

WA CERTIFIED DVIT PROGRAM'S NAME

DATE



Thank you for your feedback! For Survivors

Your feedback is voluntary and confidential. If you would like to provide feedback about the domestic violence intervention treatment program that provided services to your family member, significant other or your ex-significant other, please answer the following questions. The answers are used for statistical purposes by the State of Washington (DVIT Program Manager, PO Box 45470 Olympia, WA 98504-5440) in order to make continuous improvements to treatment. Please **do not** provide your name on this form, and thank you for your feedback!

- The participant's type of discharge: Transfer Successful completion Incomplete Don't know
- Number of weeks the participant was in treatment with this program?
 1-8 9-24 25-36 37-52 More than 52 weeks Don't know
- What level of treatment was the participant in? Check the last level they were in:
 Level 1 Level 2 Level 3 Level 4 Level 5 Don't know
- Are you living with the participant at this time? Yes No

When a scale of 1-5 is given, 5 is high or very likely.

1. I would rate the participant's level of accountability before starting this program at: 1 2 3 4 5
2. I would rate their level of accountability now, after participation in this program at: 1 2 3 4 5
3. I feel safer now than I did before the participant received treatment: Yes No Somewhat
4. The participant has stopped using threats and physical abuse in our relationship: Yes No Somewhat
5. Please select the types of abuse the participant used (check all that apply)
 - a. Before treatment:
 None Physical Emotional Sexual Verbal Psychological Financial Threats Other
 - b. During the first six months of treatment:
 None Physical Emotional Sexual Verbal Psychological Financial Threats Other
 - c. During the last six months of treatment:
 None Physical Emotional Sexual Verbal Psychological Financial Threats Other
6. The participant has been using health relationship skills since starting treatment: Yes No
If yes, can you explain some that you've noticed?
7. The participant showed a pattern of abusive behavior before participating in this program: Yes No
8. If you answered yes to Question 7, has the pattern of abusive behavior been broken? Yes No
9. How would you rate your overall experience with program staff (responsiveness, sensitivity, communication, etc.) where 1 is terrible and 5 is excellent? 1 2 3 4 5

What do you think this program did well? Use the back if you need more space.

What are some ways you think this program could improve? Use the back if you need more space.