189
. . . . how often has he followed you around?  Would you say . . .

-Check List-  (Number of items: 9  Min: 1  Max: 1)
  1  Never
  2  Once
  3  Twice
  4  3 - 5 times
  5  6 - 10 times
  6  11 - 20 times
  7  more than 20
  8  DK
  9  RF

Question # 210 Page # 190
. . . . how often has he insisted on seeing you when you didn't want to see him?  Would you say . . .

-Check List-  (Number of items: 9  Min: 1  Max: 1)
  1  Never
  2  Once
Question # 211 Page # 191
.... how often has he refused to leave your home or property when you asked him? Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 212 Page # 192
Since our first telephone interview, how often has he harassed you at work? Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

Question # 213 Page # 193
Since our first telephone interview, how often has he threatened to hurt you if you didn't return to him? Would you say . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 DK
9 RF

VICTIM ADVOCACY 6 MONTH FOLLOW-UP SURVEY '99
Question # 214 Page # 194
Do you and your partner have any children under the age of 18?

-Check List- (Number of items: 4  Min: 1  Max: 1)
  1   Yes
  2   No
  8   DK
  9   RF

  SKIPS from Q214
  IF q214≠1    SKIP TO: 222

Question # 215 Page # 195
Since our first telephone interview, how often has your partner failed to pay child support? Would you say . . .

-Check List- (Number of items: 10  Min: 1  Max: 1)
  1   Never
  2   Once
  3   Twice
  4   3 - 5 times
  5   6 - 10 times
  6   11 - 20 times
  7   more than 20
  8   NOT APPLICABLE
  98  DK
  99  RF

Question # 216 Page # 196
Since our first telephone interview, how often has he put the children in the middle of disagreements between you and him? Would you say . . .

-Check List- (Number of items: 10  Min: 1  Max: 1)
  1   Never
  2   Once
  3   Twice
  4   3 - 5 times
  5   6 - 10 times
  6   11 - 20 times
  7   more than 20
  8   NOT APPLICABLE
  98  DK
  99  RF

Question # 217 Page # 197
   . . . how often has he used the children as an excuse to see you? Would you say . . .

-Check List- (Number of items: 10  Min: 1  Max: 1)
  1   Never
  2   Once
  3   Twice
  4   3 - 5 times
Question # 218 Page # 198
... how often has he used the children to get back at you? Would you say . . .

-Check List- (Number of items: 10 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 NOT APPLICABLE
98 DK
99 RF

Question # 219 Page # 199
... how often has he threatened to take the children without permission? Would you say . . .

-Check List- (Number of items: 10 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 NOT APPLICABLE
98 DK
99 RF

Question # 220 Page # 200
... how often has he threatened or carried out a custody battle? Would you say . . .

-Check List- (Number of items: 10 Min: 1 Max: 1)
1 Never
2 Once
3 Twice
4 3 - 5 times
5 6 - 10 times
6 11 - 20 times
7 more than 20
8 NOT APPLICABLE
98 DK
99 RF
Question # 221 Page # 201
To what extent did any concerns you had about your children’s safety affect your feelings about prosecuting the man who abused you? Would you say . . . .

-Check List- (Number of items: 6 Min: 1 Max: 1)
1 a great extent
2 somewhat
3 not very much
4 not at all
8 DK
9 RF

Question # 222 Page # 202
The next set of questions we will be using a scale of 1 to 7 with 1 meaning not at all likely and 7 meaning very likely. How likely do you think it is that your partner will harm you physically within the next 6 months. Would you say . . . .

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 1 not at all likely
2 2
3 3
4 4 somewhat likely
5 5
6 6
7 7 very likely
8 DK
9 RF

Question # 223 Page # 203
Using the same scale, how likely do you think that it is that he will harm you psychologically or emotionally within the next 6 months?

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 1 not at all likely
2 2
3 3
4 4 somewhat likely
5 5
6 6
7 7 very likely
8 DK
9 RF

Question # 224 Page # 204
How likely do you think he will harm you financially, like not paying for household expenses or withholding child support, within the next 6 months?

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 1 not at all likely
2 2
3 3
4 4 somewhat likely
Question # 225 Page # 205
We are almost done. I just have a few questions for classification purposes only.

How many children under the age of 18 currently live with you, if any?
IF DK OR RF, ENTER -1.

-Dbase-(Number of items: 2)
Number of children:
«Integer: -1 \leq i \leq 15 »

What is your current employment status? Are you . . . .
IF EMPLOYED: PART-TIME OR FULL-TIME

Question # 226 Page # 206
-Check List Open- (Number of items: 8 Min: 1 Max: 1)
2 unemployed
3 student
4 homemaker
5 disabled
6 retired
8 DK
9 RF
1 employed (specify): «»

SKIPS from Q226
IF q226 \neq 1 SKIP TO: 228

Question # 227 Page # 206
-Check List- (Number of items: 4 Min: 1 Max: 1)
1 part-time
2 full-time
8 DK
9 RF

Question # 228 Page # 207
I'm going to read a list of income categories. Please stop me when I get to your household's annual income before taxes for 1997?

-Check List- (Number of items: 9 Min: 1 Max: 1)
1 less than $5,000
2 $5,000 - 10,000
3 $10,000 - $20,000
4 $20,000 - $30,000
5 $30,000 - 40,000
6 $40,000 - $50,000
Is there anything else you can tell us about the police, advocates', prosecutors', and judges' response to domestic violence that could help improve services for domestic violence victims and their families?

Are there any comments that you would like to make about this interview?

Thank you so much for taking the time to answer these questions. I just want to remind you that if you need help now or in the future regarding these issues, please contact Interim House at 313-861-5300 or My Sister's Place at 313-371-3900.

INTERVIEWER: PLEASE INCLUDE ANY NOTES OR INTERVENTION MEASURES TAKEN.