

WA CERTIFIED DVIT PROGRAM'S NAME

DATE



## Thank you for your feedback!

**Your answers are confidential** and will be used for statistical purposes by the State of Washington in order to make continuous improvements in treatment. **Do not** provide your name. When finished, seal this form in the envelope that was provided. Thank you!

- Please select your type of discharge from this program:  Transfer  Successful completion  Incomplete
- What is your current age?  18-29  30-39  40-49  Over 50
- What is your ethnicity?  Black  Hispanic  Caucasian  Asian  Native American  Other: \_\_\_\_\_
- How many weeks did you attend treatment?  1-8  9-24  25-36  37-52  More than 52 weeks
- What level of treatment were you in at the time of discharge?  Level 1  Level 2  Level 3  Level 4
- Who are you living with at this time?  The victim  A significant other who is not the victim  No one or 'other'

**When a scale of 1-5 is given, 5 is high or very likely.** If you are being discharged from Level 4 treatment, start at 6 below.

1. Please rate your level of accountability before starting this program:  1  2  3  4  5
2. Please rate your level of accountability now:  1  2  3  4  5
3. Which of these 'thinking errors' did you use to justify or excuse your abusive behaviors (check all that apply):
  - Black and white thinking  Personalization  'Should' statements  Catastrophizing  Magnifying
  - Minimizing  Mindreading  Fortune telling  Overgeneralization  Filtering
  - Discounting the positive  Labeling  Blaming  Emotional reasoning  Control fallacy
  - Always being 'right'  Self-serving bias  Fallacy of change
  - Other (please list): \_\_\_\_\_
4. Please select what your main motivations for using abusive behaviors were (check all that apply):
  - A sense of entitlement  A belief that I should have power and control over my partner
  - Learned experience that abuse got me what I wanted  The need to be right or win at all costs
  - Insecurity and/or fear  Other: \_\_\_\_\_
5. Did you complete an accountability plan that you are still following?  Yes  No
6. Please describe the connection between thoughts, feelings and behaviors (use the back if you need more space):

7. Do you have the skills to meet your needs in non-abusive and health ways?  Yes  No

8. Give a recent example of a situation where you were successful in using a healthy relationship skill:

9. Did you have a pattern of abusive thinking and behaving before treatment?  Yes  No

10. If you answered yes to Question 9, then have you broken that pattern of abusive thinking and behaving?  Yes  No

11. Please select the types of abuse you 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

12. Please check all the words that describe the relationship you have with the staff who led your treatment:

- Excellent  Encouraging  Supportive  Tough love  Negative  Shaming or harsh  Poor

Other: \_\_\_\_\_

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.