

# Promising Practices:

**A Guideline for West Virginia  
Victim Assistance  
Sub-grantees**



*Division of  
**Justice &  
Community**  
Services*

**2014**

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\*Please be advised these examples are to be used **only** as a guideline; they are not to be copied or plagiarized in any way.

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# Building Better Boards

## I. Understanding Your Role

The four most important elements of a strong non-profit agency are:

- ☞ qualified staff,
- ☞ sufficient funds,
- ☞ plan of sustainability,
- ☞ good Board members

Board members may be recruited for a variety of reasons, such as organizational skills, fund raising, credibility, experience, etc. Whatever the reason for being part of a board, the principle role of a board member is stewardship. This requires active and regular participation of the board member. The board must insure the organization is operated for its “public purpose” and not for private agendas.

One of the most important functions of the board is keeping the resources and efforts focused on the organization’s mission. This requires the board to have a good understanding of the people funded by the organization and the resources available to achieve the goals. Every board member should be aware of the organization’s Articles of Incorporation and bylaws, as well as any rules of Federal and/or State funding sources.

## II. Defined Duties of a Board

- A. **Duty of Care:** The Board and its members should act as any ordinary, prudent person would in the same situation. They should be informed participants and able to make decisions.
- B. **Duty of Loyalty:** This requires the Board to always act in good faith and in the best interests of the organization (avoid conflicts of interest; and never use information for personal gain).
- C. **Duty of Obedience:** This requires the Board to act within the requirements of the State and Federal law, and according to their organization’s mission, bylaws, rules and regulations.

## III. Responsibilities of a Board

- A. **Meet the needs of the people you serve.** The only reason a Board exists is to serve the community.

The Board must determine the organization's mission and purposes. This can be accomplished with a Mission statement. The Mission Statement should voice the organization's goals, means, and primary population it serves.

Following the goals stated in the mission the Board should determine, monitor and strengthen the organization's programs and services.

Throughout this process the board should enhance the organization's public image. This can be done by communicating and making the public aware of your mission.

**B. Set policies that guide your organization.** These policies should protect the legal and ethical integrity of your organization.

The Board:

- a) makes policy (with input from organization's staff)
- b.) directs the Executive Director to implement policy
- c.) monitors the implementation and the outcome of policy

Examples: The Board approves the annual budget  
Executive Director spends within the annual budget  
Board monitors budget through financial statements.

Board approves personnel policies  
Executive Director hires, evaluates, disciplines, and fire staff  
Board monitors by watching employee turnover

**C. Write a plan outlining your long-range goals.** Planning the future of the organization is one of the most important functions of a Board. Planning is a team effort. The Board does long-range planning and the Executive Director uses this plan to develop annual plans.

**D. Ensure there are adequate finances.** One of the Board's foremost responsibilities is to provide adequate resources for the organization to fulfill its mission. The Board should work in partnership with the Executive Director and staff to raise funds from the community. The Board has three major responsibilities when it comes to finance to ensure the long-term financial health of the organization.

- 1.) Setting financial policies- developing and approving the annual budget.
- 2.) Delegating implementation of the policies to the Executive Director – it is their job to make spending recommendations and then to spend the money the Board budgets.

- 3.) Monitoring financial outcomes by measuring the results of the Executive Director's spending; creating and maintaining financial controls and evaluating monthly financial reports.

E. **Support the Executive Director.** Supporting the Executive Director is the Board's responsibility and communication is the responsibility of the Executive Director. Board members support their executive directors by providing direction and ensuring money is available to carry out policies. Executive Directors carry out the Board's plans and provide them with feedback and recommend new actions.

Top Five duties of the Executive Director:

- 1.) Planning – making short-term plans to fulfill the Board's program and budget objectives.
- 2.) Organizing- creating the kinds of positions and internal structure needed to deliver the services.
- 3.) Staffing- hiring, evaluating, and firing staff members
- 4.) Directing and leading-motivating and communicating with staff.
- 5.) Controlling- measuring the activities of staff and spending budget.

Set a clear direction for your Executive Director. Provide a good, written job description. Each year discuss the priorities of the upcoming year.

F. **Ensure succession of leadership.** There should be an annual review of Board membership and a strategic campaign to recruit new members. Prospective members should be interviewed, selected and oriented. Boards should periodically review their effectiveness and make changes as necessary.

References:

*Guide for Board Service: Wyoming Domestic Violence & Sexual Assault Program Board Member Guide.* The Wyoming Office of the Attorney General Division of Victim Services.

*The Training Book for Community Action Boards.* Minnesota Department of Children, Families & Learning, Office of Economic Opportunity, 2002.

## Client Evaluations/Surveys:

All VOCA, STOP VAWA and SASP programs are required to implement client evaluations/surveys for evaluation of services received and of the effectiveness of the program in order to improve services provided to victims. The West Virginia Division of Justice and Community Service Staff may require a copy of the evaluation/surveys or request proof it is being implemented. All evaluations/surveys should be designed in order to improve services to victims and their families, and the program's effectiveness in providing outreach to underserved victims in their service area (s).

All evaluations/surveys must ensure client confidentiality and must include the two following outcome measures (they should include other outcome measures as well):

- Victim Safety: Did the program help to increase the victims/client's safety, and/or awareness of safety issues?
- Public Awareness: How did the victim become informed of the program and services available? Either through public awareness brochures, pamphlets, TV, radio, and/or newspaper ads, or community fairs, etc. Was this information helpful in deciding to seek services?

The results of the two above referenced outcome measures will be required to be reported on the VOCA Annual Performance Report.

Evaluations can also be developed and implemented for peer evaluations of performance of services provided. These could be distributed to the prosecuting attorney, Judges, Magistrates, Probation Officers, etc. These can assist the program in determining the needs of their partners in the criminal justice system and to evaluate services provided.

*Note: The best time to administer evaluations/surveys is after services have been rendered by the program, not necessarily after the outcome of the case as it may bias the respondent's answers to the questions.*

*Note 2: This may change in the future when performance measures are set and determined by the West Virginians Against Violence Committee, DJCS and with input from projects.*

## Funding Sources:

All projects should have other funding sources besides Federal grant funding in order to sustain their projects in case funds are lowered or suspended. Projects may research other grant funds in Grants.gov, research grants on the internet or at their local library, or non-profits may utilize fund raising activities (these cannot be conducted under grant funded time), and county commissions may match funds for salary, travel/training, space, and supplies.

### Grants.gov:

Grants.gov was established as a governmental resource named the E-Grants Initiative, part of the President's 2002 Fiscal Year Management Agenda to improve government services to the public:

"Agencies will allow applicants for federal Grants to apply for and ultimately manage grant funds online through a common web site, simplifying grants management and eliminating redundancies."

The concept has its origins in the Federal Financial Assistance Management Improvement Act of 1999, also known as Public Law 106-107. P.L. 106-107 was enacted in November of that year to:

- Improve the effectiveness and performance of federal financial assistance programs.
- Simplify federal assistance application and reporting requirements.
- Improve the delivery of services to the public.
- Facilitate greater coordination among those responsible for delivering the services.

Today, Grants.gov is a central storehouse for information on over 1,000 grant programs and access to approximately \$400 billion in annual awards. By registering once on this site, your organization can apply for grants from the 26 federal grant-making agencies.

In order to apply for a grant on Grants.gov a project must first register. This process can take up to three weeks to complete, so it is advised to register early. Go to their webpage at <http://grants.gov> and look around for funding sources and opportunities.

Other sources for funding include: Recovery.gov; GovLoans.gov; FedBizOpps.gov and GovBenefits.gov.

# Goals and Objectives

All Federal grants require a project to have goals and objectives and an activity explaining how it will implement the objectives and a timeline of how and when they will reach these goals and objectives. Goals and objectives are a framework for your project, a process of evaluating the effectiveness of the project, and a performance standard for your project. A Project can determine the needs of a project in their community by completing a Needs Assessment and Problem Analysis Survey. Board members, STOP/Rural Team members, staff, and project directors should work together to determine goals and objectives.

Goals are **broad statements** of the desired **long-term** impact of the project. Goals should be:

- general statements;
- are written first;
- **are directly related to the problem statement**
- have a long-range target of purpose;
- sets scope and foundation;
- Specify condition to be changed (observable changes in environment, behavior, knowledge and/or attitudes);
- Specify target population of the project; and
- Be outcome oriented and realistic

*Note: If you can ask and answer “Why” then it isn’t a goal!*

Objectives are **specific statements** of the desired **short-term**, immediate outcomes of the project which support accomplishment of a goal. Objectives are the specific “hows” of the goal; they describe how this particular project will achieve the goal. All objectives must be **S.M.A.R.T** (Specific, Measurable, Attainable, Results oriented, and Time bound). Objectives describe HOW the program will achieve the goal. Objectives are the sub-goals or what must be done in order to achieve the goal. In order to evaluate objectives it is necessary to identify the following:

- Description of the target population
  - Timeline : Conditions under which the achievement will occur
- 
- ↳ **Specific:** specific language on who the project is serving and the short-term outcome.
  - ↳ **Measurable Outcome:** what a project uses to measure effectiveness and achievement of the objective.
  - ↳ **Attainable:** objectives should be attainable and accomplished within the grant period being funded.

- ↳ **Results:** What are the expected results at the end of the grant period.
- ↳ **Time bound:** Conditions under which the achievement will occur; such as time period, individuals participating, etc.
- ↓ **Outcomes:** (all objectives should have a quantitative measurement and should be evidence-based). Outcomes measure whether objectives have been met. Outcomes are almost always **measures of change**.
  - ↳ **Outcome Tool:** The tool or data used to measure the outcome in order to measure effectiveness. Could be surveys, evaluations, etc.
- ↓ **Output Measures:** are indicators that activities have taken place as planned. For example: “number of counseling sessions held, number of victims served” are **output measures**.
- ↓ **Activities:** What will be done and who will accomplish it in order to achieve goals and objectives. (all objectives must have at least one activity per objective).
- ↓ **Timeline:** When the activity begins and end; must have a timeline for each activity and is date or time specific.

## Limited English Proficiency Plan

All Projects must have a plan in place where they will seek resources for victims or clients who do not speak English, cannot read English, are blind, and who are deaf or hard of hearing. This plan and/or list of resources should be provided to all staff and volunteers, and should be updated periodically. Projects must also have resources and a referral plan for victims with disabilities. Projects may want to include cultural competency training for all staff in order to better serve and understand the world view of all victims they may serve. This plan should include any agreements or Memorandum of Understanding with other agencies in order to provide these services.

A good resource for limited or non-English speaking clients is the local high school and/or college-university language department. Most projects should contact the head of this department and have a working agreement for students or instructors who are willing to interpret and translate for victims or clients. ***(Interpreters should have an understanding or training on victim services and victimization issues and sign a confidentially policy/agreement)*** Most colleges, universities, and schools will have contacts for people who can help with sign language and Braille. They may also have other contact for programs that can help with TTD equipment and brochures.

Another resource is the local hospital, which may have staff that is able to help with resources. A project should reach out to the community and have a variety of resources and contacts available to utilize. A volunteer or staff member may also have or know of resources. The court is another resource that can provide interpreters for victims. For more information please contact the West Virginia Supreme Court of Appeals.

All counties should have access to the Language Line which is paid for under the Grants to Encourage Arrests and the Enforcement of Protections Orders Grant. For more information please contact the West Virginia Coalition Against Domestic Violence at (304) 965-3552.

It is recommended all programs have "I Speak" Cards so victims can point to what language they speak. These are available in Appendix H.

## Memorandum Of Understanding

A Memorandum of Understanding (MOU) is a document describing a multi-agency agreement between parties. It expresses a joining of will between parties, indicating an intended common line of action. An MOU creates a clear understanding of each party/agency commitments, purpose and sets out clear expectations. The MOU must clearly identify and outline each agency's goal and how they will collaborate and provide services to all victims of crime, so there are no gaps in services at any time.

Memorandums of Understanding must be signed by individuals with authority to enter into agreements for the agency, such as the prosecuting attorney, director of a non-profit program, sheriff, or chief of police, etc. All programs signing should receive a copy of the MOU. (DJCS requires an MOU with original signatures). If there is an existing MOU all programs must review the MOU and ensure all data is current.

*Note: If there is a change in personnel (i.e. project director or executive director, etc.) at an agency who signed the MOU, then a new MOU must be signed by all parties including the new director. Also if an MOU is date specific then a new MOU must be reviewed and signed by all parties involved.*

## Plans of Sustainability

All Projects must have a good plan of sustainability in the event of Federal, State or local funds being cut or lost. Most Federal programs require Projects to have local and/or State funds available to match a percentage of the Federal Funds in order to show they have community support and the ability to support a portion and/or their entire project. Federal grant money is not meant to fund the entire cost of a project, therefore all projects/ agencies should have a plan to supplement and sustain them.

A Plan of Sustainability should be an actual plan, with a **detailed** list of how the project will sustain their program. For example, the plan should list what other grant sources the project will or has applied for, what community resources are available and where they plan to discuss and request funds, and any fund raising events they have planned or are planning to have to raise funds (be reminded fund raising is not allowed on grant funded time). All Board members, staff, and administrators of a project should be involved in the development of the Plan of Sustainability and the plan needs to be evaluated periodically. Projects need to have good coordination with other agencies, and the community it serves, and if necessary, utilize other resources for funding and ideas.

A project may have to research grant opportunities on the Internet or at the library. They will also have to have good fund raising ideas and get the community involved. All good plans of sustainability should have several options, such as other grant funding sources, community support, and/or fundraising ideas. It is also helpful to have an organization who donates space, equipment, supplies, etc. This involves the community and shows the community supports the project and wants to help sustain the project.

# Problem Statement

Problem statements describe and document the extent and nature of the problem of which the grant funds should help to solve. The problem and/or need should be clearly identified and substantiated by research and statistics specific to the targeted service delivery area and population. Components of the Problem Statement should include:

- ↪ Size, location, population most affected, causes:
  - The target population to be served should be clearly identified and described.
  - **The specific needs of the target population must be outlined.**
  
- ↪ Supported by evidence/data:
  - Demonstrate why the problem matters; trend or comparative data analysis.
  - **Supporting current data (preferable base-line data as well as written demonstration) is provided to justify why programming of this type is needed. This information may come from US Census and/or crime reports, etc.**
  - Any unique characteristics, barriers, or challenges of the applicant's locality should also be described as it relates to the identified problem.
  
- ↪ Describe past efforts; successes and shortcomings:
  - Existing projects **must** show a continued need – a copy of last year's problem statement will not be accepted.
  
- ↪ Points to appropriate intervention/services:
  - There should be a clear link between program and problem
  - The response is grounded in evidence-based practices

***Note: Goals and Objectives should address the problem(s) identified in the Problem Statement.***

## Project Director's Role

All sub-grantees are required to have a Project Director; the individual charged with facilitating the project (**the actual day-to-day operation and implementation of the project**). **This individual cannot also be the fiscal officer or authorized official and should not be a full-time grant funded staff person.**

The Project Director's role with DJCS staff is as follows:

- ⌘ Be the main contact for DJCS staff
- ⌘ Ensure all information is forwarded to all funded staff/agencies; this includes but is not limited to:
  - Budgets
  - Special and standard conditions of the grant
  - Memos
  - Surveys
  - Changes in grant requirements
  - Forms; ensure they receive all updated forms
  - Training available
  - Civil Rights Compliance
- ⌘ Ensure all reports are submitted on time to DJCS
- ⌘ Inform DJCS of changes in staff and Authorized Officials, Fiscal Officers, etc.
- ⌘ Request project changes and prior approval of attendance of training/travel not specified in budget.
- ⌘ The Project Director is the contact person for members of the West Virginians Against Violence Committee
- ⌘ Submit copies of audits to DJCS and contact DJCS if debarred

## Fiscal Officer's Role

All sub-grantee are required to have Fiscal Officer, the individual charged with the responsibility for the fiscal records of the project. **This individual cannot also be the authorized official or project director and should not be a STOP VAWA funded staff person.**

The Fiscal Officer's role with DJCS staff is as follows:

- ⌘ The contact person for financial questions
- ⌘ Review the approved budget for each grant
- ⌘ Be aware of Special and Standard Conditions of the grant
- ⌘ Review all monthly financial reports and ensure all required documentation is included
- ⌘ Submit copies of audits to DJCS and contact DJCS if debarred

## Underserved Populations

Under the Victims of Crime Act, priority is given to eligible crime victim assistance programs whose principal mission is to offer comprehensive specialized services to meet the special needs of one or more of the priority categories of victims as follows:

- Rape/Sexual Assault
- Spousal Abuse/Domestic Violence
- Child Abuse
- Previously Underserved Victims of Violent Crime (which may include but is not limited to) survivors of homicide victims, victims of drunk drivers, adult survivors of child sexual assault or incest, elderly victims of abuse or neglect, rural victims, disabled victims, vulnerable adults, or other victims of violent crime that are being neglected or not being served adequately.

Please note that projects may tailor services to meet one of the above-listed four priority categories, a combination of several of the categories, or all four categories.

All other grants such as STOP Violence Against Women and Rural Domestic Violence, Dating Violence, Sexual Assault, and Stalking Grants may have specified underserved populations. For example, People of Color, elderly, LGBTQQ, or disabled victims of domestic violence, sexual assault, stalking and dating violence.

All sub-grantees are required to identify their underserved population they will be serving and have a plan on how they will provide outreach and services to these underserved populations. There should be documentation and statistics of the percentage of the population which is made up of the underserved population. The project's objectives should address the identified underserved population(s) and how they will conduct outreach awareness of their program and services available to the underserved populations.

# Volunteer Recruitment and Utilization

Recruiting, training and sustaining volunteers are other ways to sustain a project. Volunteers provide free help to answer phones, provide services, and provide public awareness of services. Volunteers are an essential key to sustaining a project.

Volunteers can be utilized in a project for various activities and jobs. They can be board members who also donate time to the project, they can answer phones and hotlines, they can man booths during community fairs and information events, an intern who is not getting paid can also be considered as a volunteer, volunteers can be trained and help with advocacy for victims. For example, Court Appointed Special Advocates or CASA are volunteers who go through specialized training and are appointed by the court to provide advocacy for victims of child abuse and neglect. All Volunteers should sign a confidentiality statement and should be held to the same rules as other staff.

Volunteers may be recruited from local colleges, schools, and the community. One good way to recruit volunteers is to go to local job fairs, community events, and to the local schools, and colleges make them aware of the project and what services are available, and that you are interested and have a need for volunteers.

VOCA funded programs are required to have a Volunteer Recruitment and Utilization Plan in their application. A good Volunteer Recruitment and Utilization Plan should include where the project will attempt to recruit volunteers, what duties a volunteer will perform, and how they will assist with the project in providing direct services to victims. There should be a list of what the project expects out of a volunteer and what duties a volunteer would be expected to accomplish. (This should be explained when recruiting volunteers. For example, some CASA programs explain to their volunteers that they expect a year's commitment and that they must complete specialized training.)

**Please be advised all Volunteers should sign a confidentiality agreement, which states all information is confidential and the victim's information is protected, and copies should be on file at the project's office.**

# APPENDICES

# **Appendix A**

## VICTIM SERVICES SURVEY

Thank you for your help. Your answers to these questions will help us improve our services to individuals in West Virginia. The feedback you provide will be added to the thoughts and experiences of others throughout the state. Your answers are confidential and very important to us. There are no right or wrong answers. The questions should take only a few minutes to complete. When you are finished please put the survey in the envelope you were provided, seal it, and place it in the box shown to you by a member of the staff.

1.) After meeting with an advocate today, I feel comfortable contacting the agency again if needed.

Strongly agree  Agree  Neither Agree or Disagree  Disagree  Strongly Disagree

2.) After working with an advocate today, I feel my safety has increased.

Strongly agree  Agree  Neither Agree or Disagree  Disagree  Strongly Disagree

3.) After meeting with an advocate today, I know about the Crime Compensation Fund.

Strongly agree  Agree  Neither Agree or Disagree  Disagree  Strongly Disagree

4.) After meeting with an advocate today, I know what my rights are.

Strongly agree  Agree  Neither Agree or Disagree  Disagree  Strongly Disagree

5.) After meeting with an advocate today, I know what my next steps are.

Strongly agree  Agree  Neither Agree or Disagree  Disagree  Strongly Disagree

6.) After meeting with an advocate today, I know what choices I have.

Strongly agree  Agree  Neither Agree or Disagree  Disagree  Strongly Disagree

7.) After working with an advocate today, I know what resources might be helpful in my community.

Strongly agree  Agree  Neither Agree or Disagree  Disagree  Strongly Disagree

8.) After meeting with an advocate today, I understand the Criminal Justice Process.

Strongly agree  Agree  Neither Agree or Disagree  Disagree  Strongly Disagree

9.) After meeting with an advocate today, I understand about a Victim Impact Statement.

Strongly agree  Agree  Neither Agree or Disagree  Disagree  Strongly Disagree

10.) I heard about the program through one or more of the following avenues:

Brochure  Community Fair  TV/Radio/Newspaper Ad  Friend  Other

If other please state what:

11.) Please add additional comments or suggestions:

## Shelter Resident Survey--#2

Thank you for your help. Although doing this is voluntary, your answers to these questions will help us plan and improve our shelter services. Please answer honestly and on your own—there are no right or wrong answers. Your answers are confidential and very important to us. Please do this right away, then put this survey in the envelope you were given, seal it, and put it in the confidential place the shelter staff showed you.

Approximate number of days you stayed in this shelter this stay: \_\_\_\_\_

\_\_\_\_\_ (Write in the first 2 letters of your mother's first name, and the first 2 numbers of your most recent address, e.g. WE17. No one will be able to connect this information with you, but it will allow us to better meet residents' needs. If you still do not feel comfortable with this, please use two letters followed by two numbers that you will remember and can use again later. If you filled out survey #1, please use the same letters & numbers you used then.)

1. The following list describes different types of services you may have wanted, and may have received while you were in the shelter. Every woman wants and needs different things, so there are no "right" answers. Please rate *each* of the items on the list according to the help you received with:

3 = I got all of the help of this kind that I wanted  
 2 = I got some of the help of this kind that I wanted  
 1 = I wanted this kind of help, but I didn't get any  
 0 = it doesn't apply to me—I didn't want or need this

# EXAMPLE

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>___ safety for myself</li> <li>___ safety for my children</li> <li>___ learning about my options and choices</li> <li>___ paying attention to my own wants and needs</li> <li>___ paying attention to my children's wants and needs</li> <li>___ understanding about domestic violence</li> <li>___ safety planning</li> <li>___ education/school for myself</li> <li>___ education/school for my children</li> <li>___ reconnecting with my community</li> <li>___ budgeting &amp; handling my money</li> <li>___ child protection system issues</li> <li>___ child welfare system issues</li> <li>___ ideas for handling the stress in my life</li> <li>___ connections to other people who can help me</li> <li>___ finding housing I can afford</li> <li>___ responding to my children when they are upset or causing trouble</li> <li>___ child care</li> <li>___ other (<i>what?</i>) _____</li> </ul> | <ul style="list-style-type: none"> <li>___ transportation</li> <li>___ support from other women</li> <li>___ a job or job training</li> <li>___ counseling for myself</li> <li>___ counseling for my children</li> <li>___ emotional support for myself</li> <li>___ health issues for myself</li> <li>___ health issues for my children</li> <li>___ my abuse-related injuries</li> <li>___ leaving my relationship</li> <li>___ TANF (welfare) benefits</li> <li>___ other government benefits</li> <li>legal system/legal issues (which?)                             <ul style="list-style-type: none"> <li>___ protective/restraining order</li> <li>___ my abuser's arrest</li> <li>___ my own arrest</li> <li>___ custody or visitation questions</li> <li>___ divorce-related issues</li> <li>___ immigration issues</li> </ul> </li> </ul> |
|---|---|

2. What about the shelter has made you feel most comfortable? \_\_\_\_\_

3. *Because of my experience in the shelter, I feel (please check yes or no):*

Yes	No		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	I know more ways to plan for my safety	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	I know more about community resources	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	more confident in my decision-making	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	more comfortable talking about things that bother me	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	that I will achieve the goals I set for myself	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

**EXAMPLE**

4. *Because of our time in the shelter, I think my children (check yes or no, or check "doesn't apply—no children"):*

Yes	No		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	are better able to express their feelings without violence	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	have more understanding of what has been happening at home	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

5. Please circle the number that best reflects your agreement or disagreement with the following statements:

	doesn't apply	strongly disagree	disagree	agree	strongly agree
Shelter staff treated me with respect.	0	1	2	3	4
Shelter staff were caring and supportive.	0	1	2	3	4
Shelter staff spent enough time talking about my safety	0	1	2	3	4
Shelter staff spent enough time talking about my children's safety	0	1	2	3	4
Over all, my religious/spiritual beliefs were respected.	0	1	2	3	4
Over all, my sexual orientation was respected.	0	1	2	3	4
Over all, my racial/ethnic background was respected.	0	1	2	3	4
Shelter staff helped address any needs related to my disability	0	1	2	3	4
Shelter staff helped address any needs related to my youth or advancing age	0	1	2	3	4

6. Over all, thinking about my stay here, I would rate the help I received at this shelter as:

very helpful       helpful       a little helpful       not at all helpful  
 comments \_\_\_\_\_

7. If a friend of mine told me she was thinking of coming here for help, I would: (please check one)

strongly recommend she come       recommend she come  
 recommend she not come       strongly recommend she not come  
 because: \_\_\_\_\_

8. The shelter staff try to make your stay as helpful as possible. However, every woman's situation is different, and sometimes problems can occur, even in the best of programs. The list on the next page describes different types of problems you may have experienced while you were in the shelter. Please let us know about any problems you experienced, using the numbered ratings for *each* item on the list. Please be honest, and *add your comments!*

Please put one of these numbers on the space next to each type of problem listed below:

3 = this was not a problem for me	1 = this was a problem, and it was <u>not</u> resolved to my satisfaction
2 = this was a problem, but it was resolved	0 = this is not a rule or it doesn't apply to me

**A. Problems related to rules about--**

**Comments**

- Curfew \_\_\_\_\_
- Child care (what?) \_\_\_\_\_
- Child discipline and monitoring \_\_\_\_\_
- Chores \_\_\_\_\_
- Time limits on staying here \_\_\_\_\_
- Going to my job or school \_\_\_\_\_
- Telephone privileges \_\_\_\_\_
- Contact with my abusive partner \_\_\_\_\_
- Contact with family or friends \_\_\_\_\_
- Allowing teen boys to stay here \_\_\_\_\_
- Other (what?) \_\_\_\_\_

**B. Problems related to other concerns--**

- Conflicts with other women in shelter \_\_\_\_\_
- Conflicts with staff \_\_\_\_\_
- Lack of respect for my customs/practices \_\_\_\_\_
- Choices of food available \_\_\_\_\_
- Need for transportation \_\_\_\_\_
- Communicating (e.g. language barriers) \_\_\_\_\_
- Difficulties getting around in the shelter \_\_\_\_\_
- Finding privacy \_\_\_\_\_
- Other (what?) \_\_\_\_\_

*We ask the next questions to see if different women have different experiences here, so we can continue to improve our services for ALL women. But please leave any item blank if you are concerned it will identify you.*

9. I consider myself to be:

- African American/Black
- Asian/Pacific Islander
- Native American/Alaskan Native
- Hispanic/Latina
- Multiracial
- White
- Other (what?) \_\_\_\_\_

*If there is a particular ethnic background that is important to you, please identify: \_\_\_\_\_*

10. My age is:  17 or younger  18 - 24  25 - 34  35 - 49  50 - 64  65 or older

11. I have \_\_\_\_\_ minor children (age 18 or younger). How many are with you here? \_\_\_\_\_ [# of children]

12. I consider myself to be:

- heterosexual/straight
- lesbian/gay
- bisexual
- other (please describe) \_\_\_\_\_

13. The highest level of education I have so far is:

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> - 11<sup>th</sup> grade
- High school grad or GED
- Some college
- College grad
- Advanced degree

14. My gender is:  female  male  transgender

**Thank you very much!!**

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24-Hour Hotline/Crisis Line

Please complete this record right after each phone call whenever possible, and as soon as you can if it's not. This is very important to do. Your answers are confidential, and will help us continue to understand and improve our services to callers. Put the completed forms in the designated space at the end of your shift.

EXAMPLE

Date: \_\_\_\_\_

- 1. This call was a (please check one):
  - crisis call
  - call for counseling or support (caller was not currently in crisis)
  - call for information, advice, or advocacy (caller was not currently in crisis)
  - crank call (don't complete the rest of this form)
  
- 2. The caller was calling for (please check one):
  - herself or himself
  - someone else
  - generic information request only
  
- 3. The caller was (please check one):
  - female       male       don't know
  
- 4. Did the caller want information about domestic violence from you?     no     yes  
 If yes: To what degree do you think the caller received the information she/he wanted?  
            a great deal     somewhat     a little     not at all  
 comments: \_\_\_\_\_  
 \_\_\_\_\_
  
- 5. Did the caller request information about the services our program offers?     no     yes  
 If yes: To what degree do you think the caller received the information she/he wanted?  
            a great deal     somewhat     a little     not at all  
 comments: \_\_\_\_\_  
 \_\_\_\_\_
  
- 6. Did the caller request information about other services in the community?     no     yes  
 If yes: To what degree do you think the caller received the information she/he wanted?  
            a great deal     somewhat     a little     not at all  
 comments: \_\_\_\_\_  
 \_\_\_\_\_
  
- 7. Did the caller request the address or phone number of another service/agency in the community?  
        no     yes  
 If yes: Were you able to provide that information?     yes     no  
 comments: \_\_\_\_\_  
 \_\_\_\_\_
  
- 8. Was the caller (or person needing help) looking for emotional support?     no     yes  
 If yes: To what degree do you think the caller received the support she/he wanted?  
            a great deal     somewhat     a little     not at all  
 comments: \_\_\_\_\_  
 \_\_\_\_\_

9. Did the caller (or person needing help) have any special communication needs (e.g. hearing or language issues)?  no  yes  
If yes, please list: \_\_\_\_\_

Were you able to address these needs?  no  yes

If yes: How? If no: Why not? \_\_\_\_\_

10. Did the caller need emergency shelter because of domestic violence?  no  yes  
If yes: Were you able to arrange that emergency shelter?  
 yes  no If no: Did you explain other options?  yes  no

comments: \_\_\_\_\_

11. Did the caller (or person needing help) need other services that our program offers?  
 no  yes

If yes: Were you able to provide the needed program service information?  
 yes  no

comments: \_\_\_\_\_

**EXAMPLE**

12. Did the caller ask for services that do not exist, or could not be accessed?  no  yes

If yes: Please describe \_\_\_\_\_

13. Did you discuss a safety plan with the caller?  
 no If no: Why is that?

- not applicable: the caller did not need a safety plan
- the caller did not want to discuss a safety plan
- the caller was unable to discuss a safety plan (e.g. too upset, incoherent, other)
- other (please describe) \_\_\_\_\_

yes

comments: \_\_\_\_\_

14. Did the caller need you to make phone calls on her or his behalf?

no  
 yes If yes: Did you make the call(s)?  
 yes  no

comments: \_\_\_\_\_

Please write anything else that would be helpful to know about this call:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form is largely borrowed from the one that appears as Appendix B in *Outcome Evaluation Strategies for Domestic Violence Programs*, written by Cris Sullivan, Ph.D. for the Pennsylvania Coalition Against Domestic Violence (1998). PCADV's permission to adapt this form is acknowledged with appreciation.

## Support Group Feedback Form

Thank you for your help! Although doing this is voluntary, your answers to these questions will help our program understand and improve the services we provide. We do not ask for your name. Your answers are confidential and very important to us. Please respond honestly. When you have finished, put this form in the envelope you were given, seal it, and put it in the place the staff member showed you.

1. About how many times have you been to this support group in the last year?  
\_\_\_ 0 \_\_\_ 1 \_\_\_ 2-5 \_\_\_ 6-10 \_\_\_ more than 10
2. Have you filled out one of these forms about your experience with support groups in the past?  
\_\_\_ no \_\_\_ yes *If yes:* About how long ago? \_\_\_\_\_ months
3. People attend support groups for different reasons. The following list describes different reasons why you may have come to our program for a support group. Every woman wants and needs different things, so there are no "right" answers. Please *use one of the numbers* in the box below to rate *each* of the items on the list according to the help you received *from our program's support group*:

3 = I got all of the help of this kind that I wanted  
2 = I got some of the help of this kind that I wanted  
1 = I wanted this kind of help, but I didn't get any  
0 = it doesn't apply to me—I didn't want or need this

# EXAMPLE

- |  |  |
|--|--|
| ___ talking to others who understand my situation            | ___ information about counseling options     |
| ___ learning more about why/how domestic violence happens    | ___ support to make some changes in my life  |
| ___ help figuring out how I can be safer                     | ___ understanding myself better              |
| ___ hearing about what other women have done in my situation | ___ feeling better about myself              |
| ___ learning to be more comfortable doing things for myself  | ___ help ending my relationship safely       |
| ___ finding out who to call or where to get help             | ___ help staying in my relationship safely   |
| ___ help figuring out what to do with my life                | ___ help with budgeting                      |
| ___ help keeping access to my faith community                | ___ feeling more comfortable asking for help |
| ___ help staying in my community safely                      | ___ feeling more hopeful about my life       |
| ___ help with issues related to my children                  |  |
| ___ other ( <i>describe</i> ) _____                          |  |

4. I am most comfortable talking about my issues and concerns related to the abuse I have experienced in the following way (*please check only one*):  
\_\_\_ in a support group with other women who have had similar experiences  
\_\_\_ in a conversation with only one other person  
\_\_\_ I am equally comfortable talking in a group or with just one person

5. *Because of attending this support group I feel (please check yes or no):*

Yes	No		Yes	No	
___	___	I know more ways to plan for my safety	___	___	more hopeful about the future
___	___	I know more about community resources	___	___	more comfortable asking for help
___	___	like I can do more things on my own	___	___	more confident in my decision-making

6. Please circle the number that best reflects your agreement or disagreement with the following statements.

	doesn't apply	strongly disagree	disagree	agree	strongly agree
The group leader treated me with respect.	0	1	2	3	4
The group leader was caring and supportive.	0	1	2	3	4
The group leader spent enough time talking about safety	0	1	2	3	4
Over all, my religious/spiritual beliefs were respected.	0	1	2	3	4
Over all, my sexual orientation was respected.	0	1	2	3	4
Over all, my racial/ethnic background was respected.	0	1	2	3	4
Any needs related to my disability were addressed	0	1	2	3	4
Any needs related to my youth or age were addressed	0	1	2	3	4

7. Over all, thinking about my experience with support groups, I would rate the help I have received so far as:  very helpful  helpful  a little helpful  not at all helpful

comments \_\_\_\_\_

8. If a friend of mine told me she was thinking of coming to this type of group for help, I would: *(please check one)*

strongly recommend she come  recommend she come  
 recommend she not come  strongly recommend she not come

because: \_\_\_\_\_

*We ask the next questions to see if different groups of people have different experiences here, so we can continue to improve our services for ALL people. But please feel free to leave any item blank if you are concerned it will identify you.*

9. I consider myself to be:

African American/Black  Hispanic/Latina  Other (what?) \_\_\_\_\_  
 Asian/Pacific Islander  Multiracial \_\_\_\_\_  
 Native American/Alaskan Native  White \_\_\_\_\_

If there is a particular ethnic background that is important to you, please identify: \_\_\_\_\_

10. My age is:  17 or younger  18 - 24  25 - 34  35 - 49  50 - 64  65 or older

11. I am:  female  male  transgender

12. I have \_\_\_\_\_ minor children (age 18 or younger)

13. I consider myself to be:

heterosexual/straight  lesbian/gay  bisexual  other (please describe) \_\_\_\_\_

14. The highest level of education I have so far is:

8<sup>th</sup> grade or less  High school graduate or GED  College graduate  
 9<sup>th</sup> - 11<sup>th</sup> grade  Some college  Advanced degree

**EXAMPLE**

*Thank you very much!*

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## Support Services & Advocacy Feedback Form

**Thank you for your help. Your answers to these questions will help us improve our services. Please answer honestly—there are no right or wrong answers. Your answers are confidential and very important to us. Please do this right away. When you have finished, please put this survey in the envelope you were given, seal it, then put it in the confidential place the advocate showed you.**

1. People come to our program for different types of help. The following list describes different types of services you may have wanted, and may have received from someone in this program. Every person wants and needs different things, so there are no “right” answers. Please rate *each* of the items on the list according to the help you received with the number from the box that describes your experience:

3 = I got all of the help of this kind that I wanted  
 2 = I got some of the help of this kind that I wanted  
 1 = I wanted this kind of help, but I didn't get any  
 0 = it doesn't apply to me—I didn't want or need this

# EXAMPLE

- |   |  |
|---|--|
| <input type="checkbox"/> talking to someone who understands my situation<br><input type="checkbox"/> help figuring out how I can be safer<br><input type="checkbox"/> help keeping custody of my children<br><input type="checkbox"/> help with safe visitation for my children<br><input type="checkbox"/> help getting child support<br><input type="checkbox"/> help getting access to child care<br><input type="checkbox"/> help with child protection hearings or requirements<br><input type="checkbox"/> help with my children's school (e.g. records, changing schools, etc.)<br><input type="checkbox"/> help with health insurance for my children<br><input type="checkbox"/> help getting access to health care<br><input type="checkbox"/> help getting medical benefits (e.g. Medicaid)<br><input type="checkbox"/> help getting access to mental health services<br><input type="checkbox"/> help getting access to substance abuse services<br><input type="checkbox"/> help with government benefits (e.g. welfare/TANF, food stamps, others)<br><input type="checkbox"/> learning more about why/how domestic violence happens<br><input type="checkbox"/> help meeting my child's disability-related needs<br><input type="checkbox"/> help meeting my needs related to my disability<br><input type="checkbox"/> help with budgeting<br><input type="checkbox"/> help getting safe & adequate housing<br><input type="checkbox"/> help getting job-related training<br><input type="checkbox"/> help getting a job<br><input type="checkbox"/> other ( <i>describe</i> ) _____ | <input type="checkbox"/> information about counseling options<br><input type="checkbox"/> support to make some changes in my life<br><input type="checkbox"/> help with a protective order<br><input type="checkbox"/> information about the legal system process<br><input type="checkbox"/> someone to go with me to court<br><input type="checkbox"/> information about my legal rights and options<br><input type="checkbox"/> help supporting the court case against the person who abused me<br><input type="checkbox"/> help stopping the court case against the person who abused me<br><input type="checkbox"/> help with probation issues<br><input type="checkbox"/> help getting access to an attorney<br><input type="checkbox"/> help with police issues<br><input type="checkbox"/> help preparing to testify in court<br><input type="checkbox"/> help dealing with my arrest<br><input type="checkbox"/> help dealing with sexual abuse services for me or my children<br><input type="checkbox"/> help understanding my rights & options related to my residency status<br><input type="checkbox"/> help getting benefits as an immigrant<br><input type="checkbox"/> help getting residency status<br><input type="checkbox"/> help getting support from my faith community<br><input type="checkbox"/> help arranging transportation to meet my needs<br><input type="checkbox"/> help ending my relationship<br><input type="checkbox"/> help staying in my relationship safely |
|---|--|

## Counseling Feedback Form

**Thank you for your help! Although doing this is voluntary, your answers to these questions will help our program understand and improve the services we provide. We do not ask for your name. Your answers are confidential and very important to us. Please respond honestly. When you have finished, put this form in the envelope you were given, seal it, and put it in the place the staff member showed you.**

1. About how many sessions with program staff for counseling have you had in the last year?

0     1     2-5     6-10     more than 10

2. Have you filled out one of these forms about your experience with counseling in the past?

no     yes    *If yes:* About how long ago? \_\_\_\_\_ months

3. People want to talk to counselors for different reasons. The following list describes different reasons why you may have come to our program for counseling. Every woman wants and needs different things, so there are no "right" answers. Please *use one of the numbers* in the box below to rate *each* of the items on the list according to the help you received *from counseling*:

3 = I got all of the help of this kind that I wanted  
 2 = I got some of the help of this kind that I wanted  
 1 = I wanted this kind of help, but I didn't get any  
 0 = it doesn't apply to me—I didn't want or need this

# EXAMPLE

- |  |   |
|--|---|
| <p><input type="checkbox"/> talking to someone who understands my situation</p> <p><input type="checkbox"/> learning more about why/how domestic violence happens</p> <p><input type="checkbox"/> help figuring out how I can be safer</p> <p><input type="checkbox"/> hearing about what other women have done in my situation</p> <p><input type="checkbox"/> learning to be more comfortable doing things for myself</p> <p><input type="checkbox"/> finding out who to call or where to get help</p> <p><input type="checkbox"/> help figuring out what to do with my life</p> <p><input type="checkbox"/> help keeping access to my faith community</p> <p><input type="checkbox"/> help staying in my community safely</p> <p><input type="checkbox"/> other (<i>describe</i>) _____</p> | <p><input type="checkbox"/> help with issues related to my children</p> <p><input type="checkbox"/> support to make some changes in my life</p> <p><input type="checkbox"/> understanding myself better</p> <p><input type="checkbox"/> feeling better about myself</p> <p><input type="checkbox"/> help ending my relationship safely</p> <p><input type="checkbox"/> help staying in my relationship safely</p> <p><input type="checkbox"/> help with budgeting</p> <p><input type="checkbox"/> feeling more comfortable asking for help</p> <p><input type="checkbox"/> feeling more hopeful about my life</p> |
|--|---|

4. I am most comfortable talking about my issues and concerns related to the abuse I have experienced in the following way (*please check only one*):

- in a support group with other women who have had similar experiences
- in a conversation with only one other person
- I am equally comfortable talking in a group or with just one person

5. *Because of the counseling services I have received from this program so far, I feel (please check yes or no):*

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	I know more ways to plan for my safety	<input type="checkbox"/>	<input type="checkbox"/>	more hopeful about the future
<input type="checkbox"/>	<input type="checkbox"/>	I know more about community resources	<input type="checkbox"/>	<input type="checkbox"/>	more comfortable asking for help
<input type="checkbox"/>	<input type="checkbox"/>	like I can do more things on my own	<input type="checkbox"/>	<input type="checkbox"/>	more confident in my decision-making

6. Please circle the number that best reflects your agreement or disagreement with the following statements.

	doesn't apply	strongly disagree	disagree	agree	strongly agree
Staff treated me with respect.	0	1	2	3	4
Staff were caring and supportive.	0	1	2	3	4
Staff spent enough time talking about my safety	0	1	2	3	4
Over all, my religious/spiritual beliefs were respected.	0	1	2	3	4
Over all, my sexual orientation was respected.	0	1	2	3	4
Over all, my racial/ethnic background was respected.	0	1	2	3	4
Staff helped address any needs related to my disability	0	1	2	3	4
Staff helped address any needs related to my youth or advancing age	0	1	2	3	4

7. Over all, thinking about my experience with counseling, I would rate the help I have received so far as:   
 very helpful       helpful       a little helpful       not at all helpful

comments \_\_\_\_\_

8. If a friend of mine told me she was thinking of coming to this program for help, I would: *(please check one)*  
 strongly recommend she come       recommend she come  
 recommend she not come       strongly recommend she not come

because: \_\_\_\_\_

*We ask the next questions to see if different groups of people have different experiences here, so we can continue to improve our services for ALL people. But please feel free to leave any item blank if you are concerned it will identify you.*

9. I consider myself to be:

- African American/Black       Hispanic/Latina       Other (what?) \_\_\_\_\_  
 Asian/Pacific Islander       Multiracial  
 Native American/Alaskan Native       White \_\_\_\_\_

If there is a particular ethnic background that is important to you, please identify: \_\_\_\_\_

10. My age is:  17 or younger     18 - 24     25 - 34     35 - 49     50 - 64     65 or older

11. I am:  female     male     transgender

12. I have \_\_\_\_\_ minor children (age 18 or younger)

13. I consider myself to be:

- heterosexual/straight       lesbian/gay  
 bisexual       other (please describe) \_\_\_\_\_

14. The highest level of education I have so far is:

- 8<sup>th</sup> grade or less       High school graduate or GED       College graduate  
 9<sup>th</sup> - 11<sup>th</sup> grade       Some college       Advanced degree

**EXAMPLE**

Thank you very much

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## What Do You Know About Us?

**Thank you for taking the time to help us! Your answers to these questions will help us to plan future education and publicity efforts. We do not ask for your name, so your responses are anonymous.**

Today's date: \_\_\_\_\_

# EXAMPLE

1. How have you heard about your community's domestic violence organization(s)? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> have not heard of organization<br><input type="checkbox"/> training /presentation<br><input type="checkbox"/> materials describing the program<br><input type="checkbox"/> media<br><input type="checkbox"/> outreach conducted by the program<br><input type="checkbox"/> friends<br><input type="checkbox"/> police or other criminal justice staff<br><input type="checkbox"/> community-based service provider<br><input type="checkbox"/> other; specify _____ | <input type="checkbox"/> community task force<br><input type="checkbox"/> co-workers<br><input type="checkbox"/> phone book<br><input type="checkbox"/> community meeting<br><input type="checkbox"/> government-based agency service provider<br>(e.g. welfare or child protection worker)<br><input type="checkbox"/> my faith community (church, synagogue, temple,<br>mosque, or other spiritual community) |
|--|---|

2. Do you know the name of your community's domestic violence organization(s)?  yes  no

*If yes:* Please write the name you are most familiar with: \_\_\_\_\_

3. Here is a list of the services often provided by domestic violence organizations. Based on your current knowledge, which of these does the organization you know best provide? Check all that apply.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> don't know                              | <input type="checkbox"/> criminal court advocacy                                      | <input type="checkbox"/> child/youth advocacy          |
| <input type="checkbox"/> individual counseling                   | <input type="checkbox"/> civil court advocacy   | <input type="checkbox"/> advocacy re job/employment    |
| <input type="checkbox"/> shelter                                 | <input type="checkbox"/> hot line/crisis intervention                                 | <input type="checkbox"/> advocacy re: child protection |
| <input type="checkbox"/> support group                           | <input type="checkbox"/> advocacy re: housing   | <input type="checkbox"/> advocacy re immigration       |
| <input type="checkbox"/> referrals                               | <input type="checkbox"/> advocacy re: faith community                                 | <input type="checkbox"/> training/community education  |
| <input type="checkbox"/> medical advocacy                        | <input type="checkbox"/> advocacy re: public benefits (e.g. welfare, cash assistance) |  |
| <input type="checkbox"/> other service ( <i>describe</i> ) _____ |   |  |

4. Have you seen any written or visual materials describing the organization?  yes  no

*If yes:* What were they? (check all that apply)

- |  |  |  |                                |
|--|--|--|--------------------------------|
| <input type="checkbox"/> brochure                        | <input type="checkbox"/> newspaper ad                        | <input type="checkbox"/> poster or billboard | <input type="checkbox"/> TV ad |
| <input type="checkbox"/> flyer                           | <input type="checkbox"/> products (e.g. cards, pens, shirts) |  |                                |
| <input type="checkbox"/> other ( <i>describe</i> ) _____ |  |  |                                |

What impression did the above materials give you about who the organization is for?  
 \_\_\_\_\_

5. Have you ever attended a training or presentation about the organization?

yes  no (*if no, skip to # 7*)

*If yes:* a. When was the training/presentation (most recent, if more than one)?

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> within the past month | <input type="checkbox"/> 1 - 6 months ago | <input type="checkbox"/> 7 - 12 months ago |  |
| <input type="checkbox"/> more than a year ago  |   |  |  |

~~ over, please ~~

b. Did the training/presentation provide new information? \_\_\_ yes \_\_\_ no

*If yes:* please describe what was most important to you \_\_\_\_\_

c. What impression did the training/presentation give you about who the program is for?  
\_\_\_\_\_

6. Have any parts of the organization's materials, training, or presentations concerned or troubled you in any way? \_\_\_ yes \_\_\_ no \_\_\_ haven't seen any materials, training or presentations

*If yes,* please describe what concerned or troubled you: \_\_\_\_\_

7. If you or someone you knew was having trouble in their relationship, would you suggest that they contact the program? \_\_\_ yes \_\_\_ no

*Please explain:* \_\_\_\_\_

8. Have you ever suggested to someone that they contact the program for help in the past?

\_\_\_ yes \_\_\_ no

*If yes:* Did they get the help they wanted? \_\_\_ yes \_\_\_ no \_\_\_ don't know

*Please comment:* \_\_\_\_\_

*Your answers to these questions will help us understand more about the people who have completed this survey. The information cannot be used to determine individuals who responded.*

9. I am:  female  male  transgender

**EXAMPLE**

10. I consider myself to be:

African American/Black

Hispanic/Latina

Other (what?) \_\_\_\_\_

Asian/Pacific Islander

Multiracial

Native American/Alaskan Native

White \_\_\_\_\_

*If there is a particular ethnic background that is important to you, please identify:* \_\_\_\_\_

11. My age is:  17 or younger  18 - 24  25 - 34  35 - 49  50 - 64  65 or older

12. The highest level of education I have so far is:

8<sup>th</sup> grade or less

High school grad or GED

College grad

9<sup>th</sup> - 11<sup>th</sup> grade

Some college

Advanced degree

13. My occupation is: \_\_\_\_\_

*Thank you very much!*

# Appendix B

## **Example of Plan of Sustainability**

*Note: Special thanks to the WV Coalition Against Domestic Violence (WVCADV) for allowing us to use their Plan of Sustainability as an example.*

WVCADV has both the commitment and the capacity to implement the proposed project. Its commitment is underscored by a long and successful history of working and collaborating on projects to decrease the level of domestic violence in West Virginia and to enhance the safety and welfare of the victims of domestic violence.

In addition to its strong and ongoing commitment, the WVCADV statewide office and the local licensed programs have the necessary capacity to implement the project that includes their organizational capacity, their human resource capacity, their respective and combined knowledge bases, and their respective collaboration/partner base. WVCADV has developed a strong technological support and equipment infrastructure. Should STOP Violence Against Women grant funds become unavailable to cover the cost of implementing this project, WVCADV would already have a foundation while seeking other funding. Funding would be diversified from the following sources:

1. State Funding
2. Private Sources
  - a. Foundations (e.g. Benedum Foundation, Greater Kanawha Valley, etc.)
  - b. Private Corporations (e.g. Verizon Foundation, Verizon Wireless Foundation, etc.) WVCADV has strengthened efforts to identify and build partnerships with corporations.
3. Community Events (fundraisers such as the Annual Purple Ribbon Awards)
4. Collaborative/Partnership Activities (e.g. Tech Team)

# Appendix C

## **Limited English Proficiency Plan Example:**

*Note: Special thanks to the WV Coalition Against Domestic Violence for allowing us to use their LEP Plan and Protocol as an example.*

The West Virginia Coalition Against Domestic Violence (WVCADV) Statewide office contracts with a telephonic interpretation service. The service is provided for the WVCADV and all licensed domestic violence programs in the state. The language line is a 24-hour telephone interpreting service, which provides immediate access to qualified interpreters in over 100 languages. WVCADV subscribes to the language line to help staff of member programs communicate with victims of domestic violence in need of safe housing, advocacy, safety planning, and crisis intervention.

WVCADV is also researching translation services in order to provide written materials in languages other than English and is in the process of coordinating in-person translation services with the WV Supreme Court of Appeals through their OVW Grants to Encourage Arrest and Enforcement of Protective Orders Grant.

Please see following Attachment for WVCADV comprehensive LEP Plan.

# Limited English Proficiency (LEP) Protocol

WVCADV

February 18, 2010

# Background

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Any organization or individual that receives federal financial assistance (e.g. FVPSA, VOCA, STOP, HUD), either directly or indirectly, through a grant, contract or subcontract, must comply with several federal civil rights laws, including Title VI of the Civil Rights Act of 1964 ("Title VI") and the Omnibus Crime Control and Safe Streets Act of 1968 ("Safe Streets Act"), as amended. These laws prohibit discrimination on the basis of race, color, religion, national origin and sex in the delivery of services.

National origin discrimination includes discrimination on the basis of limited English proficiency. To ensure compliance with Title VI and the Safe Streets Act, recipients are required to take reasonable steps to ensure that LEP persons have meaningful access to their programs. Meaningful access may entail providing language assistance services, including oral and written translation, where necessary.

Furthermore, Title VI regulations prohibit intentional discrimination as well as policies and practices that appear neutral but have a discriminatory effect. That is, an organization's policies and practices need not be intentionally discriminatory, but may violate Title VI if they "have an adverse effect on the ability of national origin minorities to meaningfully access programs and services." For details regarding Title VI, see <http://www.hhs.gov/ocr/lep/guide.html> or <http://www.lep.gov>.<sup>1</sup>

People who have experienced or are experiencing domestic violence face unique barriers to reporting domestic violence. Their abusers may typically serve as their primary link to English-speakers if the abusers speak English. In addition to language barriers, LEP victims, depending on their legal status in the United States, may also worry about the immigration consequences of coming forward to report abuse.<sup>2</sup>

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<sup>1</sup> Washington Coalition Against Domestic Violence, Model Protocol, November 2002.

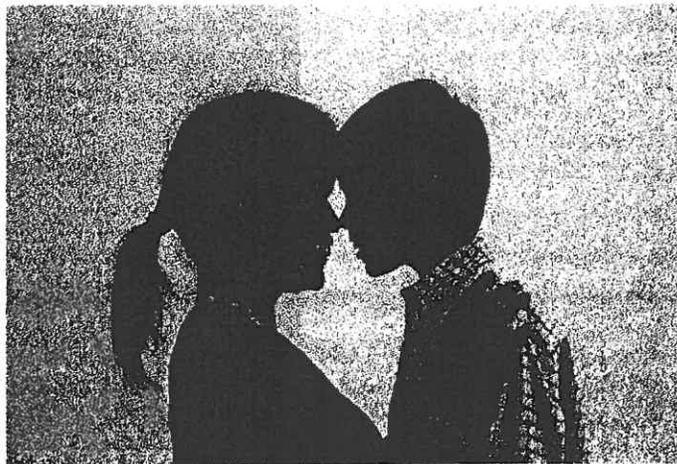
<sup>2</sup> U.S. Department of Justice Civil Rights Division, Executive Order 13166 Limited English Proficiency Resource Document, September 21, 2004.

# Protocol Overview

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West Virginia Coalition Against Domestic Violence shall work to ensure meaningful language access for all recipients of services by developing and implementing a comprehensive language assistance plan that includes:

1. Developing policies and procedures for identifying and assessing the language needs of Limited English Proficient (LEP) persons.
2. Providing for a range of oral language assistance options.
3. Communicating to LEP persons (either verbally or in written format) their right to language assistance.
4. Providing written translations of materials.
5. Developing a budget plan to implement comprehensive language assistance.
6. On-going training of staff on LEP issues.
7. Updating the LEP Protocol on an annual basis.



# Contact with LEP Persons

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During the initial contact with an LEP person, staff should:

1. Determine the LEP person's native language. This can be accomplished by utilizing "I Speak \_\_\_\_\_" cards. *Please see attachment A.*
2. Access a qualified interpreter or the telephonic language line. *Please see attachment B.*
3. Inform the LEP person that she/he has the right to an interpreter.
4. With the help of a qualified interpreter, tell the LEP person how to contact the local domestic violence program.
5. Ensure that the information that the interpreter provides is clear for the LEP person.

# General Tips and Tools

## IDENTIFYING LANGUAGE RESOURCES

Differentiate between the many types of language service providers available, and determine which combination is appropriate.

- ❑ An interpreter listens to a communication in one language and orally converts to another language while retaining the same meaning.
- ❑ A translator replaces written text from one language into an equivalent written text in another language.
- ❑ Bilingual individuals have the ability to use two languages. A bilingual person can learn to become a translator or an interpreter, but is not automatically so qualified by virtue of her or his language abilities. For instance, a bilingual person may be fluent and well-suited to having direct monolingual conversations (e.g. Spanish to Spanish and English to English conversations) in more than one language, but may not be skilled at converting those conversations from one

language to another. By contrast, professional interpreters and translators are generally required to have undergone rigorous and specialized training.



## WORKING WITH LEP PERSONS

Always address the LEP individual in the first person and look at that individual (not the interpreter) during the conversation.

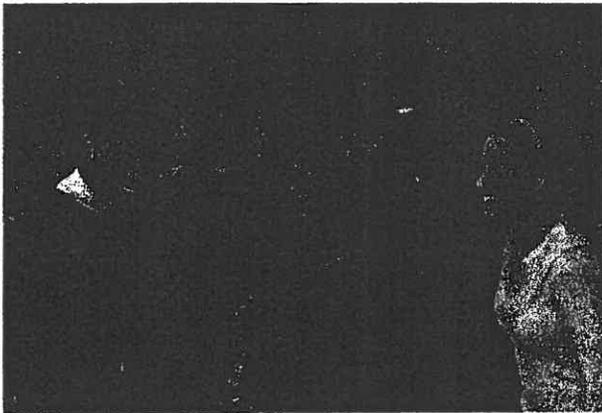
- ❑ Be aware that excluding an LEP person during long conversations with English-speaking individuals can sometimes convey negative messages. Wait until an interpreter or bilingual individual can be present to explain the communications to the LEP person and enable her or his participation. Otherwise, the LEP person may construe such communication as an indication of bias.
- ❑ Be creative in asking questions of the LEP individual - you may have to ask the same question several ways before eliciting a response. Don't expect your interpreter to "fill in the blanks."

Don't make assumptions regarding an individual's first language.

- ❑ For example, a Native American from primarily Spanish-speaking Guatemala may not necessarily speak Spanish. Her or his language may altogether different.

Consider providing language assistance, even when you think an individual's English is "probably good enough."

- ❑ It is easy to overestimate the LEP person's English language skills, particularly if she or he appears to understand you.
- ❑ A person may not be LEP in some contexts, but may be LEP in others (e.g. a person who can ask for simple directions in English may not be sufficiently proficient to answer in take questions.



When working through an interpreter, use short simple sentences that are free of idioms. Avoid compound phrases, double negatives, rambling phrases, colloquialisms, etc.

- ❑ Examples of bad questions include: "You didn't say you wouldn't go there, did you?" or, "Although you went to DHHR to get your WIC paperwork, you were unable to get a PO from downtown?"

Consider and plan for the possibility that an LEP person may also have a disability.



LANGUAGE IDENTIFICATION FLASHCARD

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.                               | 1. Arabic              |
| <input type="checkbox"/> Խոսողո՞ւմ ե՞նք նշո՞ւմ կատարե՞ք այս քառակուսում, եթե խոսո՞ւմ կամ կարո՞ւմ եք հայերեն: | 2. Armenian            |
| <input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।                              | 3. Bengali             |
| <input type="checkbox"/> ឈ្មួញក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។                                    | 4. Cambodian           |
| <input type="checkbox"/> Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.        | 5. Chamorro            |
| <input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。  | 6. Simplified Chinese  |
| <input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。  | 7. Traditional Chinese |
| <input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.                     | 8. Croatian            |
| <input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.                              | 9. Czech               |
| <input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.                         | 10. Dutch              |
| <input type="checkbox"/> Mark this box if you read or speak English.   | 11. English            |
| <input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.                        | 12. Farsi              |

- Cocher ici si vous lisez ou parlez le français. 13. French
- Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. 14. German
- Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. 15. Greek
- Make kazye sa a si ou li oswa ou pale kreyòl ayisyen. 16. Haitian Creole
- अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। 17. Hindi
- Kos lub voj no yog koj paub twm thiab hais lus Hmoob. 18. Hmong
- Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet. 19. Hungarian
- Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. 20. Ilocano
- Marchi questa casella se legge o parla italiano. 21. Italian
- 日本語を読んだり、話せる場合はここに印を付けてください。 22. Japanese
- 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. 23. Korean
- ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ. 24. Laotian
- Prosimy o zaznaczenie tego kwadratu, jeżeli postępuje się Pan/Pani językiem polskim. 25. Polish

- Assinale este quadrado se você lê ou fala português. 26. Portuguese
- Însemnați această căsuță dacă citiți sau vorbiți românește. 27. Romanian
- Пометьте этот квадратик, если вы читаете или говорите по-русски. 28. Russian
- Обележите овај квадратић уколико читате или говорите српски језик. 29. Serbian
- Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. 30. Slovak
- Marque esta casilla si lee o habla español. 31. Spanish
- Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. 32. Tagalog
- ให้กาเครื่องหมายลงในช่องดำผ่านอ่านหรือพูดภาษาไทย. 33. Thai
- Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. 34. Tongan
- Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. 35. Ukrainian
- اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ 36. Urdu
- Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. 37. Vietnamese
- באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. 38. Yiddish

# Appendix D

# Confidentiality After VAWA 2005

This presentation was an interpretation offered by Rob Valente and Cindy Southworth of NNEDV. Ultimately the statute will be interpreted and implemented by relevant federal agencies—they will have the official work on the meaning of what's in VAWA 2005.

## Confidentiality in VAWA 2005

- ❑ Confidentiality only applies to the VAWA grant programs – a global condition (not law)
- ❑ The confidentiality condition applies to all four crimes: domestic violence, dating violence, sexual assault, and stalking

## New Grant Condition: Confidentiality

- ❑ Protects safety of adult, youth and child victims and their families
- ❑ Requires grantees and subgrantees to provide confidentiality protections
- ❑ Applies to all entities receiving grant funds, including States receiving STOP funding, and Tribal and Territorial grantees

## New Grant Condition: Nondisclosure of Personally Identifying Information

- ❑ No personally identifying information *“collected in connection with services requested, utilized, or denied”* to be revealed
- ❑ **UNLESS**
- ❑ *“informed, written, reasonably time-limited consent of the person”* is obtained
- ❑ (or consent if guardian for minors and person lacking capacity to provide consent)
- ❑ **CONSENT MAY NOT BE GIVEN BY AN ABUSER**

## “Personally Identifying Information”

- ❑ *“information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking, including . . .”*
- ❑ Name or address
- ❑ Contact information (postal or e-mail, internet protocol address, telephone, or facsimile)
- ❑ Social Security number or date of birth
- ❑ Racial, ethnic or religious identity
- ❑ Any other combined information that *“would serve to identify an individual”*

## New Grant Condition: When Release of Information is Compelled

- ❑ Statutory mandates may supersede this condition (e.g., mandatory child abuse reporting laws)
- ❑ Court orders may supersede this condition (e.g., subpoenas)
- ❑ If such release of information is compelled, grantees/subgrantees must:
  - *“make reasonable attempts to provide notice to victims affected by the disclosure. . .”*
  - *“take steps necessary to protect the privacy and safety of persons affected by the release. . .”*

## New Grant Condition: Confidentiality and Information Sharing

- ❑ Grantees and subgrantees may share *“nonpersonally identifying data in the aggregate regarding services to their clients and nonpersonally identifying demographic information in order to comply with Federal, State, tribal, or territorial reporting, evaluation, or data collection requirements. . .”*
- ❑ Grantees and subgrantees may share –
- ❑ *“court-generated information and law enforcement generated information contained in secure, governmental registries for protection order enforcement purposes. . .”*
- ❑ *“law enforcement and prosecution – generated information necessary for law enforcement and prosecution purposes. . .”*

## New Grant Condition: Approved Activities

- ❑ *“. . . grantees and subgrantees may collaborate with and provide information to Federal, State, local tribal, and territorial public officials and agencies to develop and implement policies to reduce or eliminate domestic violence, dating violence, sexual assault, and stalking”*
- ❑ Permits working on policy and protocols with public officials to carry out grant-funded work

## Homeless Management Information Systems (HMIS)

*“...the Secretary shall instruct any victim service provider that is a recipient or subgrantee not to disclose for purposes of a Homeless Management Information System personally identifying information about any client.”*

- ❑ In VAWA Section 605, Congress has amended the McKinney-Vento Homeless Assistance Program to protect personally identifying information of victims in Homeless Management Information Systems (HMIS).
- ❑ Domestic Violence Programs shall not provide identifying information about victims. This law change prohibits local victim service programs from providing personally identifying information about victims.

*“The Secretary may, after public notice and comment, require or ask such recipients and subgrantees to disclose for purposes of a Homeless Management Information non-personally identifying data that has been de-identified, encrypted, or otherwise encoded.”*

- ❑ **New Rule Making.** If HUD wants to mandate that victim services programs provide *non-identifying* client level information, HUD must first create a new public notice and comment period.
- ❑ **Non-Identifying Data.** After notice and comment, HUD may request that victim service providers enter into HMIS non-identifying information such as aggregate totals, or other demographics that do not identify a victim. Since it is possible to identify many victims in rural states and small communities by nothing more than ethnicity or age + zip code, the information that victim service providers can share must be carefully scrutinized and limited. In addition, non-personally identifying information must be further protected by being “de-identified, encrypted, or otherwise encoded.”

*“Nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this paragraph for victims of domestic violence, dating violence, sexual assault, or stalking.”*

- ▣ **Stronger Confidentiality Laws.** Over 30 states have advocate confidentiality laws that prevent local programs from disclosing any identifying information about victims, encrypted or otherwise, and if those protections are stronger than the Section 605 protection, the stronger protection will prevail.
- ▣ **VAWA has strengthened the federal confidentiality laws for VAWA and FVSPA funded programs,** which further prohibits the sharing of any identifying victim information.

Which of these VAWA Provisions will apply to my program?

- ▣ **Section 605 amends the McKinney-Vento Homeless Assistance Act** to prohibit all victim service providers from entering personally-identifying information into an HMIS database. Consistent with this federal law, victim services providers should not be providing personal, identifying information about victims, nor should they be punished by having their funds withheld or application incentives removed for complying with this law or State law.
- ▣ **The Confidentiality Provisions in Section 3 apply to programs funded by the Violence Against Women Act or the Family Violence Prevention and Services Act (FVPSA).** Many local domestic violence programs receive VAWA and FVPSA funding through their state VAWA and FVPSA Administrators.

### **In VAWA section 605, who are “victim service providers”?**

Victim service providers include nonprofit organizations whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking, such as rape crisis centers, battered women’s shelters, and domestic violence transition housing programs.

This also includes faith-based programs and homeless shelters which have specific victim services programs or umbrella organizations that have a specific victim services programs as part of their organization. In those cases, confidentiality protections would only extend to the specific program in question, unless the larger organization receives VAWA or FVPSA funding and falls under the Section 3 protection.

### **How can we help protect victims who use other services such as homeless shelters?**

Victims are not automatically exempt from having their information entered into HMIS when they use other HUD-funded services. It is critical that advocates educate victims about their right to decline any information about them being entered into an HMIS system and also educate other HUD funded agencies to provide full notice and consent (not “inferred consent,” a concept used by some HMIS programs). All clients should have the opportunity to decline any or all electronic HMIS entry – whether the information is “scrambled,” “hidden,” or “open.’

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“The Violence Against women and Department of Justice Authorization Act of 2005”  
 Passed by Congress as H.R. 3402 on December 17, 2005, signed into law by President on January 5, 2006  
 Now Public Law 109-162

# Appendix E

## **Example of Volunteer Recruitment and Utilization Plan:**

### **Recruitment:**

Volunteers will be recruited throughout the agency's service area by speaking at local colleges/universities, civic groups, and presentations in the community to make them aware of services, and the need for volunteers. Volunteer recruitment is an ongoing goal and activity of the agency. Our Board of Directors volunteer their time to assist with the goals and the mission of the agency to provide comprehensive services to victims. The agency may also recruit interns from the local college/university.

### **Utilization:**

Volunteers will be utilized to assist advocates and the program with providing services to victims which can include answering the hotline, participating in community awareness activities, and case management.

### **Sustaining Volunteers:**

Volunteers will be sustained by providing on-going training on victim issues, and recognition and appreciation of volunteers. The agency will also continue to work in the community to make them aware of the importance of volunteers.

### **Confidentiality:**

All volunteers will be made aware of confidentiality policies of the agency prior to volunteering their services and will sign a confidentiality certification.

# Appendix F

## **Example of Motor Vehicle Texting and E-mailing Policy:**

The use of mobile devices while driving a motor vehicle is a concern. Numerous studies have shown the use of cell phones and other wireless devices while driving pose a significant risk to drivers and passengers as well as others on the road.

All employees and volunteers are not allowed to read or respond to text messages or e-mails while driving their personal car or agency car while on agency business. It is recommended to pull to a safe spot and park the car prior to responding.

I have received a written copy of the Texting and E-Mail Policy. I fully understand the terms of this policy and agree to abide by them,

---

Employee Signature and Date

---

Employee Name (printed)

Please sign and return to your supervisor

# Appendix G

LANGUAGE IDENTIFICATION FLASHCARD

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

1. Arabic

Խորհրդով ենք նշում կատարեք այս քանակությունը,  
եթե խոսում կամ կարդում եք հայերեն:

2. Armenian

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

3. Bengali

លូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

4. Cambodian

Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.

5. Chamorro

如果你能读中文或讲中文，请选择此框。

6. Simplified Chinese

如果你能讀中文或講中文，請選擇此框。

7. Traditional Chinese

Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.

8. Croatian

Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

9. Czech

Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

10. Dutch

Mark this box if you read or speak English.

11. English

اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بنويد.

12. Farsi

- Cocher ici si vous lisez ou parlez le français. 13. French
- Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. 14. German
- Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. 15. Greek
- Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen. 16. Haitian Creole
- अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। 17. Hindi
- Kos lub voj no yog koj paub twm thiab hais lus Hmoob. 18. Hmong
- Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet. 19. Hungarian
- Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. 20. Ilocano
- Marchi questa casella se legge o parla italiano. 21. Italian
- 日本語を読んだり、話せる場合はここに印を付けてください。 22. Japanese
- 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. 23. Korean
- ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຊື່ປາກພາສາລາວ. 24. Laotian
- Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. 25. Polish

- |                          |  |                |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Assinale este quadrado se você lê ou fala português.                           | 26. Portuguese |
| <input type="checkbox"/> | Însemnați această căsuță dacă citiți sau vorbiți românește.                    | 27. Romanian   |
| <input type="checkbox"/> | Пометьте этот квадратик, если вы читаете или говорите по-русски.               | 28. Russian    |
| <input type="checkbox"/> | Обележите овај квадратичић уколико читате или говорите српски језик.           | 29. Serbian    |
| <input type="checkbox"/> | Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.             | 30. Slovak     |
| <input type="checkbox"/> | Marque esta casilla si lee o habla español.                                    | 31. Spanish    |
| <input type="checkbox"/> | Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | 32. Tagalog    |
| <input type="checkbox"/> | ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.                             | 33. Thai       |
| <input type="checkbox"/> | Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.                        | 34. Tongan     |
| <input type="checkbox"/> | Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.         | 35. Ukrainian  |
| <input type="checkbox"/> | اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔                     | 36. Urdu       |
| <input type="checkbox"/> | Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.               | 37. Vietnamese |
| <input type="checkbox"/> | באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.                            | 38. Yiddish    |

# Appendix H

## RESOURCES:

### ➤ Crime Data for West Virginia:

- ✚ From the West Virginia Office of Research and Strategic Planning:  
**Project IDA** (Interactive Data Analysis Tool.) *State or County*  
<https://apps.wv.gov/dcjs/sac/>

This tool allows you to generate the specific statistics you need by querying selected data sources. For more detailed information about each of the available data sources see the **Data Sources and Definitions page**. In addition, you will find descriptions of each of the included data fields by using the Help menu located in the upper right corner of any page.

- ✚ From the West Virginia Office of Research and Strategic Planning:  
Interactive County Crime Map: **Interactive County Crime Map** *County*  
To find county-level crime and census information by county, click on any county on the map below. Population estimates were obtained from the U.S. Census Bureau (March 2010).

- ✚ From the West Virginia State Police: **WVSP Crime Statistics** *State or County*  
Link to Annual Reports and Uniform Crime Reporting or “Crime in West Virginia.”  
<http://www.statepolice.wv.gov/about/Documents/CrimeStatistics/2011Crimes.pdf> This data is on crimes that are only reported to law enforcement.

- Population Data: American Fact Finder: **2010 Census Data** where population data is available by State, County, And City. You can search by a variety of means through this link. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> Put in your county and state and hit go.

### Other Resources:

OJP's Crime Solutions

[www.crimesolutions.gov](http://www.crimesolutions.gov)

CrimeSolutions.gov uses rigorous research to inform practitioners and policy makers about what works in criminal justice, juvenile justice, and crime victim services.

On CrimeSolutions.gov you will find:

- Research on program effectiveness reviewed and rated
- Easily understandable ratings based on the evidence that indicates whether a program achieves its goals:
  - ✚ Effective

- ✦ Promising
- ✦ No Effects

- Key program information and research findings