

Shelter Resident Survey #2 – After Your Stay

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

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:

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	
___ safety for myself	___ transportation
___ safety for my children	___ support from other women
___ learning about my options and choices	___ paying attention to my own wants and needs
___ emotional support for myself	___ a job or job training
___ paying attention to my children's wants and needs	___ understanding about domestic violence
___ counseling for my children	___ counseling for myself

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___ safety planning	___ child care
___ education/school for myself	___ health issues for myself
___ education/school for my children	___ health issues for my children
___ reconnecting with my community	___ keeping access to my faith community
___ my abuse-related injuries	___ leaving my relationship
___ budgeting & handling my money	___ TANF (welfare) benefits
___ child protection system issues	___ other government benefits
___ child welfare system issues	___ finding housing I can afford
___ ideas for handling the stress in my life	___ connections to other people who can help me
___ responding to my children when they are upset or causing trouble	___ dealing with my feelings that upset me
___ protective/restraining order	___ my own arrest
___ my abuser's arrest	___ custody or visitation questions
___ divorce-related issues	___ immigration issues
___ issues related to my disability	___ legal system/legal issues
___ other (<i>what?</i>)	

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
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		
more confident in my decision-making		
I know more about my options		
more comfortable talking about things that bother me		
like I can do more things on my own		
that I will achieve the goals I set for myself		

Comments:

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
are better able to express their feelings without violence		
feel more supported		
have more understanding of what has been happening at home		
doesn’t apply—no children		

Comments:

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

	strongly agree	agree	disagree	strongly disagree	doesn’t apply
Shelter staff treated me with respect.	4	3	2	1	0

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

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 not 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?)	

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

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B. Problems related to other concerns	Comments
___ 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/space for myself	
___ 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. 10. I consider myself to be a survivor of (check as many as apply):

___ Domestic violence ___ Sexual assault ___ Dating violence ___ Stalking

___ Childhood Abuse ___ Other (please describe) _____

10. I consider myself to be:

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

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. I have _____ minor children (age 17 or younger). How many are with you here? _____ [# of children]

13. I consider myself to be: heterosexual/straight lesbian/gay
 bi-sexual other (*please describe*) _____

14. The highest level of education I have so far is:
 8th grade or less High school grad or GED College grad
 9th – 11th grade Some college Advanced degree

15. My gender is: female male transgender other

Thank you very much!!