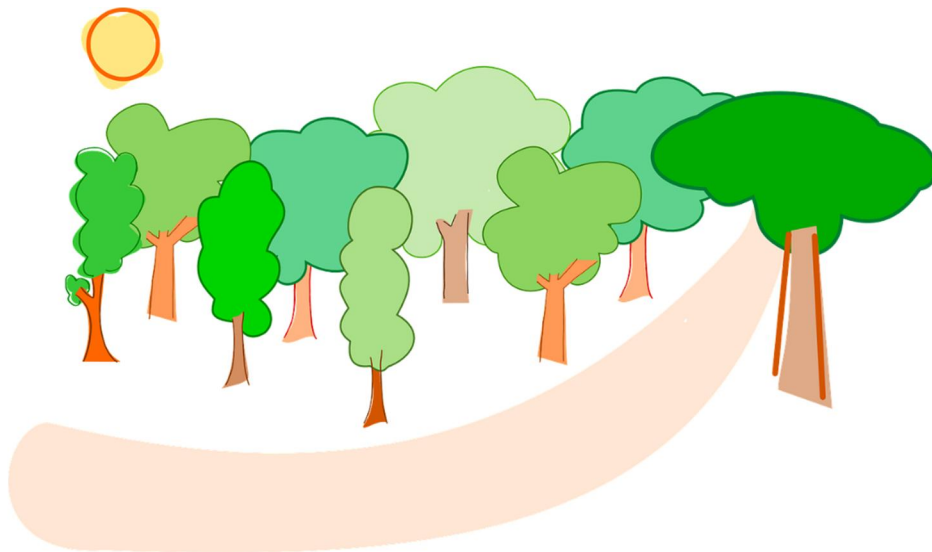




## **CORA's Agency-Wide Evaluation Project**



***How does CORA support survivors of domestic violence on their journey to social and emotional well-being?***

***A comprehensive analysis***

**August 2015**

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## I. Executive Summary

### A. Overview

Established in 1977, Community Overcoming Relationship Abuse's (CORA) mission is to provide safety, support and healing for individuals who experience abuse in an intimate relationship, and educate the community to break the cycle of domestic violence. CORA, located in San Mateo County, California (population 758,581), is the only agency in the county solely dedicated to serving victims of domestic violence/abuse.

Every year, CORA answers thousands of calls for help from victims of domestic violence. CORA offers hope through its trauma-informed services, including a 24-hour crisis hotline, 24-hour law enforcement referral program, emergency shelter, supportive housing programs, legal services, mental health services, and children's program. CORA also works to break the cycle of violence by partnering with dozens of government and community organizations to create systemic change to improve the county's coordinated response to domestic violence. In addition, CORA annually educates thousands of community members about domestic violence and trains dozens of volunteers to become domestic violence crisis counselors.

CORA is in an unprecedented time of change and growth - a new safe house and community office, a significant number of new staff, a re-designed organizational chart, and increased giving from individual donors. These changes have created a desire at CORA to examine the impact and effectiveness of its programs in order to position itself well for the future. With support from the David and Lucille Packard Foundation, CORA embarked on an agency-wide evaluation project in October 2013. This project will inform CORA's immediate and long term plans by providing data to support how CORA's services can best support survivors of domestic violence on their journey to social and emotional well-being.

The framework for this project is the Domestic Violence Evidence Project (DVEP) ([www.DVevidenceproject.org](http://www.DVevidenceproject.org)) which provides a theory of change for domestic violence agencies supported by empirical research and best practices. This theory of change has been adopted by CORA's leadership and staff.

This two year evaluation project has been a practical, capacity-building project. Instead of retrospectively analyzing outcomes from a set of client records, this project proactively developed outcome tools that were aligned with the theory of change, implementable in CORA's program structures, and compatible with agency's database. This process has increased CORA's ongoing capacity to conduct evaluation of its programs. This report discusses outcomes from new and enhanced quantitative and qualitative tools and describes the process of implementing these evaluation measures into CORA's programs.

## **B. Summary of Outcomes**

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The data below compares quantitative data collected from July 2014 to June 2015 to the desired Program Outcomes from the DVEP's Theory of Change. This data begins to answer the project's core evaluation question: "*How does CORA support survivors of domestic violence on their journey to social and emotional well-being?*" After receiving CORA's services, survivors of domestic violence have:

### ***New knowledge and skills***

- 93% of clients completing the Client Feedback Form were more knowledgeable about safety planning.
- The average client exiting CORA's Mental Health Program gained four new coping skills.

### ***Reduced Stress***

- 78% of clients exiting CORA's Mental Health Program demonstrated a decrease in Post-Traumatic Stress Disorder (PTSD) symptoms after receiving, on average, 15 therapeutic sessions.

### ***Increased access to community resources***

- 96% of callers to CORA's 24-Hour Crisis Hotline agreed that they were more knowledgeable about resource and services at the end of their call.
- 90% of clients completing the Client Feedback Form indicated they were more knowledgeable about community resources.
- On average, mental health clients access 6 different types of services (e.g. case management, hotline, advocacy) and housing clients access 11 different services during their time at CORA.

### ***A Stronger parent/child bond***

- 100% of parents' assessed pre/post mental health services showed improvement in their parent/infant relationship. (note: small sample size, n=7)

### ***Effective interpersonal coping strategies***

- 100% of mental health clients surveyed learned at least two new coping skills, with the most common being self-care techniques, setting boundaries, and safety planning.

### ***Increased support, community connections***

- 86% of emergency shelter clients improved in at least two self-sufficiency areas, with the average client showing increases across 5 areas. Topics include: income, employment, housing, food, budgeting, health care, social and emotional support, emotional well-being, trauma symptoms and parenting. A majority of shelter clients demonstrated gains in housing, emotional well-being, and income.

### ***Enhanced Justice***

- Among legal clients surveyed, 100% reported an increased understanding of their legal rights and ability to pursue justice with an average increase of 53% when comparing their pre/post score.

### C. Community Well-Being: Summary Outcomes

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The DVEP discusses that an important contextual factor to the Theory of Change is the extent to which the broader community supports victim safety, offender accountability, and provides resources and opportunities. CORA's July 2014 to June 2015 outcomes related to this factor include:

- 95% of participants in CORA's educational workshops reported an increase in their knowledge about domestic violence, especially knowledge related to different types of abuse, prevalence of domestic violence (e.g. statistics), and how power and control are related to abuse.
- 82% reported an increase in skills to support domestic violence survivors and children. The most common skills gained included an increased ability to provide support and empathy, improved communication skills (especially listening skills), and improved ability to refer victims to resources.
- 100% of community members training to become domestic violence crisis counselors increased their confidence in domestic violence related knowledge and skills. The greatest gains in confidence were related to understanding law enforcement response to domestic violence in San Mateo County, understanding services available for victims in San Mateo County, and understanding trauma-informed care and domestic violence.

While not part of this analysis, CORA has been a leader in the San Mateo County's Domestic Violence Council's efforts to improve the county's coordinated community response to domestic violence. The September 2014 report "*San Mateo Domestic Violence Safety and Accountability Assessment*" is an excellent example of CORA's efforts to work in collaboration to improve how the community support victims of domestic violence.

### D. Qualitative Quotes

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Qualitative data from three sources provide insight and context for CORA's quantitative outcomes. The following quotes are a few examples of how CORA's services provided hope and healing to survivors of domestic violence:

"Shelter is the best thing that CORA has given me, because I now live in peace."

Focus Group Participant

"My therapist gave me good advice, told me to be strong and was very encouraging."

Focus Group Participant

"The therapy that CORA provided me helped me to be able to talk about all of my bad life experiences and I was able to express all of my pain. I learned to value myself. I'm relaxed now, thanks to CORA my children and I live well." Focus Group Participant

"The time at CORA gave me an opportunity to re-group, determine immediate goals and begin to save. I feel fortunate to have had a safe place to go to." Client Feedback Form comment

"With these individuals (i.e. CORA staff), I felt safe and protected."

Client Feedback Form comment

## E. Observations from the Data

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Quantitative and qualitative data analysis revealed three overarching themes:

**1. *More intensive services yielded better outcomes, especially as it pertained to length of shelter stays and type of mental health services received.*** For example, the greatest gains in self-sufficiency were associated with longer shelter stays, 24% longer on average. Likewise, the greatest decreases in Post-Traumatic Stress Disorder (PTSD) symptoms were associated with clients who received two or more types of therapy (32% reduction in PTSD) or individual therapy (31% reduction). Clients who received group therapy alone experienced, on average, a 21% reduction in PTSD. Qualitative data also support this observation. Comments from CORA's Focus Groups and Client Feedback Forms showed a repeated theme that clients desire more services from CORA, especially housing and mental health services.

**2. *When a client shows increased signs of trauma or lack of progress toward goals, CORA responds appropriately by providing additional interventions.*** For example, when examining trends for housing clients with a decreased self-sufficiency score at exit, these clients (n=8) had significantly more case management sessions (41% more), and were more likely to access the hotline (22% more), and utilize peer counseling services (64% more). This suggests that these clients' trauma was greater at entry and that CORA appropriately responded to their increased trauma by providing additional services. Likewise, quantitative data show that mental health clients with increased PTSD scores at exit (n=13) also received more supportive services than clients with above average reduction in PTSD scores (26 average sessions vs. 21, respectively). This indicates that CORA staff were attuned to the client's increasing trauma symptoms and provided additional services.

**3. *One service alone does not help a client achieve social and emotional well-being, but an array of interventions working simultaneously.*** Quantitative data show that the average mental health client accessed six different types of CORA services and housing clients accessed 11 different services. Client Success Stories, on average, detailed five services per story that contributed to client success. This is a strong indicator that client success is dependent on holistic, wrap-around support.

## F. Recommendations for CORA's Ongoing Evaluation Capacity Building

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- Fill the open Data Analyst position: this position is critical to the ongoing success of program evaluation at CORA. It is important to have a dedicated staff to ensure data accuracy and objectively analyze the data across all of CORA's programs.
- Continue to use the new/enhanced tools, repeat analysis next year, and compare results.
- Work with new database provider, Apricot, to automate data reports and analysis.
- Insert regular check-points for program leaders to examine staff data entry accuracy.
- Survey as many clients as practical to ensure that the data represents accurate outcomes.
- Establish outcome measures for CORA's newly expanded children's program. This program was expanded after this evaluation project began and, as such, its activities are not included in this report.

## II. Agency Wide Evaluation Project: Process Overview

Using the framework and theory of change provided by the Domestic Violence Evidence Project (DVEP), this project reviewed CORA's data collection tools and made adjustments to improve quantitative and qualitative data collection.

### A. Project Phases

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This project was implemented over four phases:

1. Quantitative Data Review and Recommendations (October 2013 to June 2014)
2. Qualitative Data Review and Recommendations (April 2014 to October 2014);
3. Implementation of the Recommendations (July 2014 to June 2015); and
4. Comprehensive Analysis (August 2015).

#### 1. Quantitative Phase

In March 2014, the "*Quantitative Data Review and Recommendations*" report was completed. This report shared findings from the review of CORA's current metrics and recommendations for increasing evidence-based outcome measures. The major finding was that CORA ***tracks numerous output data points, but does not collect outcome measures in aggregate form***. For example, CORA tracks the number of therapeutic counseling sessions provided each year (output) but not if PTSD symptoms are reduced (outcome). Staff may track individual participant's outcome measures in case notes, but they are not collected at an aggregate level.

The main recommendation from the report was to: ***Implement outcome measurement tools that are tied to the theory of change, supported by DVEP, and can be implemented with current resources***. In order to measure the number of services (output) and the impact of those services (outcome), the Project Lead worked with each program to refine outcome measurement tools, implement the tools into the ALICE database, and train staff on implementation. Data collection for these outcome tools launched July 1, 2014.

#### 2. Qualitative Phase

For the second phase of the project, the Project Lead interviewed CORA staff regarding qualitative data collection, reviewed current sources of qualitative data, analyzed existing qualitative data, and developed recommendations for improving qualitative data in the future. The "*Qualitative Data Review and Recommendations*" report was completed in October 2014. The main recommendation from the review of CORA's qualitative data was ***to improve its current qualitative data collection systems to increase direct client feedback and annually analyze qualitative data***.

Recommendations, discussed in detail in the report, include: increase participation of and annually analyze written comments from the Client Feedback Forms; annually examine Client Success Stories for qualitative themes; annually pull a representative sample of Community Presentation Evaluation Forms to analyze for qualitative themes; implement Focus Groups to

garner direct client feedback; track qualitative data related to client grievances to assess for themes; and appropriately utilize qualitative findings to supplement quantitative data reports.

Improved qualitative data collection and analysis will better tell the story behind quantitative outcome numbers and provide insight into client's experiences with CORA staff and services.

### **3. Implementation**

When necessary, a new outcome tool or question was developed in order to address a gap between CORA's current quantitative measures and the Program Outcomes in the DVEP's Theory of Change. Full implementation of the following quantitative outcome measurement tools began July 2014:

- Increased awareness of resources/services (new question at end of each hotline call)
- Self-Sufficiency Matrix (new tool for housing clients)
- Self-Efficacy Scale (new tool for housing clients)
- Post-Traumatic Stress Disorder Checklist (current tool)
- Coping Skills Survey (new tool for mental health clients)
- Enhanced Justice Scale (new tool for legal clients)
- Community Presentation Evaluation Form (enhanced current form)
- 40-hour Volunteer Counselor Training Assessment (new tool)

In order to bolster the quantitative outcome measurements above, CORA implemented the following new or enhanced qualitative tools in October 2014.

- Client Success Stories – implemented annual qualitative analysis.
- Client Feedback Forms – enhanced form, implemented annual qualitative analysis.
- Focus Groups – new tool, implemented twice per year.
- Grievance Tracking Spreadsheet – new tool, implementation pending.

### **4. Comprehensive Analysis**

This report, the fourth and final phase of this project, reviews results from the qualitative and quantitative data collected from July 2014 to June 2015 and provides recommendations for the future. The pages that follow detail how CORA's output and outcome measures align with the DVEP's Theory of Change, contributing to the social and emotional well-being of survivors of domestic violence.



## **B. Contextual Factors Impacting the Project**

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### **1. Database Transition**

During this project the company that developed and supported CORA's ALICE database announced that it was closing and recommended that all agencies transfer their data to another provider by October 2014. This was a significant set-back for this project. One of the project's goals was to build CORA's internal capacity to conduct ongoing evaluation. Tools were created to work within the ALICE database and within CORA's current program structures. When ALICE announced that it was ending, the Data Analyst and Project Lead ensured that outcome tools translated smoothly into the new database, Apricot. One benefit of this unexpected transition is that Apricot will be able to generate more automated reports than ALICE. Now that CORA has implemented the outcome tools for one full year and completed this comprehensive analysis, CORA's Director of Programs and Data Analyst will be able to inform Apricot staff on desired report design and decrease staff time necessary to perform an analysis of client outcomes.

### **2. Staff Transition**

Over the last two years, three members of the evaluation project team have moved on to new positions. The Manager of Housing Services, the Manager of Legal Services and the Data Analyst. The new managers may have input on the tools used to measure outcomes for their programs and adjustments may be necessary. The most integral position related to this project was the Data Analyst. The Project Lead spent a significant amount of time mentoring and training the Data Analyst in order to build the capacity of the Data Analyst to manage CORA's data on an ongoing basis. After CORA hires a replacement Data Analyst, it will be essential to train the new person in all of the qualitative and quantitative outcome data collection, report development, and analysis.

## **C. The Domestic Violence Evidence Project's Theory of Change**

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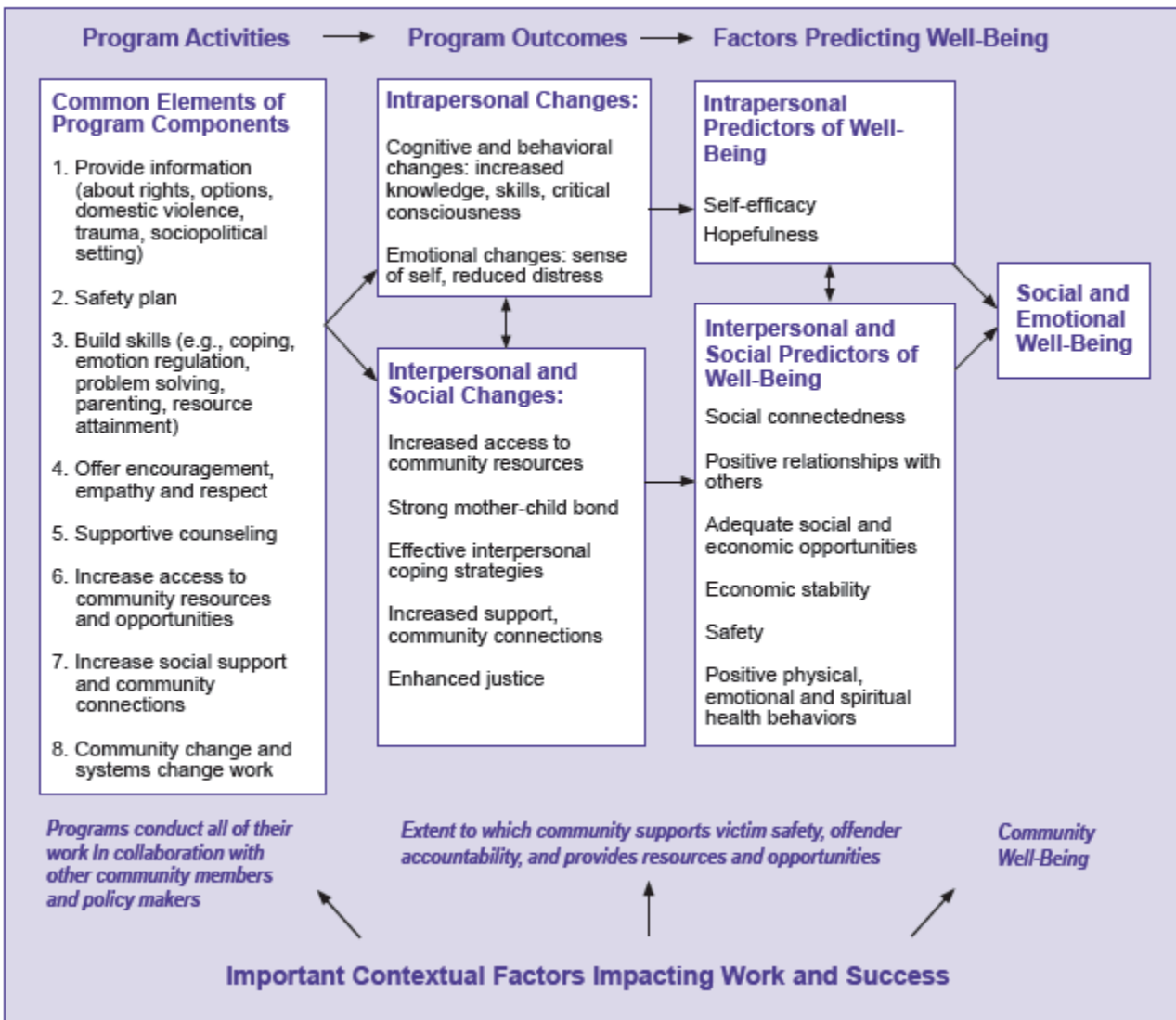
### **1. Overview**

*"The Domestic Violence Evidence Project (DVEP) is designed to help state coalitions, local domestic violence programs, researchers, and other allied individuals and organizations better respond to the growing emphasis on identifying and integrating evidence-based practice into their work..."* DVEP's "online resource center houses a conceptual framework, theory of change and comprehensive evidence reviews, and profiles of innovative programs and practices related to the project's initial focus area of domestic violence core services."

DVEP's objective is to *"increase the capacity of domestic violence programs to comprehensively respond to the traumatic effects of abuse by increasing their awareness of evidence-based practices; and to increase domestic violence service providers' access to information on effective interventions that are trauma-informed and evidence-based thus helping*

them better serve victims of domestic violence and their children who are experiencing the mental health and traumatic effects of intimate partner violence.”<sup>1</sup>

**Figure 1. Theory of Change Underlying How Domestic Violence Program Activities Impact Adult and Child Survivors’ Well-Being**



## 2. Factors Predicting Well-Being

The DVEP’s Theory of Change culminates in the Factors Predicting Well-Being. Below is a brief description of each factor:

### *Intrapersonal Factors*

**Self-efficacy** is the belief that one is competent and able to perform actions to achieve a goal and **Hopefulness** is the belief in a positive tomorrow. Hope fuels one’s willingness to do what is necessary to maintain or regain health and well-being. Elevated hope results in lower post-traumatic stress disorder (PTSD) symptoms, anxiety and depression. Programs intending to

increase hope should include components that involve staff collaborating with clients to meet client goals and an emphasis on efficacy, spirituality, and well-being.

### ***Interpersonal***

**Social Connectedness and positive relationships with others:** Social support reduces the risk of psychological distress after trauma. This is especially important for domestic violence survivors as isolation is often a form of abuse/control. Social connectedness is also a protective factor in case of future violence and it results in decreased PTSD symptoms.

**Adequate social and economic opportunities:** Access to community resources is associated with a higher quality of life. Example resources include: restraining orders, safe housing, employment, transportation, and child care.

**Economic Stability:** Social and economic inequities lead to poorer health and well-being outcomes for children and adults. Survivors are often blamed for the abuse they have experienced, and they are often discriminated against by landlords or in the workplace.

**Safety** involves physical, emotional, and economic safety.

**Positive physical, emotional, and spiritual health behaviors:** Trauma impacts health negatively, the more trauma, the larger the negative impact. Being victimized over a lengthy period of time or in a particularly severe way can lead to feelings and behaviors that make daily functioning more difficult.

### III. Dashboard of Output and Outcome Measures by Theory of Change Factor

The table below compares the Program Activities from the DVEP's Theory of Change and CORA's related output measures. These data are tracked in CORA's current database for the purposes of monitoring client progress, planning workloads, and reporting to government and foundation funders. Aligning these output measures with the Theory of Change, provides a glimpse of how CORA's vast services support a client's ability to achieve social and emotional well-being. Many of the output measures fall under multiple categories; therefore, in the table below each output measure is placed where it best fits.

**Table 1**

PROGRAM ACTIVITIES	OUTPUTS (source)	2014-2015
Provide information about adult and child survivors rights, options and experience	Calls to 24-hour crisis hotline or referral from 24-hour law enforcement program (complete count, ALICE)	7,811
	Victims provided with legal assistance (unduplicated, DVAP)	488
	Individuals provided with social services advocacy (unduplicated, DVAP)	171
	Victims provided with court advocacy (unduplicated, DVAP)	154
Safety Planning	Percentage of clients surveyed that agree "Because of the services that I have received through CORA, I feel I know more ways to plan for my safety." (n = 123, Client Feedback Form)	93%
Build Skills	Average number of coping skills gained by mental health clients (Coping Skills Survey)	4
	Average number of self-sufficiency workshops attended per housing client (ALICE)	7
	Average number of parenting classes attended per participant (ALICE)	3.6
Offering encouragement, empathy and respect: cultural competency, trauma-informed	Percentage of hotline callers, identifying as victims, offered emotional support (ALICE)	76%
	Percentage of clients offered services in a language other than English (ALICE)	44%
	Average rating from clients asked if they agree that CORA treated them with respect (scale of 1-4, 4= Strongly Agree) (Client Feedback Form)	3.81
Supportive Counseling	Adults participating in support groups (unduplicated, DVAP)	209
	Support group sessions (duplicated, DVAP)	663
	Adults receiving peer or individual counseling (unduplicated, DVAP)	451
	Counseling sessions (duplicated, DVAP)	1,677
	Children receiving counseling (unduplicated, DVAP)	83
	Child counseling sessions (duplicated, DVAP)	296
Increase access to community resources and opportunities	Number of external referrals given on hotline/ERP calls (ALICE)	2,066
	Number of domestic violence victims and their children provided with shelter (unduplicated, DVAP)	190
Increasing social support & community connections	Total case management sessions (ALICE)	950
	Average number of group activities accessed per adult in CORA's housing programs (ALICE)	3.8
Community change and systems work	Community members participating in educational workshops (ALICE)	1,226
	Community members given DV information at community events (ALICE)	3,947
	Volunteers trained to be domestic violence crisis counselors (staff report)	34
	Collaborative meetings attended by CORA staff (unduplicated, DVAP)	65

Table 2 compares the desired Program Outcomes from the DVEP's Theory of Change and the measures (new or enhanced) that CORA uses to track these outcomes. Some outcomes fit in multiple Program Outcomes categories; therefore, each outcome is placed where it fits best.

**Table 2**

PROGRAM OUTCOMES	OUTCOMES (number, source)	2014-2015
Cognitive and behavioral changes, increased knowledge, skills, critical consciousness	Percentage of emergency shelter clients surveyed showing an increased overall Self-Sufficiency score at exit (n=44, Self-Sufficiency Matrix)	77%
	Percentage of clients surveyed that agree "Because of the services that I have received through CORA, I feel I know more ways to plan for my safety." (n = 123, Client Feedback Form)	93%
Emotional changes: sense of self, reduced distress	Percentage of mental health clients surveyed demonstrating a decrease in PTSD symptoms after receiving, on average, 15 therapeutic sessions. (n=68, PTSD Checklist)	78%
	Percentage of emergency shelter clients surveyed demonstrating a decrease in PTSD symptoms at exit. (n=9, PTSD Checklist)	67%
Increased access to community resources	Percentage of callers agreeing that they are more aware of resources and services available at the end of their hotline call. (n=2,164, ALICE)	96%
	Percentage of clients surveyed agreeing that "Because of the services that I have received through CORA, I feel I know more about community resources." (n=123, Client Feedback Form).	90%
Strong parent/child bond	Percentage of parents receiving mental health services that demonstrated an improved parent/child relationship (n=7, PIR GAS).	100%
Effective interpersonal coping strategies	Percentage of mental health clients surveyed at exit demonstrating that they learned at least two new coping skills, with the average client learning four. (n=51, Coping Skills Survey)	100%
Increased support, community connections	Percentage of emergency shelter clients surveyed at exit demonstrating improvement in at least two self-sufficiency areas, with the average client improving in 5 areas. (n=44, Self-Sufficiency Matrix)	86%
Enhanced Justice	Percentage of legal clients surveyed that demonstrated an increase in understanding of and ability to pursue justice with the average client demonstrating 53% increase. (n=22, Enhanced Justice Scale)	100%
Community Well-Being	Percentage of participants in educational workshops that reported an increase in their knowledge about domestic violence. (n=972, Community Presentation Evaluation Form)	95%
	Percentage of participants in educational workshops that reported an increase in skills to support domestic violence survivors and children. (n=982, Community Presentation Evaluation Form)	82%
	Percentage of community members trained to become domestic violence crisis counselors that increased their confidence in domestic violence related knowledge and skills. (n=34, Training Assessment)	100%

According to DVEP's Theory of Change, clients engaged in Program Activities are more likely to achieve the Program Outcomes which lead to clients' attaining social and emotional well-being as described through DVEP's Factors Predicting Well Being. These include the intrapersonal factors of self-efficacy and hopefulness and the interpersonal factors of social

connectedness, positive relationships with others, adequate social and economic opportunities, economic stability, safety, and positive physical, emotional and spiritual health behaviors. The data in tables 1 and 2 demonstrate how CORA is providing clients with the activities to support the desired outcomes. Demonstrating how CORA supports the attainment of the DVEP's Factors Predicting Well Being is best represented in qualitative data. Consider the following story:

**Jessica\*** was a victim of domestic violence when she came to CORA's emergency shelter over two years ago. Jessica met her abuser when she was 33 years old in Wisconsin. She was going to college to get her Arts degree. Her abuser was manipulative from the beginning of the relationship. He controlled Jessica in every aspect of her life. He made her quit her school and even move to California, away from her family and friends. She was hoping that with a fresh start things would be better for them – but things only got worse.

Jessica became pregnant and had to stop working since she had a complicated pregnancy. Her abuser was verbally and mentally abusive throughout her pregnancy. He called her names, told her horrible things about herself to break her self-esteem. Once her daughter was born, he became physically abusive once again. She never knew what mood he would be in when he would come home from work. He made her live in fear for years after her daughter was born. One day she took her daughter to the park. She was very sad and desperate. A woman saw her and started talking to her; she gave her CORA's information for help and shelter.

After many months of getting the courage to leave, Jessica called CORA and came into shelter the following day. She filed a restraining order and enrolled in school. She had a lot of healing to do. When the CORA family advocate first started working with Jessica, she was suffering from severe anxiety, PTSD and depression. She was seeing someone at CORA for counseling. Jessica and her CORA family advocate worked every week on her goals and the things she needed coming into the permanent housing program. Jessica was determined not to quit her college education this time. She looked for apartments for weeks but was unable to find anything. CORA found a place with one of its prospective property owners.

Since she moved into her own place, Jessica has made more progress. She is assertive, happy, and confident. She now has the tools and skills she needs to become self-sufficient. Jessica has transferred to a University on a full scholarship to get her degree in Therapeutic Art for children. She is working with San Mateo Credit Union to open her own business. Jessica continues to work on her healing and her goals. She is doing very well in the program. Jessica has accessed other resources like HIP Housing, Samaritan House, and Party Child. She has been in the program for two years and continues to amaze her family advocate with her perseverance and her will to strive.

## IV. Quantitative Data Analysis by CORA Program

### A. 24-hour Crisis Hotline

In order to measure outcomes associated with CORA's 24-hour Crisis Hotline that connect to the DVEP's Theory of Change, especially as it pertains to the Program Activity of providing information, a satisfaction question was added to the end of each hotline call.

#### 1. How this measure was developed or enhanced during this project

Many data points are tracked during each hotline call. Before implementing the recommendations from the quantitative phase from this project, direct client feedback about the call was not solicited. After reviewing the DVEP's recommendations pertaining to hotlines and discussing potential questions with the Director of Programs, Manager of Crisis Intervention Services, and hotline staff, the following question was developed. "Are you more aware of the resources and services available to you?" After the language was agreed upon, the Data Analyst and Project Lead incorporated the question into ALICE and trained hotline staff on data entry.

#### 2. Outputs

From July 2014 to June 2015, CORA received 7,811 hotline calls (complete count, ALICE). Of those calls, 3,059 were from callers who identified as a victim of domestic violence **and** had a conversation with a crisis counselor that was substantive enough that warranted conducting an intake form in ALICE.

#### 3. Outcomes

The outcome question "Are you more aware of the resources and services available to you?" is designed to measure a caller's increased awareness of resources and services. It also ensures that all the caller's needs were addressed. From July 2014 to June 2015, this question was asked of 2,164 hotline callers. All of these callers identified as victims of domestic violence. Of that number **96% said yes**. Of the 4% that said "no," hotline staff offer to continue the conversation.

It is important to note that this question was not applicable to 5,647 callers. This can be for a wide variety of reasons, including: the caller was a community partner (e.g. law enforcement, non-profit organization, or government representative), the caller was in crisis and ended the call abruptly, the caller asked a simple question (e.g. Is this CORA? Do you have room in your shelter tonight?), or it was a repeat caller and asking the question again was not applicable.

The table below provides the most common services and information provided to hotline callers. This is a valuable piece of data as it can help inform staff training, educate community partners about caller needs, and evaluate the changing needs of callers over time.

**Table 3**

<b>Most prevalent information/services provided to hotline callers, identifying as a victim:</b> (% of total callers, may equal more than 100% because callers can receive more than one service)
Support: 76%
Safety planning: 61%
Overview of CORA services: 43%
Shelter (at CORA or a referral to another shelter): 33%
Domestic violence education: 28%

\*This number is lower than might be expected due to the number of law enforcement referrals that count as an “intake” in ALICE, but a CORA crisis counselor has yet to make contact with the victim.

#### **4. Recommendations**

- Continue to ask the satisfaction question at the end of each hotline call, repeat analysis in July 2016, and compare results.
- Check related outcome data quarterly for accuracy and completeness.
- Annually review the reasons why callers are not asked the satisfaction question and track if the percentage of calls where the question does not apply increases, decreases, or remains the same over time.

### **B. Housing**

CORA’s Housing Program offers emergency shelter and supportive housing services (e.g. transitional housing, housing subsidies). The Manager of Housing Services and the Project Lead developed two tools to measure quantitative outcomes for housing clients, the Self-Sufficiency Matrix and the Self-Efficacy Scale. Later in the project, the decision was made to add the PTSD Checklist for emergency shelter clients. The data below pertain to emergency shelter clients only. Due to the long-term nature of CORA’s Supportive Housing Program, the number of clients that entered and exited during this year were too few (n=3) to perform an in-depth analysis of their outcome data.

#### **1. Outputs:**

From July 2014 to June 2015, CORA provided emergency shelter to 190 individuals (111 adults and 79 children).

#### **2. Outcomes:**

##### **a. Self-Sufficiency Matrix**

This new tool measures client self-sufficiency at entry and exit of housing programs. The matrix examines ten core self-sufficiency areas: income, employment, housing, food, budgeting, health care, social and emotional support, emotional well-being, trauma symptoms, and parenting.

#### **How this measure was developed or enhanced during this project**

The Self-Sufficiency Matrix (Appendix A) is tailored to CORA’s programs and builds on the expertise of self-sufficiency matrices developed by leaders in homelessness services (i.e. Arizona



Self-Sufficiency Matrix, Office of Child Abuse Prevention's Family Development Matrix). CORA's Data Analyst created this form in ALICE and trained staff on data entry.

### **Self-Sufficiency Data Analysis**

From July 2014 to June 2015, a total of 44 emergency shelter clients completed the Self-Sufficiency Matrix (at entry and at exit). The average client was 39 years old and had one child. This group identified as 30% Hispanic, 20% African American, 11% Asian, 14% Multi-ethnic, 14% White, 9% other, 2% Pacific Islander, and 32% demonstrated limited English proficiency. Of this group, 100% accessed emergency shelter and 11% accessed Connie's House in addition to emergency shelter. Below is analysis of the data:

#### **Overall change in self-sufficiency score pre/post emergency shelter:**

- 77% showed an overall increase in self-sufficiency.
- 7% showed no change.
- 16% showed an overall decrease in self-sufficiency.

#### **Percentage of shelter clients showing improvement by number of self-sufficiency areas:**

- 98% of clients showed improvement in at least 1 area.
- 86% of clients showed improvement in 2 or more areas.
- 77% of clients showed improvement in 3 or more areas.
- The average client showed improvement in 5 areas.

**Table 4: Percentage of Clients Demonstrating Improvement by Self-Sufficiency Area:**

<b>Self-Sufficiency Topic Area</b>	<b>% of emergency shelter clients demonstrating an increase (n=44)</b>
Housing	59%
Emotional well-being	52%
Income	52%
Parenting (n=24, parents only)	50%
Food Security	48%
Trauma symptoms	45%
Employment	45%
Budgeting	43%
Social well being	41%
Physical health	34%

#### **Interpretation of Table 4**

The average emergency shelter client included in this analysis demonstrated an increase in self-sufficiency, improving in 5 of the 10 areas measured. The self-sufficiency topics with the greatest percentage of clients demonstrating an increase included: housing (59%), emotional well-being (52%), and income (52%). It is worth noting that every client makes an individual set of goals with their advocate. Since each client selects goals that are unique to their self-sufficiency journey, not all ten areas are applicable to every client nor is there enough time

during the emergency shelter program to make progress in all ten areas. Therefore, the spread of the data across the ten areas is not unexpected.

**Table 5: Services by Self-Sufficiency Score:**

	All Clients (n=44)*	Self-Sufficiency Increased (n=34)	Self-Sufficiency Decreased (n=7)
Average # of days in shelter	67	71	57
Average # of services accessed	11	10	12
Average # of total sessions of service received	27	25	30

**Table 6: Most Common Services Received by Shelter Clients**

	Average number of sessions of service		
	All Clients (n=44)*	Self-Sufficiency Increased (n=34)	Self-Sufficiency Decreased (n=7)
Case Management	6.6	6.3	8.9
Peer Counseling	4.4	3.4	5.6
Hotline	4.6	3.6	4.4
Group Activity – adult	3.1	3.6	2.1

\*There were three clients with a self-sufficiency score that remained the same. While too small for additional analysis, they are included in the “All Clients” column.

## Interpretation of Tables 5 and 6

Further examination of the self-sufficiency data compared clients with an overall increase in self-sufficiency and clients with an overall decrease. Two trends emerged from this analysis. First, a client with an increase in self-sufficiency was more likely to stay at the shelter longer (24% longer, on average) and engaged in 42% more group activities. Longer shelter stays and more time spent in group activities are related to the DVEP’s Factors Predicting Well-Being including: positive relationships with others, adequate social and economic opportunities, and social connectedness.

Second, when comparing service trends for the clients with a decrease in their self-sufficiency score, these clients (n=7) accessed 41% more case management sessions, 64% more peer counseling services, and made 22% more calls to the hotline. This suggests that their trauma was greater at entry and that CORA appropriately assessed this by providing additional intervention services. Of the seven whose overall self-sufficiency score decreased, six improved in at least one self-sufficiency area and the average increased in two areas. It is important to note that seven is a small sample size. It may be helpful to re-examine this trend in July 2016 to see if it continues.

## b. Self-Efficacy

### How this measure was developed or enhanced during this project

The Manager of Housing Services and the Project Lead developed the Self-Efficacy Scale. Sample self-efficacy tools provided by the DVEP were examined (Schwarzer’s Generalized Self Efficacy Scale and the Herth Hope Index.) and adapted to CORA’s programs and services. While

self-sufficiency looks at the practical nature of successful independent living; self-efficacy examines a client's outlook on life, problem solving skills, and internal ability to make positive choices in the future. The goal of this tool is to measure change in self-efficacy at entry and exit of a housing program. The scale asks clients to read three self-efficacy related statements (e.g. I can solve most problems if I invest the necessary effort) and rate themselves on a scale of 1 to 5, where 5 is "always true." CORA's Data Analyst created this form in ALICE and trained staff on data entry. This tool was implemented in July 2014. A copy of the scale is in Appendix B.

### **Self-Efficacy Data Analysis**

Of the 51 emergency shelter clients that completed the Self-Efficacy Scale at entry and exit:

- 43% demonstrated an increase in self-efficacy,
- 27% remained the same, and
- 29% demonstrated a decrease in self-efficacy.

### **Interpretation**

With such a large percentage of self-efficacy scores remaining the same, a further examination of the data was warranted. Of the 51 emergency shelter clients surveyed, **45% demonstrated high self-efficacy at entry** (i.e. a score of 12 or more), contributing to the large percentage of client's with stagnant scores. This may mean that, in general, clients coming to CORA's emergency shelter already perceive themselves as having a high-level of self-efficacy. This may be due to the fact that the act of leaving an abusive partner and entering an emergency shelter in itself requires the survivor to have self-efficacy and hope.

With such disparate results, the effectiveness of this tool was re-examined in March 2015. The Manager of Crisis Intervention Services, Director of Programs, and Project Lead decided to change this measure for emergency shelter clients from the Self-Efficacy Scale to the PTSD Checklist. Measuring change in PTSD symptoms is also correlated with an increase in hopefulness/self-efficacy in the DVEP. Self-Efficacy will continue to be tracked for CORA's supportive housing services; however, re-examining self-efficacy tools is recommended.

After this change was implemented, nine emergency shelter clients completed the PTSD Checklist at entry and at exit. Of that number:

- 67% demonstrated a decrease in their PTSD symptoms, and
- 33% demonstrated an increase in their PTSD symptoms.

With this small pool, it is not possible to examine additional trends (e.g. average sessions, length of stay, service types) at this time. This analysis will be possible in July 2016.

### **c. CORA's Supportive Housing Program**

In addition to emergency shelter, CORA offers a Supportive Housing Program, including transitional housing and subsidized housing. Self-sufficiency and self-efficacy tools are being implemented for these programs; however, during this year the pool of clients that entered and exited were too few (n=3) to provide in-depth analysis. This low number of individuals is due to the longer duration of supportive housing services. These longer stays prevented the completion

of pre and post surveys within one year. For example, a transitional housing client can stay for up to three years.

#### **d. Long-term Impact**

These outcomes suggest that the best way to support survivors' social and emotional well-being is to extend shelter stays and/or offer long-term housing options (e.g. transitional housing, supportive housing). The goal of the emergency shelter program is safety; however, the brevity of the program means that most clients have only begun to heal from their trauma. The goal of CORA's supportive housing program is healing and self-sufficiency.

Extending shelter stays and housing options is a resource intensive recommendation. The demand for shelter is high and the number of beds is limited. CORA's recently opened second shelter, Connie's House, has made extension of shelter stays possible on a limited basis. Future work to expand housing options for victims of domestic violence is recommended.

#### **e. Recommendations for Ongoing Evaluation Capacity Building**

- Continue to use the Self-Sufficiency Matrix and PTSD Checklist for all emergency shelter clients, repeat analysis in July 2016, and compare results.
- Consider separating the topics on the Self-Sufficiency Matrix and making one matrix that applies directly to shelter and one that applies directly to supportive housing.
- Continue to use the Self-Sufficiency Matrix and consider using the Self-Efficacy Scale (or a similar tool) at entry and at exit for supportive housing clients.
- Utilize the analysis above to automate reports in CORA's new database, Apricot.
- Check outcome data quarterly for accuracy and completeness.
- Analyze Self-Sufficiency Matrix and Self-Efficacy Scale data for supportive housing clients when there is a sufficient pool of clients.

### **C. Mental Health**

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In order to align mental health outcomes with the DVEP, the Mental Health Supervisor and the Project Lead incorporated the PTSD Checklist into the ALICE database and created and implemented the Coping Skills Survey.

#### **1. PTSD Checklist**

This tool is given to all adult mental health clients upon intake. CORA's therapists and registered interns re-administer this checklist when needed to reassess client's PTSD symptoms, approximately every 12 weeks. This tool gives a score between 17 (low-PTSD) and 85 (high-PTSD).

##### **a. How this tool was developed or enhanced during this project**

Prior to this project, CORA's mental health team was using the PTSD Checklist. The Mental Health Supervisor and Project Lead agreed that this tool was a good source for measuring reduced stress among victims of domestic violence and should be used for ongoing program evaluation. In order to analyze clients' PTSD outcomes in aggregate, the Project Lead and Data

Analyst incorporated this checklist into ALICE and trained staff on data entry. The implementation of tracking PTSD scores in ALICE began in July 2014. A copy of the PTSD Checklist is in Appendix C.

## **b. Outputs**

From July 2014 to June 2015, CORA's mental health program provided:

- 209 adults with 663 support group sessions,
- 451 adults with 1,677 individual counseling sessions, and
- 83 children with 296 counseling sessions.

## **c. Outcomes**

From July 2014 to June 2015, a total of 68 clients completed PTSD Checklist pre and post mental health services. The client's average age was 36 and was caring for an average of 1.5 dependents. This group identified as 81% Hispanic, 9% white, 6% Asian, 3% unknown, and 1% multi-ethnic. It is worth noting that 65% of this group identified as immigrants and 45% had limited English proficiency.

### **Overall PTSD scores:**

When examining the PTSD scores for the 68 clients completing the checklist pre/post services:

- 78% of clients PTSD symptoms decreased,
- 3% of clients PTSD symptoms stayed the same, and
- 19% of clients PTSD symptoms increased.

The average client with a decreased PTSD score, experienced a 35% reduction. Therefore, in order to examine trends in the data pertaining to PTSD outcomes, the population was split into four groups: all clients (n=68), clients with an above average reduction in PTSD symptoms (n=23), clients with at or below average reduction in PTSD symptoms (n=30), and clients with an increase in PTSD symptoms (n=13).

**Table 7: Average Pre/Post PTSD Scores by Category:**

	All clients* (n=68)	PTSD decreased 36% or more (n=23)	PTSD decreased 1% to 35% (n=30)	PTSD increased (n = 13)
Pre	54	62	52	43
Post	39	28	41	52
Change	28% decrease	54% decrease	21% decrease	26% increase

\*Two clients' PTSD scores remained the same and their data is included in the "All Clients" column but is too small for additional analysis.

### **Interpretation of Table 7**

When compared to other categories, clients with an increased PTSD score at exit initially presented with a lower PTSD scores. There can be several reasons for this. First, the majority of population in this analysis (65%) identified as immigrant. Immigrant survivors of domestic violence may be more likely to stay in the relationship and come to CORA to seek emotional support and safety planning. Support groups and individual therapy are the primary services at CORA that are available to domestic violence survivors who wish to remain in an intact

relationship. This can impact PTSD data as this population may come to CORA when conditions in their relationship worsen, but have yet to escalate. When examining case notes for the 13 clients that experienced an increase in PTSD, six were in a relationship or in regular communication with their abuser. Second, some clients may present with lower PTSD and additional trauma may come to the surface during the therapy process. This is not unusual in a therapeutic setting. Lastly, when examining case notes for the clients experiencing an increase in PTSD symptoms it was noted that six had ongoing involvement from law-enforcement, the courts, and/or child protective services. This indicates a client who is experiencing ongoing trauma.

For clients with greater than average reduction in their PTSD score, it is important to note that their average PTSD score at entry was the highest of the four categories and their average PTSD score at exit was the lowest of the four categories. This seems to indicate that CORA's mental health services are very effective for clients presenting with high levels of trauma.

**Table 8: Average Pre/Post PTSD Scores by Service Received**

	PTSD Scores All clients (n=68)*	Group Therapy alone (N=28)	Individual Therapy alone (N=21)	Two or more types of therapy (N=17)
Pre	54	52	48	63
Post	39	41	33	43
Change	28% decrease	21% decrease	31% decrease	32% decrease

\*Two clients received family therapy alone. They are included in "All Clients," but the sample size is too small for additional analysis.

### Interpretation of Table 8

In Table 8, the pre/post PTSD scores are compared for varying types of therapeutic interventions. Clients provided with two or more types of therapy had, on average, a higher PTSD score at entry than all other categories. This category also experienced the greatest decrease. Clients receiving individual therapy alone fared better (31% reduction in PTSD) than those who received group therapy alone (21% reduction). So while all three interventions proved to be effective at reducing PTSD symptoms among victims of domestic violence, the data show that the more intensive interventions led to more success.

This also suggests that CORA's internal mental health screening process is effective at assessing clients for their trauma symptoms. Those presenting with the most severe trauma symptoms received higher levels of services (e.g. two types of therapy).

**Table 9: Therapeutic Sessions and Services by PTSD Category**

	All clients* (n=68)	PTSD decreased 36% or more (n=23)	PTSD decreased 1% to 35% (n=30)	PTSD increased (n = 13)
Median number of therapeutic sessions (individual, family or group)	15	17	12	15
Median number of sessions (all services)	25	21	24	26
Median number of service types	6	6	6	6

**Table 10: Type of Therapeutic Service by PTSD Category**

	All clients* (n=68)	PTSD decreased more than 36% (n=23)^	PTSD decreased 1% to 35% (n=30)^	PTSD increased (n = 13)^
Group Therapy – alone	41%	30%	43%	61%
Individual Therapy – alone	31%	35%	30%	15%
Two or more types of therapy	25%	30%	20%	23%
Family Therapy – alone	3%	4%	3%	n/a

\*Two clients received family therapy alone. They are included in the “All Clients” analysis, but the sample size is too small for additional analysis.

^may not equal 100% due to rounding.

### Interpretation for Tables 9 and 10

The data in tables 9 and 10 examine the change in PTSD scores among clients receiving differing types of mental health services (e.g. support groups, individual therapy, family therapy) and the number of other services and sessions of service received. The data show that clients who experience the greatest decrease in PTSD are more likely to receive individual therapy or two or more types of therapy and slightly more therapeutic sessions. For example, the average client who demonstrated an above average reduction in PTSD received 17 weeks of therapy (individual, group or family) and accessed 6 types of services at CORA. Clients whose PTSD symptoms increased were more likely to be in group therapy, receive 15 weeks of therapy and access 6 services agency-wide.

Table 9 shows that clients experiencing an increased PTSD score also accessed the highest number of sessions of other services at CORA (e.g. case management, advocacy, etc.) when compared to those with above average reduction in PTSD (26 vs. 21 sessions, respectively). This suggests that as CORA staff observe a client’s trauma increasing, the client is offered additional services to complement therapeutic intervention.

### d. Long-term Impact

As CORA seeks additional resources to expand its mental health services, the data suggests that the most effective interventions to expand are increasing the types of therapy offered to each client and increasing the availability of individual therapy.

## 3. Coping Skills Survey

This new measure examines the percentage of mental health clients acquiring new coping skills as a result of CORA’s mental health services. The DVEP’s Theory of Change includes coping skills as an important Program Activity (e.g. build skills), as a Program Outcome (e.g. cognitive and behavioral changes), and it is part of the Factors Predicting Well-Being (e.g. positive health behaviors).

#### **a. How this measure was developed or enhanced during this project**

The Mental Health Supervisor and the Project Lead developed the Coping Skills Survey and identified common coping skills discussed during therapeutic sessions. The Data Analyst created the tool in ALICE and trained staff on data entry. This tool was implemented in July 2014. A copy of the Coping Skills Survey is in Appendix D.

#### **b. Outcomes**

From July 2014 to June 2015, a total of 51 mental health clients completed the Coping Skills Survey and 100% agreed that: “As a result of my time in CORA’s support groups or therapy, I have learned at least two new ways to cope with life’s stress.”

On the survey, clients were asked to check two or more ways that they have learned to cope with life's stress. **The average client selected four coping skills.** In the following chart, the coping skills are listed in descending order demonstrating the percentage of respondents indicating they learned that particular coping skill.

**Table 11**

Coping Skills	% of respondents that they learned this skill:
I have learned self-care techniques	76%
I have learned about setting boundaries	73%
I have learned about safety planning	69%
I have increased my support network	59%
I have learned about community resources	57%
I have learned how to ask for help	57%
I have learned relaxation techniques	55%
Other	8%

#### **c. Interpretation of Table 11**

For mental health clients, the most prevalent coping skills gained were self-care (76%), boundary setting (73%), and safety planning (69%). The data will be most helpful to CORA’s mental health team as they discuss support group curriculum and individual therapeutic goal setting. The data is also an excellent way to inform the community and funders about the skills gained as a result of CORA’s mental health services.

### **4. Parent Infant Relationship Global Assessment Scale (PIR-GAS)**

This observational scale measures parent/child relationships for very young children (ages 0 to 3). The scale ranges from “documented maltreatment” to “well adapted” with a higher score indicating better parent/child relationship.

#### **a. How this tool was developed or enhanced during this project**

Prior to this project, CORA’s mental health team was utilizing the PIR-GAS on a case-by-case basis for clients with children. The Mental Health Supervisor and Project Lead agreed that this



tool should continue in CORA's ongoing evaluation as it relates to the "strong mother/child bond" outcome on the DVEP's Theory of Change. In order to analyze PIR-GAS outcomes in aggregate, the Data Analyst incorporated PIR-GAS into ALICE and trained staff on data entry. The implementation of tracking PIR-GAS in ALICE began in July 2014. A copy of the PIR-GAS tool is in Appendix E.

#### **b. Outputs**

From July 2014 to June 2015, CORA's mental health program provided:

- 83 children with 296 counseling sessions.

#### **c. Outcomes**

During July 2014 to June 2015, the PIR-GAS tool was completed for seven mental health clients with young children. Of those, 100% increased their PIR-GAS score, demonstrating an improved parent/child relationship.

The average score at entry was 61 or "significantly perturbed." Relationships in this range of functioning are strained but still largely adequate and satisfying to the partners. Conflicts are limited to one or two problematic areas. Partners may experience distress and difficulty for a month or more. The relationship maintains adaptive flexibility, as parent and child seem likely to negotiate the challenge to their relationship successfully. A parent may be stressed by the perturbation, but is not generally over concerned about the changed relationship pattern, considering it within the range.

The average score at exit was 86 or "adapted." Relationships in this range are also functioning well, without evidence that the relationship is significantly stressful for either partner. Interactions within these relationships are frequently reciprocal and synchronous, without distress, and reasonably adaptive. At times parent and child may be in substantial conflict, but conflicts do not persist longer than a few days and are resolved with appropriate consideration of the child's developmental status. The pattern of the relationship protects and promotes the developmental progress of both partners.

The average increase was 25 points, representing a 41% increase in their PIR-GAS score.

#### **d. Interpretation**

A sample size of seven is too small to generate a meaningful analysis of trends associated with an increase in parent/child bond.

#### **e. Recommendations for Ongoing Evaluation Capacity Building**

- Continue to use PTSD Checklist, Coping Skills Survey, and PIR-GAS tools, repeat analysis in July 2016, and compare results.
- For group therapy, consider changing the practice of administering "post" PTSD Checklist during a group session. Group dynamics may be impacting results. Consider administering the post survey during an individual session, mirroring the administration of the pre survey.

- Seek to automate this analysis in CORA's new database, Apricot.
- On the Coping Skills Survey in Apricot, make the question "Did you learn two or more skills?" a required field. This will decrease data entry errors.
- Check outcome data quarterly for accuracy and completeness.
- When the mental health team implements CROPS and PROPS tool, pre and post scores should be entered into Apricot. There are plans to use The Child Report of Post-Traumatic Symptoms (CROPS) for children (8 years of age and over) who are in family or individual therapy at CORA and the associated Parent Report of Post-Traumatic Symptoms (PROPS). These forms will be administered at the beginning of treatment and at exit.
- Explore tools to measure change in traumatic symptoms in children ages 4 to 7, currently too old for PIR GAS and too young for CROPS and PROPS.

## **D. Legal**

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In order to measure outcomes from CORA's Legal Program as they relate to the DVEP's Theory of Change, the Enhanced Justice Scale was developed. This scale asks clients to rate themselves on a scale of 1 to 5, pre and post legal representation or legal advocacy. A score of 1 means "I don't understand the legal options available to me and I don't know how to pursue justice for my situation" and a score of 5 means "I understand all of the legal options that are available to me and I have been able to use the legal system to pursue justice." Results from this question reveal how CORA empowers and assists clients in their pursuit of justice.

### **1. How this measure was developed or enhanced during this project**

The Manager of Legal Services and the Project Lead reviewed current tools used by the legal team alongside a legal services related logic model developed by the DVEP. This led to the development of the Enhanced Justice Scale. CORA's legal team implemented the scale in July 2014. Clients whose services extended beyond a brief intervention (e.g. legal line call, one time assistance or advocacy) were eligible to take the survey. An example of the Enhanced Justice Scale is in Appendix F.

### **2. Outputs**

From July 2014 to June 2015, CORA's legal team:

- Answered 2,423 calls from victims of domestic violence seeking legal assistance,
- Provided 488 adults with legal assistance (e.g. restraining orders, protective orders, custody orders), and
- Provided 154 adults with court advocacy services.

### **3. Outcomes**

From July 2014 to June 2015, 100% of clients surveyed (n=22) indicated an increased understanding of the legal options available to them and enhanced ability to use the legal system to pursue justice. The average client increased their sense of justice by 53% from a score of 2.09 at entry to 4.45 at exit. This demonstrates that CORA's legal services positively impact clients by

providing them an enhanced sense of justice as well as the practical benefit of an expert attorney or legal advocate by their side at every step of the legal process.

Of the 22 clients completing the enhanced justice scale, 22% identified as immigrant. This group's race and ethnicity was 50% Hispanic/Latino, 23% white, 14% African American, 9% Pacific Islander, and 4% unknown. The average age was 35 and the typical client had 1.5 children.

#### **4. Recommendations**

- Continue to use the Enhanced Justice Scale, repeat analysis in July 2016, and compare results.
- Check outcome data quarterly for data accuracy and completeness.
- After the implementation of the new database, Apricot, it may be valuable to compare the number of other CORA services accessed by legal clients. Trends may emerge among clients with average and above average gains in enhanced justice. This analysis is currently too difficult to perform given that CORA's legal department maintains a separate database in order to protect client confidentiality. Once the legal department is incorporated into Apricot, an aggregate report of legal clients and the types of services they accessed should protect client confidentiality and provide the desired data.

#### **E. Community Education**

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In order to analyze CORA's impact on the community's understanding of domestic violence, CORA utilizes a Community Presentation Evaluation Form at every educational workshop. Completed forms are tabulated in the Community Outreach Report in order to upload presentation output and outcome information into the database.

##### **1. DVEP and Prevention/Education Activities**

The Domestic Violence Evidence Project will be writing its recommendations for prevention activities in late 2015. The tools utilized in this report builds on CORA's current community education evaluation measures and incorporates the principles provided by the DVEP for other evaluation tools.

##### **2. How these measures were developed or enhanced during this project**

The Community Presentation Evaluation Form captures data related to the demographics of the audience and measures participant's increase in knowledge about domestic violence and skills to support survivors. The Project Lead and the Community Education and Volunteer Coordinator updated this tool during this project to ensure data collection accuracy. A copy of this tool is in Appendix G.

The Community Outreach Report tabulates all data from the individual Community Presentation Evaluation forms. During this project, the tool was revised to include the number of attendees and how many indicated that they increased their knowledge and skills. A copy of this tool is in Appendix H.

### 3. Output

From July 2014 to June 2015, CORA provided 62 educational workshops, reaching 1,226 people. In addition, CORA provide 36 tabling events reaching 3,974 individuals. (Due to the short-term nature of a tabling event, outcome measures are not applicable.)

### 4. Outcomes

Of the individuals completing the knowledge (n=976) and skills (n=982) related outcome questions on the Community Presentation Evaluation form:

- 95% increased their knowledge about domestic violence and
- 82% increased their skills to support survivors and children.

### 5. Qualitative data

Below is a qualitative analysis of a representative sample (n=118, 95% confidence level and confidence interval of 10) of all Community Presentation Evaluation forms collected during the year. The results demonstrate the top three areas of knowledge and skills gained by attendees of CORA's educational workshops. The number of answers given for each question exceeds the number of forms evaluated because participants can write in more than one response. The percentage provided indicates what percent of total comments related to that topic.

**Table 12: Most Common Knowledge and Skills Gained by Workshop Attendees**

<b>Areas of Knowledge Gained (n=188)</b>	<b>Areas of Skill Increased (n=153)</b>
Types of abuse (22%) Prevalence of domestic violence – i.e. statistics (18%) Power and Control (10%)	Ability to offer empathy and support to victims (39%) Ability to communicate with victims (33%) Resources for victims (11%)

The data show that participants in CORA's workshops increased their understanding of the different types of abuse, the prevalence of domestic violence, and how power and control are related to abuse. Furthermore, the top skills gained by participants included: increased ability to provide support and empathy, improved communication skills (especially listening skills), and improved ability to refer victims to resources.

### 6. Recommendations for Evaluation Capacity Building

- Utilize these findings to demonstrate to funders and the community how CORA's presentations and workshops change the community's understanding of domestic violence and ability to support survivors.
- Continue to utilize the Community Presentation Evaluation Form and Community Outreach Report, repeat analysis in July 2016, and compare results.
- Seek to automate outreach report in CORA's new database, Apricot.

## F. Domestic Violence Crisis Counselor Training

In order to analyze the effectiveness of CORA's 40-hour Domestic Violence Counselor Training, a pre/post confidence assessment was created.

### 1. How this measure was developed or enhanced during this project

This new tool, the 40-hour Domestic Violence Counselor Training Assessment, is based on the State of California's Office of Emergency Services' required outcomes for crisis counselor training. Prior to this tool being implemented, evaluation of the training focused on the presenter's knowledge/skills and participant satisfaction. This new tool asks participants to rate their confidence level (1 = low confidence and 5 = high confidence) in 15 core topics about domestic violence knowledge and skills (see topics in chart below). A copy of the tool is in Appendix I.

### 2. Output

From July 2014 to June 2015, CORA offered two 40-hour Domestic Violence Crisis Counselor Training courses. In total, 34 participants completed the trainings and filled out pre and post assessments.

### 3. Outcomes

Of the 34 participants, 100% of participants demonstrated an increase in their confidence in domestic violence related knowledge and skills. The chart below lists the confidence area, the group's total pre and post scores, and the group's percentage increase in confidence. (With 34 participants, the maximum score for each area on the pre and post assessment was 170.)

**Table 13**

40-Hour Domestic Violence Crisis Counselor Assessment: Confidence Area	Combined scores for all 34 participants. Max = 170		
	Pre	Post	Change
1. I understand that domestic violence is a widespread problem that occurs in all communities regardless of race, age, income, sexual orientation, or immigration status.	164	167	2%
2. I understand that violence is a learned behavior. I can interrupt victim-blaming and assert that domestic violence can happen to anyone and that there are no typical victims.	149	166	11%
3. I understand and can explain the dynamics of domestic violence including power and control as the root goal of the abuser.	120	166	38%
4. I understand and can explain the dynamics of domestic violence including the cycle of violence.	105	159	52%
5. I understand and can explain the dynamics of domestic violence including warning signs.	104	164	58%
6. I understand and can explain the dynamics of domestic violence including examples of psychological, verbal, physical, sexual, and financial abuse.	119	165	39%
7. I have a thorough understanding of the services offered in San Mateo County and by CORA to adult and child survivors of domestic violence as well as knowledge of other resources in the community.	79	152	92%

8. I have peer counseling skills that focus on active listening, empathy, empowerment, and are client driven.	117	159	36%
9. I have begun to explore my values, beliefs, and attitudes of domestic violence as well as societal training of oppression.	126	163	29%
10. I have a basic understanding of domestic violence law as well as legal resources available to clients including emergency protective orders and restraining orders.	92	145	58%
11. I have a working knowledge of the history of law enforcement response to domestic violence and current police protocols in San Mateo County.	72	150	108%
12. I understand how domestic violence affects children and the dynamics of the intergenerational cycle of violence.	115	163	42%
13. I understand the barriers to leaving an abusive relationship and how to empower survivors of domestic violence to create options and make choices for themselves.	117	165	41%
14. I understand trauma-informed care and how it pertains to victims of domestic violence.	89	163	84%
15. I understand how domestic violence affects various populations (e.g. teens, LGBTQ, men, women).	109	167	53%
TOTAL	1677	2415	44%

#### 4. Interpretation of Table 13

While the combined scores of all 34 participants demonstrated a 44% increase in confidence across all 15 questions, there were three areas where the group's confidence level doubled or nearly doubled:

# 11 (law enforcement response to domestic violence in San Mateo County) showed a **108% aggregate increase in confidence.**

#7 (services for victims in San Mateo County) showed a **92% aggregate increase in confidence.**

#14 (trauma informed care and domestic violence) showed an **84% aggregate increase in confidence.**

Questions #1 and #2 showed the lowest gains (2% and 11% respectively). However, the pre-test showed very high confidence for both of these (164/170 and 149/170, respectively) giving little room for improvement.

#### 5. Revisions to the Tool

In March 2015, the Project Lead and Community Education and Volunteer Coordinator amended the form to add question #16 to the form "List two things you learned or skills that you gained during this training." This question will help CORA staff evaluate which skills are resonating with workshop participants. A revised tool is provided in Appendix I.

#### 6. Recommendations for Evaluation Capacity Building

- Continue to use the 40-hour Domestic Violence Counselor Training Assessment tool, repeat analysis next year, and compare results.
- Examine topic areas where there is significant room for growth in confidence and determine how to improve that portion of the training.

- Determine how to track these surveys and automate reports in Apricot. The Data Analyst was unable to determine a suitable place in ALICE to record these scores and therefore, this analysis was performed in a spreadsheet.

## V. Qualitative Data Analysis

During this year, CORA collected qualitative data from three main sources: written comments on Client Feedback Forms, Client Success Stories written by staff, and Focus Groups with victims of domestic violence who recently exited CORA's programs.

### A. Client Feedback Form

This form was developed in 2008 when the California Office of Emergency Services required domestic violence agencies to track the percentage of clients indicating an increase in access to resources and ways to plan for their safety. CORA added questions around its values (e.g. cultural competency, respect) and general information regarding demographics and types of services received. While the Client Feedback Form contains both qualitative and quantitative data, both are included in this section in order to provide a complete analysis of the form's data.

#### 1. How this tool was enhanced during this project

CORA's Client Feedback Form was improved during this project in order to enhance CORA's ability to analyze the data, update categories, and add a question on gender identity. A copy of the updated Client Feedback Form is in Appendix J.

#### 2. Quantitative Data

From July 2014 to June 2015, CORA collected 123 Client Feedback Forms, representing 34% of CORA's unduplicated clients served during the same period (n=359). This is a representative sample with a 99% confidence level and a confidence interval of 10. The charts below compare this year's Client Feedback Form results to the combined results from 2008-2013.

**Table 14**

	2014-2015 (n=123)	2008-2013 (n=383)
Clients that would recommend CORA services.	97%	99%
Clients that were more knowledgeable of safety planning because of CORA services.	93%	97%
Clients that knew more about community resources because of CORA services.	90%	96%

The next section of the Client Feedback Form asks CORA clients to rate if they agree or disagree with the following statements (1 = Strongly Disagree and 4 = Strongly Agree). Below is the average response to each question:

**Table 15**

Statement	2014-2015 Average Score (n=123)	2008-2013 Average Score (n=393)
CORA staff treated me with respect	3.8	3.9
CORA staff was caring and supportive	3.8	3.9
My religious/spiritual beliefs were respected	3.7	3.9
My sexual orientation was respected	3.9	3.9
My gender identity was respected	3.9	n/a
My racial/ethnic background was respected	3.9	3.9
Needs related to my physical or emotional disability were addressed	3.7	3.8
Needs related to my youth or age were addressed	3.8	3.8

The average score indicates that CORA clients strongly agree with the statements in the left hand column of Table 15. Because Client Feedback Forms are anonymous, in-depth analysis is difficult. It is worth noting that CORA collected nearly double the amount of Client Feedback Forms in 2014-2015 (n=123) when compared to the average number (65) of forms collected per year from 2008-2013. This suggests that CORA has improved client awareness of the form, its visibility and/or its accessibility. This also makes the data more accurate as it represents a larger percentage of clients served.

### 3. Qualitative Data

Of the 123 Client Feedback Forms collected from July 2014 to June 2015, a total of 58 included written comments. Of those comments:

- 81% were positive (i.e. the client thanked CORA for the help/support),
- 9% were neutral (client provided positive and negative feedback or other comments), and
- 10% showed that the client was dissatisfied in some way.

Themes that emerged from the comments:

- 62% mentioned that they felt supported or helped by CORA's services.
- 57% thanked CORA for their services.
- 33% thanked a staff member by name or described how he/she helped them during their time at CORA.
- 14% mentioned new skills or knowledge gained.
- 9% mentioned safety.

There were five neutral comments; four of them noted a desire for more services and resources from CORA. For example, *"Great program, just needs more transitional resources. Thanks."* There were six negative comments. Of these comments there were nine identifiable complaints: four about staff, two complaints about the shelter facility, two complaints about lack of services, and one general complaint. Given the small number of negative and neutral comments, trends are difficult to analyze. However it is interesting that both neutral and negative comments mentioned a desire for CORA to have more services, especially housing and therapy. These comments



reiterate the point that additional resources are needed to provide survivors of domestic violence with the wrap-around, holistic services essential to achieving social and emotional well-being.

Table 16 includes example Client Feedback Form comments that demonstrate how CORA helps clients achieve the Factors Predicting Well-Being as described in the DVEP's Theory of Change.

**Table 16**

Factors Predicting Well Being	Quotes from CORA's 2014-2015 Client Feedback Forms
Self-Efficacy, Hopefulness	"They helped me a lot, I feel more capable and I am thankful for everyone who helped me." "I learned to be independent after not being able to be by myself or having to depend on another person, and most of all I learned not to be afraid!"
Social Connectedness	"Thank you from the bottom of my heart for giving me a lifeline to deal with abuse. A reminder that I am not alone."
Positive Relationships with Others	"Laura and Harmit were so helpful, understanding, patient and compassionate."
Adequate social and economic opportunities	"I'm very glad I came and met with Nicole. Nicole gave me referrals to section 8 "more to work" ... and Samaritan House... and said she'll make the calls to see what might be possible regarding a dental emergency."
Economic Stability	"CORA was really a great help to me. Between the hotline ladies who helped me prepare my escape (Martha) to my legal advisor (Jessica Dayton). They both really went out of their way to help my process along. In so many ways, emotionally and financially..."
Safety	"With these individuals (i.e. CORA staff), I felt safe and protected."
Positive Physical, emotional and spiritual health behaviors	"The time at CORA gave me an opportunity to re-group, determine immediate goals and begin to save. I feel fortunate to have had a safe place to go to."

#### 4. Recommendations

- Continue to utilize the Client Feedback Form, repeat analysis in July 2016, and compare results.
- Continue to seek a representative sample of clients completing the Client Feedback Form by reminding staff to inform clients of the form, providing the form in easily accessible places, and mailing the forms to clients who have exited services.

#### C. Client Success Stories

CORA program staff write client success stories at the end of each quarter. The stories are used to complement quantitative data in reports to foundations and government agencies. The goal of the stories is to educate funders about how their support contributes to client success. While these stories primarily describe client success, when the stories are reviewed as a whole, themes can emerge that demonstrate how CORA's services lead clients to social and emotional well-being. Full text of the stories can be found in Appendix K.

## 1. Client Success Stories and the DVEP

Client Success Stories, or staff record of opinion, is a popular way to gather qualitative data because it is simpler than garnering input from clients, especially clients who have experienced trauma. However, there are some weaknesses of qualitative data stemming from staff opinions like the ones captured in these stories. Consider this from the DVEP:

*“While obtaining information from staff is one of the easiest ways to gather data for evaluation purposes, it has a number of drawbacks. The greatest drawback, of course, is that the public (and probably even the program) may question the accuracy of the information obtained if it pertains to client satisfaction or program effectiveness. The staff of a program could certainly be viewed as being motivated to “prove” their program’s effectiveness. It is also only human nature to want to view one’s work as important; we would not be doing this if we did not think we were making a difference. It is best to use staff records in addition to, but not instead of, data from less biased sources.”<sup>2</sup>*

Therefore, while the Client Success Stories are valuable and using them as a qualitative data source should continue, the stories should be complemented with other sources that collect the client’s direct feedback, like the Client Feedback Form and Focus Groups.

## 2. Qualitative Analysis

From July 2014 to June 2015, CORA staff wrote 16 client success stories. On average each story contained **five elements** that contributed to client success (e.g. increased income, secured housing, attended therapy, etc.). This is similar to the number of services accessed by mental health clients in the quantitative analysis of this report. This is a strong indicator that client success is dependent on holistic, wrap-around support. One service alone does not help a client achieve social and emotional well-being, but an array of interventions working simultaneously.

Other themes from the 16 Client Success Stories:

- 69% of the stories discussed **mental health** treatment (individual therapy, family therapy, support groups) or outcomes (PTSD symptom reduction, increase in coping skills).
- 56% of the stories involved client accessing the **justice system** (e.g. divorce, immigration, custody, restraining order, criminal and/or civil charges).
- 56% of the stories discussed **emergency shelter**. Due to the intensive nature of CORA’s shelter program, it correlates that many success stories stem from shelter clientele. Often, the first step to achieving social and emotional well-being is a safe place to stay. Likewise, 56% of the stories discussed transitional housing or other supportive housing services.
- 56% of the stories discussed **children**. Quantitative data show that CORA’s typical client cares for one to two dependent children. These stories show similar qualitative data. The stories discussed how children are often the reason a victim chooses to stay with an abuser and is often the reason for leaving an abuser. Children demonstrated decreased PTSD

symptoms, improved relationships with the non-offending parent, and decreased anxiety. This theme underlines the importance that successful healing involves the whole family unit.

- 37% of the stories had clients with significant\* **cultural competency** needs (e.g. client was monolingual and/or had immigration related needs). CORA's diverse staff, commitment to cultural competency, and in-house bilingual legal team all aided to client success. (\*All of CORA's services are designed to be culturally-competent. For example, CORA employs many bilingual and bicultural staff. Therefore, CORA staff mention cultural competency in a success story only when it required services "above and beyond" CORA's normal level of culturally-competent care. Also, CORA limits the immigration details in stories to protect client confidentiality.)
- 25% of the stories discussed a client's **physical health**, primarily related to pregnancy. Violence in an abusive relationship often escalates when the woman becomes pregnant.

The following table provides example quotes from CORA's Client Success Stories as they relate to the DVEP's Factors Predicting Well-Being.

**Table 17**

Factors Predicting Well Being	Quotes from CORA's 2014-2015 Client Success Stories
Self-Efficacy, Hopefulness	"Rachel was more hopeful about her situation and was in constant communication with her advocate and utilizing all the resources the shelter had to offer, such as therapy and the children's program."
Social Connectedness	"Throughout the process of treatment, her mood and affect improved significantly. By the end of the group, Sandra moved to CORA's transitional housing program where she is at the moment working towards self-sufficiency. As the other group members witnessed Sandra's growth, she became an inspiration to those in the group who were contemplating change to improve their circumstances."
Positive Relationships with Others	"Priaya reported her parents have provided additional support since her dad (client) visited CORA."
Adequate social and economic opportunities	"Anna also went back to school for a nursing assistant degree; she was determined to complete her education and become successful. In the meantime, CORA found a place for Anna to rent with one of its prospective property owners."
Economic Stability	"Since she moved into her own place, Jessica has made more progress. She is assertive, happy, and confident. She now has the tools and skills she needs to become self-sufficient. Jessica has transferred to a University on a full scholarship to get her degree in Therapeutic Art for children. She is working with San Mateo Credit Union to open her own business. Jessica continues to work on her healing and her goals. She is doing very well in the program. Jessica has accessed other resources like HIP Housing, Samaritan House, and Party Child. She has been in the program for two years and continues to amaze her family advocate with her perseverance and her will to strive."
Safety	"The following day, Steven called CORA's 24-hour hotline to inform us of the progress made. Police had provided him with an Emergency Protective Order, stating that his partner could not harass him and needed to stay away from Steven for seven consecutive days. This gave Steven the courage to end the relationship. He knew that he would be safe with support from CORA and local law enforcement."

Positive Physical, emotional and spiritual health behaviors	“Angelica has been attending weekly individual therapy sessions. During this time, she has been increasingly able to set better limits with her husband. With the support of CORA’s mental health and legal team, Angelica was able to gather the strength to call the police on her husband following an incident of physical abuse. While Angelica’s husband remains in jail, she continues to work with her CORA therapist on moving toward safety, independence and reducing symptoms of her Post-Traumatic Stress.”
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### 3. Recommendations

- Continue to annually analyze the qualitative data in Client Success Stories for themes.

### D. Focus Groups

In order to bolster CORA’s qualitative data with more direct client feedback, focus groups were held in March 2015 and June 2015.

#### 1. How this tool was developed during this project:

The questions for CORA’s focus group were developed through a combination of best practices in domestic violence focus groups and CORA’s expertise with clients who have experienced trauma.

The team started with a list of focus group questions from The National Resource Center on Domestic Violence’s 2011 study *“Meeting Survivors’ Needs Through Non-Residential Domestic Violence Services & Supports: Results of a Multi-State Study.”* This study conducted 10 focus groups with survivors from 90 of different domestic violence agencies.

From that list of questions, the project team adapted them to fit CORA’s clientele, values, and experience. The full list of questions is in the Focus Group Guide in Appendix L.

#### 2. Qualitative Analysis of Focus Group Responses:

From July 2014 to June 2015, CORA conducted two focus groups. In total, nine people attended the two focus groups. All were female, 78% Hispanic, 11% white and 11% other.

**Table 18: Focus Group Themes**

Positive Themes (# of mentions)	Negative Themes (# of mentions)
<ul style="list-style-type: none"> <li>• CORA supported me. (10)</li> <li>• CORA helped me be stronger. (7)</li> <li>• I feel peaceful, calm, safe, or protected. (7)</li> <li>• CORA treated me with respect or as an equal, accepted me, or took me seriously. (6)</li> </ul>	<ul style="list-style-type: none"> <li>• Before CORA, I was afraid or in danger. (7)</li> <li>• Before CORA, I felt bad/guilty about my situation. (5)</li> <li>• CORA needs more classes. (5)</li> <li>• CORA needs more housing services. (4)</li> <li>• CORA needs more therapy services. (4)</li> <li>• There needs to be more awareness of CORA in the community or needs more service locations. (4)</li> </ul>

The most common feedback offered from focus group participants was that they felt supported by CORA and that CORA helped them to be stronger. These are both related to the DVEP’s

Theory of Change’s Factors Predicting Well-Being, specifically “Social Connectedness” and “Self-Efficacy.” The next common theme from clients was a sense of peace and safety, which is also related to the “Safety” Factor Predicting Well-Being. The last common theme was related to clients feeling treated with respect and taken seriously. These are related to CORA’s emphasis on trauma-informed care and DVEP’s Theory of Change’s Program Activity “offer encouragement, empathy and respect.”

Repeated negative themes during the focus group described that before coming to CORA, clients were in danger and they felt bad/guilty about their situation. Participants also shared a desire for increased services at CORA, especially housing, mental health services, and classes to help survivors plan for their future and become self-sufficient. A related negative theme was a desire for more community awareness about CORA’s services and for CORA to provide services at more locations throughout the county. A full copy of the focus group notes are in Appendix M.

**Table 19**

<b>Factors Predicting Well Being</b>	<b>Quotes from CORA’s 2014-2015 Focus Group</b>
Self-Efficacy, Hopefulness	“The therapy that CORA provided me helped me to be able to talk about all of my bad life experiences and I was able to express all of my pain. I learned to value myself. I’m relaxed now, thanks to CORA my children and I live well.”
Social Connectedness	“The more that I came [to CORA] the better I felt. When I walked in here I thought – ‘I don’t need this’...I had learned to just turn off. The more I sat, the more I listened, took it all in, the more I realized I did need it. That I need people.”
Positive Relationships with Others	“Casa Lisa provided me with parenting classes, and there I learned to understand and communicate with my children.”
Adequate social and economic opportunities	“I would provide classes that would help women to be stronger and more independent. In order for women to learn how to get ahead financially and psychologically on their own.”
Economic Stability	“I would help out with more rent money because it’s devastating when we are not able to pay our rent...and for that reason many women go back to their abuser because they are not able to pay their rent. Many people don’t have a place to live, and not being able to pay the rent forces them to continue to suffer.”
Safety	“Shelter is the best thing that CORA has given me, because I now live in peace.”  “My therapist gave me good advice, told me to be strong, and was very encouraging. She also gave me good advice about safety planning, like if you get in an argument, make sure it’s not in the kitchen, to avoid knives.”
Positive Physical, emotional and spiritual health behaviors	“I didn’t know anyone, I had nobody. [A]nd every week, every time I came here [to CORA] I felt better.”  “I got great advice from CORA...it was comforting to hear advice. I would feel calm when I left [group therapy]. I was becoming the parent that I wanted to be.”

### **3. Recommendations**

- Continue to use volunteer facilitators and CORA staff that do not provide direct services to clients for focus group tasks. This increases the likelihood of participants sharing honest feedback with an impartial facilitator and note taker.
- Improve cultural competency of focus group introduction and questions. It was noted by the focus group facilitator that some cultural groups are less likely to provide critical assessment of people or organizations who have provided them with support. This is especially true for immigrant, first-generation, non-English speaking populations. For future focus groups it may be helpful to clarify that both positive feedback and critical input on how CORA can improve are desired. It may help to tell participants that while providing critical opinions may feel uncomfortable, their expertise is needed and will help other survivors receive better services. During future focus group results analysis, it is important to note the influence of this cultural factor.

### **E. Grievance Tracking**

A potential new source of qualitative data comes from CORA's internal grievance procedures. Each manager receives a few client grievances each year. Some grievances are resolved by the program manager; some are escalated to the Director of Programs or Executive Director. Currently, these grievances are resolved on an individual basis and there is no standardized way that information about grievances is collected or analyzed.

It is recommended that a systematic process for capturing grievances is established. Over time, this will provide qualitative data that will be helpful in identifying themes related to client dissatisfaction. During this project, a simple grievance tracking spreadsheet was developed and is stored on CORA's main drive, accessible to all managers. When a grievance is filed, managers will be encouraged to log it in the spreadsheet. The Data Analyst will send a quarterly reminder email. A copy of this tool is in Appendix N.

### **1. Recommendations**

- Implement the Grievance Tracking Spreadsheet.
- Send quarterly emails reminding managers to update the spreadsheet and save any written grievances to the shared drive.
- Review data annually to examine themes and trends.

## **VI. Conclusion**

CORA's programs and services are well-aligned with the DVEP's Theory of Change. For victims of domestic violence who engage in CORA's trauma-informed services, they will leave CORA further along on their journey to social and emotional well-being.

Survivors of domestic violence exiting CORA's services: gained new knowledge and skills, reduced stress, increased access to community resources, demonstrated a stronger parent/child bond, learned interpersonal coping strategies, had increased support and community connections,

and an enhanced sense of justice. In addition, CORA reaches thousands of community members every year in order to increase the community's understanding of domestic violence and their skills in supporting survivors.

Special thanks to all of CORA's staff who spend countless hours every year serving victims of domestic violence and logging that service into a database which made this project possible.

## **VII. About the Evaluator and the Project Team**

Joy Dickinson, principal consultant of Dickinson Development Consulting ([www.DickinsonDevelopmentConsulting.com](http://www.DickinsonDevelopmentConsulting.com)), has over 15 years of professional experience in the non-profit sector. She is a previous employee of CORA who also has expertise in developing outcome measures and conducting evaluations. She has conducted evaluations of tobacco cessation and weight management programs for military families; community health programs for the California Healthy Cities and Communities Project; and not-for-profit hospital community benefit efforts with the California Office of Statewide Health Planning and Development. Her work with the California Healthy Cities and Communities Project was published by the American Journal of Public Health. Ms. Dickinson's client list include domestic violence agencies, free medical clinics, foster care agencies, youth development organizations, international relief, zoos, and more. Ms. Dickinson holds a bachelor's degree in Health Science from California State University Sacramento.

### **Project Team:**

- Steve Anderson, Manager of Housing Services
- Jessica Dayton, Manager of Legal Services
- Tanisha Hughes, Manager of Crisis Intervention Services
- Kristine King, Data Analyst
- Cori Manthorne, Director of Programs
- Josiane Mengue, Community Education and Volunteer Coordinator
- Joan Pezanoski, Mental Health Supervisor
- Joy Dickinson, Project Lead

## **VIII. References**

1. Domestic Violence Evidence Project: About the Project, accessed 8/17/2015.  
<http://www.dvevidenceproject.org/about-the-project/>
  2. "A Practical Guide: Outcome Evaluation Strategies for Domestic Violence Programs." Cris Sullivan, PhD. [http://www.dvevidenceproject.org/wp-content/themes/DVEProject/files/Sullivan\\_Outcome\\_Manual.pdf](http://www.dvevidenceproject.org/wp-content/themes/DVEProject/files/Sullivan_Outcome_Manual.pdf)
- Cover Photo: <https://pixabay.com/en/trees-forest-nature-landscape-35828/>

## **XI. Appendix**

- A. Self-Sufficiency Matrix
- B. Self-Efficacy Scale
- C. Post-Traumatic Stress Disorder Checklist
- D. Parent Infant Relationship Global Assessment Scale
- E. Coping Skills Survey
- F. Enhanced Justice Scale
- G. Community Presentation Evaluation Form
- H. Community Outreach Report
- I. 40-hour Domestic Violence Counselor Training Assessment
- J. Client Feedback Form
- K. Client Success Stories – full text for 2014-2015
- L. Focus Group Guide
- M. Focus Group – full notes from March 2015 and June 2015 focus groups
- N. Grievance Tracking Spreadsheet



**APPENDIX A**

**Self-Sufficiency Matrix**

# CORA's Self Sufficiency Matrix

☐ Pre Test

☐ Post Test

Name:

Date

## INCOME

1	My income is sufficient. I have discretionary income and I am able to save.	My income allows me to meet basic needs without assistance.	I have some income and I can meet some of my needs but still need some assistance.	I have inadequate income. I need assistance to meet my with basic needs.	I have no income.
	5	4	3	2	1

NOTES:

## EMPLOYMENT

2	I have permanent employment with adequate income.	I am employed full time and the pay is not adequate to meet my needs.	I am employed part time but the pay is not adequate to meet my needs.	I am looking for work or have temporary employment	I do not have employment
	5	4	3	2	1

NOTES:

## HOUSING

3	My housing is safe, adequate, unsubsidized housing.	My housing is safe, adequate, subsidized housing.	My housing is stable and safe, but only marginally adequate	My housing is transitional, temporary or substandard housing and/or current rent is unaffordable.	I am homeless or threatened with eviction.
	5	4	3	2	1

NOTES:

## FOOD

4	I can choose to purchase any food items I desire.	I can meet my basic food needs without assistance.	I can meet my basic food needs with occasional assistance	I can meet my basic needs with my food stamps or other assistance.	I have no food or have to rely on assistance or free food.
	5	4	3	2	1

NOTES:

## BUDGET

5	I use a monthly budget and stay within my goals	I use a monthly budget but I don't always stay within my goals	I can plan a montly budget, but I don't use it regularly.	I have limited knowledge of budgeting.	I do not know how to budget.
	5	4	3	2	1

NOTES:

## HEALTH CARE (MEDICAL INSURANCE)

6	All members of my family are covered by affordable health insurance.	Some members of my family are covered by affordable health insurance.	I am appyling for health insurance.	I don't have health insurance but I am learning about how to apply for it.	I don't have health insurance and I don't know how to apply for it.
	5	4	3	2	1

NOTES:

## SOCIAL AND EMOTIONAL SUPPORT

7	I have an extensive support system of family, friends and regularly use community resources.	I can count on my family, friends and I sometimes use community resources.	I can ask for and receive some support from family, friends and I may use community resources.	I can ask and receive some support from a few family & friends and I may use community resources.	I do not receive support from family and friends or community resources
	5	4	3	2	1
NOTES:					

8	<b>EMOTIONAL WELL-BEING</b>				
	I am happy and feel hopeful about my life situation	I am usually hopeful and happy about life and when I am disappointed, it doesn't interfere with my family.	I have some disappointments, but they don't often interfere with my family.	I often feel unhappy about life which interferes with my family.	I feel so hopeless about life that it interferes with my family.
	5	4	3	2	1

NOTES:

9	<b>TRAUMA SYMPTOMS</b>				
	My symptoms related to my trauma are absent or rare; no more than everyday problems or concerns.	If I experience symptoms related to my trauma, they are transient; and don't usually interfere with my day-to-day life.	I am experiencing mild symptoms with only moderate difficulty in day-to-day life due to my trauma symptoms.	I am experiencing recurrent trauma symptoms that affect my day-to-day life. Trauma symptoms create persistent problems for me.	I am experiencing severe difficulty in day-to-day life due to my trauma symptoms.
	5	4	3	2	1

NOTES:

11	<b>Parenting</b>				
	I feel very confident in my parenting skills and my children behavior and development is on track (If you are not a parent, circle 5)	I feel mostly confident in my parenting and my child's behavior is normal and seems to be developing well, even if I have some questions	I feel somewhat confident in my parenting and my child's behavior is normal and seems to be developing well, but I have some questions	I am unsure of my parenting skills and I have questions about my child's behaviors and development	I don't have confidence in my parenting skills and my child is showing problem behaviors or delayed development
	5	4	3	2	1
<b>Clients Total Score:</b>					

Advocate: Please administer upon entry and at exit

# Matriz de autosuficiencia de CORA

☐ Pre Test

☐ Post Test

Nombre:

Fecha

## INGRESOS

1	Mis ingresos son suficientes. Cuento con ingresos que puedo gastar a discreción y que me permiten ahorrar.	Mis ingresos me permiten satisfacer mis necesidades básicas sin necesidad de asistencia.	Tengo algunos ingresos y puedo pagar algunas de mis necesidades, pero sigo necesitando ayuda.	Mis ingresos no son adecuados. Necesito ayuda para satisfacer mis necesidades básicas.	No tengo ingresos.
	5	4	3	2	1

NOTAS:

## EMPLEO

2	Tengo un empleo permanente con ingresos adecuados.	Estoy empleado/a a tiempo completo y el salario no alcanza para satisfacer mis necesidades.	Estoy empleado/a a tiempo parcial pero el salario no es suficiente para cubrir mis necesidades.	Estoy buscando trabajo o tengo trabajo provisional.	No tengo empleo.
	5	4	3	2	1

NOTAS:

## VIVIENDA

3	Mi vivienda es segura, adecuada, vivienda con subsidio.	Mi vivienda es segura, adecuada, vivienda con subsidio.	Mi vivienda es estable y segura, pero sólo marginalmente adecuada.	Mi vivienda es de transición, provisional o inferior a la norma y/o no puedo cubrir mi renta actual.	No tengo vivienda o me están amenazando con desalojarme.
	5	4	3	2	1

NOTAS:

## ALIMENTOS

4	Puedo optar por comprar cualquier alimento que desee.	Puedo satisfacer mis necesidades alimenticias sin ayuda.	Puedo satisfacer mis necesidades alimenticias con ayuda en algunas ocasiones.	Puedo satisfacer mis necesidades básicas con mis estampillas para alimentos u otro tipo de ayuda.	No tengo alimentos o tengo que depender de ayuda o comidas gratis.
	5	4	3	2	1

NOTAS:

## PRESUPUESTO

5	Uso un presupuesto mensual y me mantengo dentro de mis objetivos.	Uso un presupuesto mensual, pero no siempre me mantengo dentro de mis objetivos.	Puedo planear un presupuesto mensual, pero no lo uso con regularidad.	Tengo pocos conocimientos sobre cómo preparar un presupuesto.	No sé como se prepara un presupuesto.
	5	4	3	2	1

NOTAS:

## CUIDADO DE LA SALUD (SEGURO MÉDICO)

6	Todos los miembros de mi familia están cubiertos con un seguro medico asequible.	Algunos miembros de mi familia están cubiertos por un seguro médico asequible.	Estoy solicitando seguro médico.	No tengo seguro médico, pero estoy aprendiendo cómo hacer para solicitarlo.	No tengo seguro médico y no sé cómo solicitarlo.
	5	4	3	2	1

NOTAS:

## APOYO SOCIAL Y EMOCIONAL

7	Tengo un amplio sistema de apoyo de familia, amistades y uso los recursos de la comunidad con regularidad.	No puedo contar con mi familia ni mis amistades y algunas veces uso los recursos de la comunidad.	Puedo pedir y recibir algo de apoyo de mi familia y amistades y es posible que use los recursos de la comunidad.	Puedo pedir y recibir algo de apoyo de algunos familiares y amistades y es posible que use los recursos de la comunidad.	No recibo apoyo de mi familia ni amistades ni de los recursos de la comunidad.
	5	4	3	2	1
NOTAS:					
<b>BIENESTAR EMOCIONAL</b>					
8	Me siento feliz y con esperanza respecto a mi situación en la vida.	Por lo general siento esperanzas y felicidad sobre la vida y cuando me decepciono, eso no interfiere con mi familia.	Tengo algunas desilusiones, pero éstas rara vez interfieren con mi familia.	Con frecuencia me siento infeliz acerca de la vida y esto interfiere con mi familia.	Me siento tan sin esperanza acerca de la vida que esto interfiere con mi familia.
	5	4	3	2	1
NOTAS:					
<b>SÍNTOMAS DE TRAUMA</b>					
9	Los síntomas relacionados con el trauma que sufrí ya no existen o surgen muy rara vez; ni más ni menos que los problemas o preocupaciones de la vida diaria.	Si siento síntomas relacionados con el trauma que sufrí son transitorios y/o por lo general no interfieren con mi vida diaria.	Siento síntomas leves que ocasionan sólo dificultades moderadas en mi vida diaria debido a los síntomas del trauma que sufrí.	Siento síntomas recurrentes del trauma que sufrí que afectan mi vida diaria. Los síntomas del trauma causan problemas persistentes para mí.	Estoy sintiendo dificultades enormes en mi vida diaria debido a los síntomas del trauma que sufrí.
	5	4	3	2	1
NOTAS:					
<b>HABILIDAD COMO MADRE O PADRE</b>					
11	Me siento muy segura/o en mi habilidad como madre/padre y el comportamiento y desarrollo de mis hijos va de acuerdo con su edad. (Si no tiene hijos, marque el 5)	Me siento bastante segura/o como madre/ padre, el comportamiento de mis hijos es normal, parece que se están desarrollando bien, aunque tengo algunas preguntas.	Me siento relativamente segura/o como madre/padre, el comportamiento de mis hijos es normal, parece que se están desarrollando bien, pero tengo algunas preguntas.	Me siento insegura/o en mi habilidad como madre/padre y tengo preguntas acerca del comportamiento y el desarrollo de mis hijos.	No tengo confianza en mis habilidades como madre/padre y mis hijos están mostrando problemas de comportamiento o desarrollo más lento.
	5	4	3	2	1
Puntaje total del/a cliente:					

Advocate: Please administer upon entry and at exit

## **APPENDIX B**

### **Self-Efficacy Scale**

**SELF EFFICACY SCALE**

Client name \_\_\_\_\_

Date \_\_\_\_\_

	Please respond to the following statements with a number that most closely matches your answer.  <b>1= Not at all true   2= Sometimes true   3= Moderately True   4= Mostly True   5= Always True</b>	RESPONSE #
1	I can solve most problems if I invest the necessary effort.	
2	When confronted with a problem, I can usually find several solutions.	
3	I can usually handle whatever comes my way.	
	Advocate name (print) _____	TOTAL SCORE:

*Advocate: administer during intake and at exit*

☐ Pre-Test

☐ Post-Test

### **PRUEBA DE EFICACIA PERSONAL**

Nombre del/a cliente \_\_\_\_\_

Fecha \_\_\_\_\_

	Por favor, responda a las frases siguientes con el número que más se acerque a su respuesta. <b>1= No es cierto   2= Algunas veces es cierto   3= Moderadamente cierto   4= Mayormente cierto   5= Siempre cierto</b>	RESPUESTA #
1	Puedo resolver la mayoría de los problemas si utilizo el esfuerzo necesario.	
2	Cuando me enfrento a un problema, por lo general encuentro varias soluciones.	
3	Por lo general puedo afrontar cualquier dificultad que se me presente.	
	Nombre del defensor (en letra de imprenta) _____	PUNTAJE TOTAL:

*Advocate: administer during intake and at exit.*



## **APPENDIX C**

### **Post-Traumatic Stress Disorder Checklist**

## **PTSD Checklist (PCL) – Civilian Version for DSM-IV**

**INSTRUCTIONS:** Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully. Circle the response that indicates how much you have been bothered by that problem in the past month.

**1. Repeated, disturbing memories, thoughts, or images of a stressful experience?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**2. Repeated, disturbing dreams of a stressful experience?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**4. Feeling very upset when something reminded you of a stressful experience?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**6. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**7. Avoiding activities or situations because they reminded you of a stressful experience?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**8. Trouble remembering important parts of a stressful experience?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**9. Loss of interest in activities that you used to enjoy?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**10. Feeling distant or cut off from other people?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**11. Feeling emotionally numb or being unable to have loving feelings for those close to you?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**12. Feeling as if your future will somehow be cut short?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**13. Trouble falling or staying asleep?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**14. Feeling irritable or having angry outbursts?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**15. Having difficulty concentrating?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**16. Being "super-alert" or watchful or on guard?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**17. Feeling jumpy or easily startled?**

**1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely**

**Total Score \_\_\_\_\_**

**Total Score 50+ Recommended referral for psychotherapy treatment**

**OR**

**if individuals score 3 or More in: -at least one question from items 1-5**

**-at least 3 questions from items 6-12**

**-at least 2 questions from items 13-17**

## PTSD Lista de verificación (PCL) Versión para DSM-IV

**Instrucciones:** A continuación encontrará una lista de problemas y quejas que algunas personas tienen como resultado de experiencias traumáticas con mucho estrés. Por favor lea cada una de ellas cuidadosamente. Marque la respuesta por medio de un círculo que indica cómo se ha sentido afectado por el problema en el pasado mes.

1. Repetidas, memorias alarmantes, pensamientos o imágenes de experiencias estresantes?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

2. Repetidos, sueños perturbantes de experiencias estresantes?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

3. Repentinamente actuando o sintiéndose como si la experiencia estresante estuviera sucediendo otra vez?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

4. Sintiendo muy contrariado o triste cuando algo le recuerda de su experiencia estresante?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

5. Teniendo reacciones físicas (como por ejemplo: su corazón latiendo aceleradamente, dificultad para respirar, sudando cuando algo le recuerda de su experiencia estresante?)

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

6. Evitando pensar o hablar sobre su experiencia estresante o evitando sentir sentimientos relacionados con su experiencia?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

7. Evitando ciertas actividades o situaciones porque le recuerdan su experiencia estresante?

1. No en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

8. Dificultad recordando partes importantes de su experiencia estresante?

1. No en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

9. Ha perdido interés en actividades que antes disfrutaba?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

10. Se ha sentido distanciado o aislado de otra gente?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

11. Se ha sentido emocionalmente incapaz de sentir sus emociones o no ha podido expresar o tener sentimientos de cariño hacia las personas más cercanas a usted?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

12. Se ha sentido como si su futuro de alguna manera fuera a terminar?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

13. Dificultad para conciliar el sueño o insomnio?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

14. Se ha sentido irritable o ha tenido reacciones de enojo, falta de interés en actividades que antes disfrutaba?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

15. Ha tenido dificultad para concentrarse?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

16. Se ha sentido muy alerta, en suspenso o en guardia?

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

17. Se ha sentido nervioso, fácilmente asustado o afectado.

1. No, en absoluto 2. Un poco 3. Moderadamente 4. Con frecuencia 5. Extremadamente

Cuenta Total \_\_\_\_\_

Cuenta de más de 50 puntos se recomienda dar referencia para tratamiento de sicoterapia OR si la persona tiene 3 o más puntos en al menos una pregunta del 1 al 5. O al menos 3 preguntas del 6 al 12. O al menos dos preguntas del 13 al 17.

Octubre 11, 2008

## **APPENDIX D**

### **Parent Infant Relationship Global Assessment Scale**

# Parent-Infant Relationship Global Assessment Scale (PIR-GAS)

- 91-100 Well Adapted** Parent-child relationships in this range are functioning exceptionally well. They are mutually enjoyable and without sustained distress. They evidence adaptation to new circumstances and are typically free of conflict as parent and child manage the stresses of everyday life. The relationship clearly promotes the growth of both partners.
- 81-90 Adapted** Relationships in this range are also functioning well, without evidence that the relationship is significantly stressful for either partner. Interactions within these relationships are frequently reciprocal and synchronous, without distress, and reasonably adaptive. At times parent and child may be in substantial conflict, but conflicts do not persist longer than a few days and are resolved with appropriate consideration of the child's developmental status. The pattern of the relationship protects and promotes the developmental progress of both partners.
- 71-80 Perturbed** Some aspect of the overall functioning of relationships in this range is less than optimal; partners may experience transient distress lasting up to a few weeks. Nevertheless, the relationship remains characterized by adaptive flexibility. The disturbance is limited to one domain of functioning. Overall, the relationship still functions reasonably well and does not impede developmental progress.  
*Example: An infant with a minor physical illness sleeps poorly for several nights, exhausting his parents; or parents moving into a new house are less attentive to their infant, who is less able to self-regulate in the unfamiliar new surroundings.*
- 61-70 Significantly Perturbed** Relationships in this range of functioning are strained but still largely adequate and satisfying to the partners. Conflicts are limited to one or two problematic areas. Partners may experience distress and difficulty for a month or more. The relationship maintains adaptive flexibility, as parent and child seem likely to negotiate the challenge to their relationship successfully. A parent may be stressed by the perturbation, but is not generally overconcerned about the changed relationship pattern, considering it within the range of expectable, relatively short-lived difficult periods in a lifelong relationship.  
*Example: Following the birth of a new sibling, a toddler develops new-onset food refusal and a sleep disturbance that lasts more than a month.*
- 51-60 Distressed** Relationships in this range of functioning are more than transiently affected as one or both partners experience distress in the context of their relationship. Parent and child maintain some flexibility and adaptive qualities, but conflict may spread across multiple domains of functioning, and resolution is difficult. The developmental progress of the dyad seems likely to falter if the pattern does not improve. Caregivers may or may not be concerned about the disturbed relationship pattern. Neither parent nor child is likely to show overt symptoms resulting from the disturbance.  
*Example: A child expresses distress and oppositionality during toilet training and feeding. Her mother is increasingly worried about her ability to engage her daughter in these activities in growth-promoting ways.*

continued

**41-50 Disturbed** The adaptive qualities of a disturbed relationship are beginning to be overshadowed by problematic features. Although not deeply entrenched, dysfunctional patterns appear more than transient. Developmental progress can still proceed, but may be temporarily interrupted.

*Example: A parent and child engage in excessive teasing and power struggles in during, feeding, dressing, and bedtime. Although parent and child attempt pleasurable interactions, their teasing often goes too far, leaving one or both partners distressed.*

**31-40 Disordered** Rigidly maladaptive interactions, particularly if they involve distress in one or both partners, are the hallmark of disordered relationships. Most interactions between partners are conflicted; some relationships without overt conflicts may nevertheless be grossly inappropriate developmentally. Developmental progress of the child and the parent-child relationship is likely to be influenced adversely.

*Example: A depressed parent repeatedly seeks comfort from her infant, actively recruiting caregiving behavior from the child. The child's engagement in exploratory play is limited.*

**21-30 Severely Disordered** Relationships in this range of functioning are severely compromised. Both partners are significantly distressed by the relationship itself. Maladaptive interactive patterns are rigidly entrenched. To an observer, interactive patterns seem to have been in place for a long time, although the onset may have been insidious. In a severely disordered relationship, a significant proportion of interactions are likely to be conflicted. Developmental progress of the child and the relationship is clearly influenced adversely. Indeed, the child may lose previously acquired developmental skills.

*Example: A father and his toddler frequently interact in a conflicted manner. The father sets no limits until he becomes enraged. Then he spansks the toddler vigorously. The toddler is provocative, and the father feels angry with him all the time.*

**11-20 Grossly Impaired** Relationships in this range of functioning are dangerously disorganized. Interactions are disturbed so frequently that the infant is in imminent danger of physical harm.

**1-10 Documented Maltreatment** The relationship contains documented neglect and physical or sexual abuse that is adversely affecting the child's physical and emotional development.

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## **APPENDIX E**

### **Coping Skills Survey**

Appendix E

**CORA's Mental Health Department  
Coping Skills Assessment**

Client Name: \_\_\_\_\_

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

1) Type of service:    Support Groups    or    Individual Therapy    or    Family Therapy (circle all that apply)

2) As a result of my time in CORA's Support Groups and/or Therapy, I have learned at least two new ways to cope with life's stress:	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

3) Please check two or more ways that you have learned to cope with life's stress:	
<input type="checkbox"/> I have learned self-care techniques	<input type="checkbox"/> I have learned about safety planning
<input type="checkbox"/> I have increased my support network	<input type="checkbox"/> I have learned about community resources
<input type="checkbox"/> I have learned about setting boundaries	<input type="checkbox"/> I have learned how to ask for help
<input type="checkbox"/> I have learned relaxation techniques	<input type="checkbox"/> Other
If you marked 'Other', please specify: _____ _____ _____	

## **APPENDIX F**

### **Enhanced Justice Scale**

Appendix F

**CORA's Legal Services Department  
Enhanced Justice Scale**

Client Name: \_\_\_\_\_

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

This scale was completed:     before legal services began     or     after legal services completed?     (circle one)

I don't understand the legal options available to me and I don't know how to pursue justice for my situation	I am learning about the legal options available to me and about ways I can pursue justice for my situation	I understand most of the legal options available to me and I am planning to pursue justice through the legal system	I understand the legal options available for me and I have started to pursue justice	I understand all of the legal options that are available to me and I have been able to use the legal system to pursue justice.
1	2	3	4	5

**APPENDIX G**

**Community Presentation Evaluation Form**

Today's Date: \_\_\_\_\_

## CORA Community Presentation Evaluation

All responses are confidential and voluntary. Thank you!

Age: \_\_\_\_\_ School: \_\_\_\_\_

Gender: ☐ Male ☐ Female  
☐ Transgender/Gender Non-Conforming

### I consider myself to be:

- ☐ African American/Black ☐ Latino(a)/Chicano(a) ☐ White/ Caucasian  
☐ Asian/ Pacific Islander ☐ Multiracial ☐ Other (what?): \_\_\_\_\_  
☐ Native American/Alaskan Native

Were you born in the U.S.A.? ☐ Yes ☐ No

Sexual Orientation: ☐ Heterosexual/Straight ☐ Lesbian or Gay ☐ Bisexual ☐ Other

Do you have any personal experience with domestic violence? ☐ Yes ☐ No

If yes, in what way? ☐ Victim/Survivor ☐ Family/Friend ☐ Abuser

Please choose the answer that best describes how you feel about this presentation.

### Content:

1. Did this presentation address the training objective outlined? Yes No

2. Did this training increase your knowledge about domestic violence? Yes No

If yes, what are two things you learned: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. Did you learn new skills to support survivors Yes No

If yes, please name two new skills you learned: 1. \_\_\_\_\_ 2. \_\_\_\_\_

4. Did you increase your knowledge of resources in the community? Yes No

### Presentation:

5. Was the presenter(s) knowledgeable about the topic? Yes No

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

6. Did the presenter take the time to answer any questions that arose? Yes No

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

### Overall:

6. What did you like best about the presentation or training? \_\_\_\_\_

7. Do you have suggestions as to how we could improve the training? \_\_\_\_\_

If you would like to get more information about CORA, please enter your email address here: \_\_\_\_\_  
or go to [www.corasupport.org](http://www.corasupport.org) and sign up on our homepage.

THANK YOU!!

Today's Date: \_\_\_\_\_

## CORA Community Presentation Evaluation

All responses are confidential and voluntary. Thank you!

Age: \_\_\_\_\_

Gender:

☐ Male

☐ Female

☐ Transgender/Gender Non-Conforming

I consider myself to be:

☐ African American/Black

☐ Latino(a)/Chicano(a)

☐ White/ Caucasian

☐ Asian/ Pacific Islander

☐ Multiracial

☐ Other (what?): \_\_\_\_\_

☐ Native American/Alaskan Native

Were you born in the U.S.A.? ☐ Yes ☐ No

Sexual Orientation: ☐ Heterosexual/Straight

☐ Lesbian or Gay

☐ Bisexual

☐ Other

Do you have any personal experience with domestic violence? ☐ Yes ☐ No

If yes, in what way? ☐ Victim/Survivor

☐ Family/Friend

☐ Abuser

Please choose the answer that best describes how you feel about this presentation.

### Content:

1. Did this presentation address the training objective outlined? Yes No

2. Did this training increase your knowledge about domestic violence? Yes No

If yes, what are two things you learned: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. Did you learn new skills to support survivors Yes No

If yes, please name two new skills you learned: 1. \_\_\_\_\_ 2. \_\_\_\_\_

4. Did you increase your knowledge of resources in the community? Yes No

### Presentation:

5. Was the presenter(s) knowledgeable about the topic? Yes No

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

6. Did the presenter take the time to answer any questions that arose? Yes No

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

### Overall:

6. What did you like best about the presentation or training? \_\_\_\_\_

7. Do you have suggestions as to how we could improve the training? \_\_\_\_\_

If you would like to get more information about CORA, please enter your email address here: \_\_\_\_\_

or go to [www.corasupport.org](http://www.corasupport.org) and sign up on our homepage.

THANK YOU!!

**CORA's Agency-Wide Evaluation Project  
Comprehensive Analysis Report  
Appendix**

**APPENDIX H**

**Community Outreach Report**



## Appendix H

## CORA Community Outreach Report

Date of Event: \_\_\_\_\_

Time/Length of Event: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Volunteer Hours: \_\_\_\_\_

Organization/Group Name: \_\_\_\_\_

Type of Outreach (please check):

- ☐ Workshop/DV101, Effects on children, etc
- ☐ Inservice
- ☐ Collaborative Meeting
- ☐ Community Event
- ☐ Tabling

Note: Only enter data into the form for trainings, inservices, or events where surveys were distributed

Language (please check):

- ☐ Spanish
- ☐ English

Training Topic: \_\_\_\_\_

Literature/Requested Information: \_\_\_\_\_

Audience (please circle): Social Service Providers: Y/N

Health Service Providers : Y/N

Type of audience if not Social Services or Health Service Providers: (Public, Faith, Students, Law Enforcement, etc):

Contact Person: \_\_\_\_\_

Contact Information: Address, phone, email): \_\_\_\_\_

City: \_\_\_\_\_

Number in Attendance: \_\_\_\_\_ # Male: \_\_\_\_\_ # Female: \_\_\_\_\_

Knowledge Gained: # answering "Yes" and/or writing in knowledge gained: \_\_\_\_\_

Skills Learned: # answering "Yes" and/or writing in skills learned: \_\_\_\_\_

For Age/Race info below, are these estimates? Y/N \_\_\_\_\_

[illegible]

## **APPENDIX I**

### **40-Hour Domestic Violence Counselor Training Assessment**

## CORA's 40-hour Domestic Violence Counselor Training Assessment

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

Please rate your confidence with the following statements:

1. I understand that domestic violence is a widespread problem that occurs in all communities regardless of race, age, income, sexual orientation, or immigration status.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
2. I understand that violence is a learned behavior. I can interrupt victim-blaming and assert that domestic violence can happen to anyone and that there are no typical victims.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
3. I understand and can explain the dynamics of domestic violence including power and control as the root goal of the abuser.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
4. I understand and can explain the dynamics of domestic violence including the cycle of violence  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
5. I understand and can explain the dynamics of domestic violence including warning signs.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
6. I understand and can explain the dynamics of domestic violence including examples of psychological, verbal, physical, sexual and financial abuse.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
7. I have a thorough understanding of the services offered in San Mateo County and by CORA to adult and child survivors of domestic violence as well as knowledge of other resources in the community.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
8. I have peer counseling skills that focus on active listening, empathy, empowerment, and are client driven.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
9. I have begun to explore my values, beliefs, and attitudes of domestic violence as well as societal training of oppression.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5

10. I have a basic understanding of domestic violence law as well as legal resources available to clients including emergency protective orders and restraining orders.

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5

11. I have a working knowledge of the history of law enforcement response to domestic violence and current police protocols in San Mateo County.

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5

12. I understand how domestic violence affects children and the dynamics of the intergenerational cycle of violence.

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5

13. I understand the barriers to leaving an abusive relationship and how to empower survivors of domestic violence to create options and make choices for themselves.

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5

14. I understand trauma-informed care and how it pertains to victims of domestic violence.

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5

15. I understand how domestic violence affects various populations (e.g. teens, LGBTQ, men, women).

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5

16. What are two domestic violence related topics or skills that you would like to learn more about during this training?

a. \_\_\_\_\_

b. \_\_\_\_\_

## CORA's 40-hour Domestic Violence Counselor Training Assessment

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

Please rate your confidence with the following statements:

1. I understand that domestic violence is a widespread problem that occurs in all communities regardless of race, age, income, sexual orientation, or immigration status.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
2. I understand that violence is a learned behavior. I can interrupt victim-blaming and assert that domestic violence can happen to anyone and that there are no typical victims.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
3. I understand and can explain the dynamics of domestic violence including power and control as the root goal of the abuser.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
4. I understand and can explain the dynamics of domestic violence including the cycle of violence  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
5. I understand and can explain the dynamics of domestic violence including warning signs.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
6. I understand and can explain the dynamics of domestic violence including examples of psychological, verbal, physical, sexual and financial abuse.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
7. I have a thorough understanding of the services offered in San Mateo County and by CORA to adult and child survivors of domestic violence as well as knowledge of other resources in the community.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
8. I have peer counseling skills that focus on active listening, empathy, empowerment, and are client driven.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5
  
9. I have begun to explore my values, beliefs, and attitudes of domestic violence as well as societal training of oppression.  

Not at all confident	A little confident	Moderately confident	Confident	Very confident
1	2	3	4	5

10. I have a basic understanding of domestic violence law as well as legal resources available to clients including emergency protective orders and restraining orders.
- |                      |                    |                      |           |                |
|----------------------|--------------------|----------------------|-----------|----------------|
| Not at all confident | A little confident | Moderately confident | Confident | Very confident |
| 1                    | 2                  | 3                    | 4         | 5              |
11. I have a working knowledge of the history of law enforcement response to domestic violence and current police protocols in San Mateo County.
- |                      |                    |                      |           |                |
|----------------------|--------------------|----------------------|-----------|----------------|
| Not at all confident | A little confident | Moderately confident | Confident | Very confident |
| 1                    | 2                  | 3                    | 4         | 5              |
12. I understand how domestic violence affects children and the dynamics of the intergenerational cycle of violence.
- |                      |                    |                      |           |                |
|----------------------|--------------------|----------------------|-----------|----------------|
| Not at all confident | A little confident | Moderately confident | Confident | Very confident |
| 1                    | 2                  | 3                    | 4         | 5              |
13. I understand the barriers to leaving an abusive relationship and how to empower survivors of domestic violence to create options and make choices for themselves.
- |                      |                    |                      |           |                |
|----------------------|--------------------|----------------------|-----------|----------------|
| Not at all confident | A little confident | Moderately confident | Confident | Very confident |
| 1                    | 2                  | 3                    | 4         | 5              |
14. I understand trauma-informed care and how it pertains to victims of domestic violence.
- |                      |                    |                      |           |                |
|----------------------|--------------------|----------------------|-----------|----------------|
| Not at all confident | A little confident | Moderately confident | Confident | Very confident |
| 1                    | 2                  | 3                    | 4         | 5              |
15. I understand how domestic violence affects various populations (e.g. teens, LGBTQ, men, women).
- |                      |                    |                      |           |                |
|----------------------|--------------------|----------------------|-----------|----------------|
| Not at all confident | A little confident | Moderately confident | Confident | Very confident |
| 1                    | 2                  | 3                    | 4         | 5              |
16. List two things you learned or skills that you gained during this training:

- a. \_\_\_\_\_
- b. \_\_\_\_\_

**APPENDIX J**

**Client Feedback Form**

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

Staff Use Only:

☐ Front Door ☐ Housing ☐ Legal  
☐ Client Services ☐ Mental Health  
☐ Community Education

## Client Feedback Form

***Thank you for taking time to give us your thoughts! This survey is voluntary and confidential, and your answers to these questions will help CORA review and improve the services we provide.***

1. Please check which services you have received (check ALL that apply):

☐ Support Groups ☐ Counseling ☐ Drop-in support ☐ Hotline  
☐ Supportive Housing ☐ Emergency Shelter ☐ Case Management ☐ Legal

2. Because of the services that I have received through CORA, I feel (please check **yes** or **no**):

**Yes** **No**  
\_\_\_\_\_  
I know more ways to plan for my safety  
\_\_\_\_\_  
I know more about community resources

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

	<b>Doesn't Apply</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
CORA staff treated me with respect	0	1	2	3	4
CORA staff was caring and supportive	0	1	2	3	4
My religious/spiritual beliefs were respected	0	1	2	3	4
My sexual orientation was respected	0	1	2	3	4
My gender identity was respected	0	1	2	3	4
My racial/ethnic background was respected	0	1	2	3	4
Any needs related to my physical or emotional disability were addressed	0	1	2	3	4
Any needs related to my youth or age were addressed	0	1	2	3	4

4. Would you recommend CORA's services? ☐ YES ☐ NO

***The next questions look to see if various groups of people have different experiences here, so we can continue to improve our services for ALL. Feel free to leave any item blank, and all your responses are confidential.***

5. I consider myself to be:

☐ African American/Black ☐ Latino(a) ☐ White  
☐ Asian/Asian American ☐ Pacific Islander ☐ Other: \_\_\_\_\_  
☐ Native American/Alaskan Native ☐ Bi-racial/Multiracial

6. My age is: ☐ 17 or younger ☐ 18 – 24 ☐ 25 – 34 ☐ 35 – 49 ☐ 50 – 64 ☐ 65 or older

7. I am: ☐ Female ☐ Male ☐ Trans \_\_\_\_\_ ☐ Prefer not to disclose

8. I have \_\_\_\_\_ minor children (age 17 or under)

9. I consider myself to be:

☐ Heterosexual/Straight ☐ Lesbian/Gay ☐ Bisexual ☐ Queer ☐ Other: \_\_\_\_\_

10. My income level is:

☐ \$0 – \$9,000 ☐ \$9,001 – \$15,000 ☐ \$15,001 – \$25,000 ☐ \$25,001 – \$35,000 ☐ \$35,001 +

***THANK YOU!! If you have additional comments, please use the back of this paper. THANK YOU!!***



## Client Feedback Form

### Additional Comments:

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### ***OPTIONAL:***

*Name of CORA staff that worked with you:* \_\_\_\_\_

*If you would like someone to follow up with you regarding this survey, please write your name and a way to contact you here (Do NOT give us this information if you don't want to be contacted):*

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Fecha: \_\_\_\_\_

Staff Use Only:  
☐ Front Door ☐ Housing ☐ Legal  
☐ Client Services ☐ Mental Health  
☐ Community Education

## Evaluación de los Servicios

**Gracias por tomar el tiempo para darnos su opinión. Esta encuesta es voluntaria y confidencial, y sus respuestas ayudarán a CORA a evaluar y mejorar los servicios que provee.**

1. Por favor, marque los servicios que ha recibido (marque TODOS los que corresponda).

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Grupos de apoyo   | <input type="checkbox"/> Asesoramiento/Therapy | <input type="checkbox"/> Apoyo sin cita  | <input type="checkbox"/> Línea de ayuda |
| <input type="checkbox"/> Vivienda de apoyo | <input type="checkbox"/> Refugio de emergencia | <input type="checkbox"/> Manejo del caso | <input type="checkbox"/> Legal          |

2. Gracias a los servicios que he recibido por medio de CORA, siento que (por favor, marque **sí** o **no**):

**Sí**      **No**

\_\_\_\_\_      \_\_\_\_\_ Tengo más información para planear mi seguridad.

\_\_\_\_\_      \_\_\_\_\_ Tengo más información acerca de los recursos que ofrece la comunidad.

3. Marque con un círculo el número que refleje mejor su acuerdo o desacuerdo con las frases siguientes:

	No aplica	Total desacuerdo	En desacuerdo	De acuerdo	Acuerdo total
El personal de CORA me trató con respeto	0	1	2	3	4
El personal de CORA fue atento y me apoyó	0	1	2	3	4
Se respetaron tanto mi religión como mis creencias espirituales	0	1	2	3	4
Se respetó mi orientación sexual	0	1	2	3	4
Se respetó mi identidad sexual	0	1	2	3	4
Se respetaron tanto mis antecedentes étnicos como mi raza.	0	1	2	3	4
Se consideraron todas mis necesidades relacionadas con mi discapacidad física y mi estado emocional	0	1	2	3	4
Se consideraron todas mis necesidades relacionadas con mi juventud o edad	0	1	2	3	4

4. ¿Recomendaría usted los servicios de CORA? ☐ SÍ ☐ NO

**Las preguntas siguientes tienen por objeto determinar si distintos grupos de personas tienen experiencias diferentes aquí para que podamos seguir mejorando nuestros servicios para TODOS. Siéntase en la más absoluta libertad de dejar cualquier espacio en blanco y recuerde que todas sus respuestas son confidenciales.**

5. Me considero:

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Afroamericano/Negro            | <input type="checkbox"/> Latino(a)                 | <input type="checkbox"/> Blanco      |
| <input type="checkbox"/> Asiático/Asiático americano    | <input type="checkbox"/> De las Islas del Pacífico | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Indígena americano o de Alaska | <input type="checkbox"/> Bi-racial/Multiracial     |                                      |

6. Mi edad es de: ☐ 17 años o menos ☐ 18 – 24 ☐ 25 – 34 ☐ 35 – 49 ☐ 50 – 64 ☐ 65 o mayor

7. Soy: ☐ Mujer ☐ Hombre ☐ Transexual \_\_\_\_\_ ☐ Prefiero no divulgar

8. Tengo \_\_\_\_\_ hijos menores de edad (17 años o menores)

9. Me considero:

- ☐ Heterosexual/Derecho ☐ Lesbiana/Homosexual ☐ Bisexual ☐ Queer ☐ Otro: \_\_\_\_\_

10. Mis ingresos son de (anuales):

- ☐ \$0 – \$9,000 ☐ \$9,001 – \$15,000 ☐ \$15,001 – \$25,000 ☐ \$25,001 – \$35,000 ☐ \$35,001 +

## Evaluación de los Servicios

*¡¡ GRACIAS!! Si tiene algún comentario adicional, por favor, use el reverso de esta página. ¡¡GRACIAS!!*

### Comentarios adicionales:

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### **OPCIONAL:**

*Nombre del miembro del personal de CORA que trabajó con usted:* \_\_\_\_\_

*Si le gustaría que nos comunicáramos con usted respecto a esta encuesta, por favor, escriba su nombre y la información necesaria para hacerlo. Por el contrario, si no desea que nos comuniquemos con usted, **NO** nos dé esta información):*

Nombre: \_\_\_\_\_ Teléfono/Correo electrónico: \_\_\_\_\_

## **APPENDIX K**

### **Client Success Stories**

### **CORA's Client Success Stories for July 2014 to June 2015**

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***Note: Client's names and details have been changed to protect confidentiality.***

**Erin** came to CORA through a referral from our District Attorney's Office. Erin had been severely beaten and sexually assaulted by her boyfriend. The criminal prosecution was proceeding and Erin needed support throughout. A CORA attorney also filed and obtained a Temporary Restraining Order for Erin. Throughout the criminal case the boyfriend was in and out of custody. Despite not appearing to have any funds, he was able to bail out of jail. This meant Erin never knew where in the community he was and she was scared for her safety. Erin bravely testified at the preliminary hearing and he was held to answer on all charges. In the meantime, Erin received her Restraining Order After Hearing for five years. The criminal case finally resolved in a plea deal. Though the sentence does not reflect the amount of harm and pain caused to Erin, she is relieved to be able to put this case behind her. The boyfriend was held accountable for his crimes and Erin was able to pursue and access justice and safety for herself.

**Dolores\*** arrived to our shelter feeling defeated and uncertain of her safety. In the year prior to her arrival to our emergency shelter program, Dolores had already relocated two times in an attempt to escape her abusive partner. Both times she was found. In addition, Dolores arrived to us displaying strong symptoms of PTSD. She had a hard time following through with simple tasks, and often times could not even remember what she was advised to accomplish during case management sessions. She could not keep focus during long conversations and had little memory of how much information she had disclosed to staff, let alone her children.

Having knowledge of Dolores' weakened state, the Children's Program assisted her by providing daily childcare, appropriate referrals and emotional support for her children. We were able to register all four children in a school close to our shelter, and the two youngest children were even provided with free enrollment to their school's aftercare program. During aftercare hours, both children also received therapy consultations from a school counselor. We also received brand new uniforms for all for children, through Project School Bell, as well as a gift certificate for a new pair of shoes.

Having the children enrolled in school, just days after arriving to the shelter, was not only beneficial for the children but also allowed Dolores time to slowly process through her recent trauma, and ultimately gave her the time and space to take advantage of our mental health services. Through therapy and our 8 week program, Dolores was able to find solace in her new community. She rediscovered her strength and moved forward in her determination to provide a violence-free home for her family. Dolores was successful in finding a transitional housing

program in Reno, Nevada. She will receive another chance for a new, safe life in a location where she cannot be found.

**Rachel\*** and her two children, ages 10 and 5, came to the emergency shelter fleeing domestic violence. After multiple police calls to her local police department her abuser was finally arrested and an emergency protective order was put in place. However, after a few days her abuser was released and returned to the house whereupon he threatened Rachel and the children. Police were called again but no arrests were made, later that week the abuser broke into Rachel's home. At this point Rachel realized she was no longer safe in her own home and a protective order was not going to stop her abuser. She knew that in order to keep her family safe she would have to go where he could not find her.

Rachel and her two children; Sandra\* and Joshua\*, arrived at the emergency shelter with minimal belongings. Joshua was wearing a Spiderman costume because he was protecting mom and sister from any danger that might come their way. Sandra was very shy and did not want to speak with anyone. Rachel showed signs of depression and would stay in the room with the children for most of the day. With time, Rachel and Sandra started to participate in social hour, a weekly activity that promotes healing and self-care. Soon, Sandra was volunteering to prepare dinner for social hour. She even went to the library to check out a recipe book. The Spiderman costume was seen less and Joshua was playing more with other children his age. Rachel was more hopeful about her situation and was in constant communication with her advocate and utilizing all the resources the shelter had to offer, such as therapy and the children's program.

During her stay at the emergency shelter Rachel was waiting for her lease to be terminated and was still paying rent on her apartment, and therefore not able to save as much money as she would have liked. The family advocate connected Rachel with a community partner agency and they were able to provide Rachel with a deposit plus first month's rent for a new lease. After 8 weeks at CORA Rachel was able to start over in permanent housing away from her abuser.

While in her nine year marriage, **Sandra** suffered psychological, verbal, physical and sexual abuse from her husband. Often during arguments he would throw Sandra\* out of the house. During the winter months, Sandra was forbidden to turn on the heat in their house leaving her and her daughter cold and more susceptible to illness. During this period, Sandra wanted to separate from her husband but was afraid of her immigration process being interrupted.

Sandra was involved with several of CORA's programs. She participated in one of our Spanish-speaking support groups this past quarter. After the first group session, Sandra called her therapist, stating she was ready to leave. Sandra and her daughter then were referred to our shelter. During the group sessions Sandra was supported in the process of ending her relationship and moving out from the house. Throughout the process of treatment, her mood

and affect improved significantly. By the end of the group, Sandra moved to CORA's transitional housing program where she is at the moment working towards self-sufficiency. As the other group members witnessed Sandra's growth, she became an inspiration to those in the group who were contemplating change to improve their circumstances.

A Crisis Counselor on the hotline received a call from a male seeking shelter. **Jacob\*** called from his cell phone reporting he was parked in his car at a public park in Redwood City with nowhere to go. He stated his partner was verbally, physically, financially, and sexually abusive. As the counselor assessed the situation, Jacob clearly was suffering from abuse and trauma.

His girlfriend would lock the doors, provoke, and belittle him to get a reaction. She would often say, "go ahead and hit me." As things would escalate, Jacob would often try to leave but she would block his path and keep him hostage with threats of contacting law enforcement and accusing him of abuse. He described her as being very jealous. He often dealt with false allegations of cheating and forced sex. However, whenever he recommended they part ways, she would insist he had to stay with her forever.

Jacob was clearly upset, confused, and uncertain of his options. He reported he contacted the hotline because of the impact his relationship was having on his quality of life. He was not able to concentrate at work and he was losing sleep. He reported being stressed due to the financial burden of being forced to pay all their bills and other expenses. She had three kids from a prior relationship and he was supporting them as well. She allowed her adolescent kids to be verbally abusive and mirror controlling behaviors. After being in the relationship for two years, he realized things were getting progressively worse and he was at his wits' end. Because he was self-conscious about the situation, he did not have a support system that he could ask for help. He was also concerned that one day he might react in a negative manner which he was trying to avoid at all cost.

Upon completion of the assessment, the counselor provided emergency shelter for the night and conducted safety planning. A housing advocate followed up the next business day and Jacob was accepted in to CORA's safe house. Jacob was able to receive additional support and case management services.

**Priya** was connected with services through her father, Mr. Kambosh, who previously came to CORA's community office to get information about services. He spoke little English, and said that he felt more comfortable speaking in Hindi. A CORA crisis counselor who was born in India and is fluent in Hindi was available to see him for a case management session. During that time, he disclosed he was concerned for his daughter, Priya. He stated she was a victim of verbal and emotional abuse.

Priya was married in India and temporarily came to the US with her husband due to his job. The Crisis Counselor explained the services CORA provides. He inquired about the possibility of

bringing both his daughter and her husband to the office for support. He was informed that our services were for survivors of domestic violence only. From a cultural perspective, Mr. Kambosh explained he had to do everything he could to support the family. The counselor acknowledged the cultural perspective and suggested alternative options/resources for couples counseling and encouraged him to discuss potential options with Priya, including CORA. He was provided resources and stated that he would encourage his daughter to come in.

The very next day, Mr. Kambosh called the hotline and set up an appointment for Priya at her request. Mr. Kambosh was accompanied by his wife, and their daughter, Priya. The counselor was able to see Priya during the session and explained to Priya the importance of confidentiality and how we value that at CORA. She immediately felt more at ease. Priya disclosed that she was 8 months pregnant and very stressed.

She explained her relationship with her husband and how the abuse started right after they got married. Priya described the abuse: for periods of time her phone/internet had been disconnected, he concealed her passport, immigration documentation and details about his job. Her partner has made remarks about wanting to be close to the baby once she delivers. Her greatest fear was being sent away after the birth and he had made threats to keep the baby with him.

She reported her parents have provided additional support since her dad visited CORA. They agreed to stay with her through her delivery, but would leave for India shortly after. Priya was interested in receiving individual therapy to help her cope with the stress. The counselor completed an intake with her during the session. She was also able to leave a message for CORA's legal line to get a better understanding of her legal rights and child custody, as she is new to the country.

Since her initial meeting, Priya has started her individual therapy with our Mental Health department and is encouraged to continue receiving support after the birth of her baby.

**Jessica\*** was a victim of domestic violence when she came to CORA's emergency shelter over two years ago. Jessica met her abuser when she was 33 years old in Wisconsin. She was going to college to get her Arts degree. Her abuser was manipulative from the beginning of the relationship. He controlled Jessica in every aspect of her life. He made her quit her school and even move to California, away from her family and friends. She was hoping that with a fresh start things would be better for them – but things only got worse.

Jessica became pregnant and had to stop working since she had a complicated pregnancy. Her abuser was verbally and mentally abusive throughout her pregnancy. He called her names, told her horrible things about herself to break her self-esteem. Once her daughter was born, he became physically abusive once again. She never knew what mood he would be in when he would come home from work. He made her live in fear for years after her daughter was born.



One day she took her daughter to the park. She was very sad and desperate. A woman saw her and started talking to her; she gave her CORA's information for help and shelter.

After many months of getting the courage to leave, Jessica called CORA and came into shelter the following day. She filed a restraining order and enrolled in school. She had a lot of healing to do. When the CORA family advocate first started working with Jessica, she was suffering from severe anxiety, PTSD and depression. She was seeing someone at CORA for counseling. Jessica and her CORA family advocate worked every week on her goals and the things she needed coming into the PBA permanent housing program. Jessica was determined not to quit her college education this time. She looked for apartments for weeks but was unable to find anything. CORA found a place with one of its perspective property owners.

Since she moved into her own place, Jessica has made more progress. She is assertive, happy, and confident. She now has the tools and skills she needs to become self-sufficient. Jessica has transferred to a University on a full scholarship to get her degree in Therapeutic Art for children. She is working with San Mateo Credit Union to open her own business. Jessica continues to work on her healing and her goals. She is doing very well in the program. Jessica has accessed other resources like HIP Housing, Samaritan House, and Party Child. She has been in the program for two years and continues to amaze her family advocate with her perseverance and her will to strive.

Beyond the volume of activities and workshops provided each quarter, the success of the program is often felt by the brief interactions with the public that show CORA's education and outreach efforts are having an impact. Recently, while presenting at El Camino High School, Marci - a young student shared that her ex-boyfriend is psychologically and physically abusing her and her new boyfriend. This situation has been frightening and discouraging for her. During the conversation, she noted she has CORA's phone number in her cell phone, as well as the suicide prevention hotline. We are very aware that without our efforts to engage the community, students Marci would be and feel more isolated without resources. Not only does she have a safety plan for herself, but she has gained some knowledge about abuse and learned some skills that could help her or her peers prevent violence and promote healthy relationships in the future.

**Jasmine** was referred to CORA by the National Domestic Violence Hotline. She reported she left her abusive relationship with her 9 month old daughter, Rene. This was the first time she attempted to leave and was very fearful of her partner locating her. Jasmine had taken some precautions by changing her phone number, but really did not know where to turn for housing.

She made an effort to contact the local shelter in her county, but there was no availability. Due to the concerns for her safety, Jasmine felt it would be best to leave the county. Jasmine disclosed that she was in her relationship for over 2 years and under duress due to ongoing verbal and emotional abuse. The night she decided to leave, her partner became physical and

had kicked and slapped her multiple times. When Jasmine was pregnant with Rene, she received support from her mother whenever things escalated with her partner. However, her mom had since relocated out of state and was no longer an option. She endured the abuse for many months and finally reached a point when she knew she couldn't continue in the relationship.

Law enforcement had been involved in the past, but Jasmine never pressed any charges out of fear. Her partner would often threaten her by saying, "you better not call/yell or you're dead". Her partner also had access to weapons and was affiliated with a gang which made the threats very real and paralyzed her in a way. CORA's Crisis Counselor understood the level of lethality involved in the case and conducted an assessment and completed an intake for CORA's emergency shelter. Jasmine was provided support and connected to resources by the shelter staff for safe arrival in San Mateo County. Jasmine was admitted into the 8-week shelter program where she and her daughter received additional support and guidance.

**Anna** was a victim of domestic violence who was living in an emergency shelter when she came to CORA's Permanent Housing Program 6 months ago. Anna met her abuser when she was 17 years old and still in high school. Her abuser was verbally abusive to her from the beginning of the relationship, however she reports not realizing this behavior was unhealthy for her. Under the guise of protecting her, he controlled Anna's social life. He did not let her go to her own prom. He made her stop hanging out with her friends and threatened to hurt any boys who would talk to her. She was hoping that after high school, he would stop being so untrusting and that things would get better.

Anna decided to move in with her boyfriend and his roommate shortly after high school. Anna became pregnant and was so happy, thinking that her life was just beginning. But one day her boyfriend came home from work and was angry at her for having a girlfriend over. He kicked her friend out of the house, grabbed Anna by the throat and then threw her across the room. Even though she was hurt and was crying, out of fear Anna refused to call the police. The next day Anna lost her baby. At that time, he promised never to hit her again. But a month later, he abused her again and this time the roommate called the police. With the help of the police officer's referral, Anna went into a safe house. Her case manager at the shelter referred Anna to CORA's program. Anna was accepted shortly into the permanent housing program and her apartment search began.

When the CORA family advocate first started working with Anna, she was suffering from depression and PTSD. She was seeing a CORA therapist for counseling. Anna and her CORA family advocate have been working together every week to establish her housing and self-sufficiency goals and strategize the housing search. Anna and her advocate searched for apartments units all over San Mateo County. Anna also went back to school for a nursing

assistant degree; she was determined to complete her education and become successful. In the meantime, CORA found a place for Anna to rent with one of its prospective property owners.

Since moving into her own place, Anna has made significant progress with depression and PTSD. She is more confident and has established a group of supportive friends. She is also making great strides in acquiring skills she needs to become self-sufficient. Anna is also working with the San Mateo Credit Union to clean her credit. Anna continues to work on her healing and her goals. She is doing very well in the program so far. In a short time she has demonstrated dramatic improvements in her life and we anticipate she will continue to use this program to its fullest potential.

Recently, while presenting at Oceana High School in Pacifica, **Lisa** - a young student shared at the end of the class with the presenter that she now understood the power and control involved in an abusive situation. She felt safe to disclose that her dad had physically and emotionally abused her mom and he has frequently apologized to her, Lisa, for his behavior. This situation has been frightening and discouraging for her. She said she was torn apart between a dad she loves and a mom who is being constantly beaten up. She added that Child Protective Services was now informed about the situation in her house and they said to her mom that they would remove Lisa from their guardianship if the battering continued. Lisa felt safe to cry. Lisa reported that CORA's presentation helped her to feel supported, learning that the situation in her house was not her fault. She felt empowered to bring back the resource pamphlet about CORA to her mom and she said she could encourage her mom to call us. She also felt competent with the skills and knowledge she learned at her health class what to say to someone who is in an abusive relationships and how promote healthy relationships in the future.

**Steven\*** was in an on-and-off again same sex relationship for the past nine years. In the past two years, after his partner moved in with him, the violence began to escalate. Steven had disclosed to a Crisis Counselor that his partner was abusing methamphetamines & alcohol, which greatly influenced his partner's behavior making him more violent towards him. Steven described that his partner would make aggressive gestures, threaten to destroy his personal property and even burn down the house if Steven did not give into his demands or if the police were contacted.

Finally, Steven had enough. He gained the courage to call CORA's hotline to inquire about services and support available. Steven knew that in order for his partner to address his violent behaviors, he would also have to address his drug habits along with confronting his past of being a victim/survivor of child abuse. Like many survivors, Steven felt that he was unsure of how to end the relationship, or ways to keep himself safe. He was aware of his partner's violent behaviors and wanted to know his options and resources were.

The Crisis Counselor supported Steven by safety planning around his situation. She informed Steven about the different resources available to him such as: restraining order clinics, support from local law enforcement, CORA's legal line and counseling services. Steven believed the best route would be to acquire a restraining order. He wanted to make sure he had legal documentation stating that his partner must stay away from him. Since the restraining order clinic was not open at the time of the call, Steven walked down to his local police department to make a statement and start the restraining order process.

The following day, Steven called CORA's 24-hour hotline to inform us of the progress made. Police had provided him with an Emergency Protective Order, stating that his partner could not harass him and needed to stay away from Steven for seven consecutive days. This gave Steven the courage to end the relationship. He knew that he would be safe with support from CORA and local law enforcement. Steven continued to utilize his local resources to stay safe, start the healing process and to create a foundation for a healthy life for himself, free of violence.

Client, **Angelica\*** came to CORA very sad, afraid and desperate, presenting with severe depression and Post-Traumatic Stress Disorder. At the time of intake, Angelica was in a 4 year relationship with her husband that started while she was living in Mexico. Angelica reported that initially she saw in her husband a man who was secure, protective, and hard-working; someone with whom she wanted to spend the rest of her life.

However, after moving to the U.S. and getting married Angelica reports that her husband started to be very controlling, calling her constantly, threatening to report her to Immigration Services. Angelica shared with her CORA counselor that the emotional abuse was constant. She wasn't able to keep a job because of his severe jealousy and demands on her time. Additionally, she shared that her husband developed a severe alcohol problem. Angelica said the emotional abuse eventually escalated to physical abuse.

Angelica has been attending weekly individual therapy sessions. During this time, she has been increasingly able to set better limits with her husband. With the support of CORA's Mental Health and legal team, Angelica was able to gather the strength to call the police on her husband following an incident of physical abuse. While Angelica's husband remains in jail, she continues to work with her CORA therapist on moving toward safety, independence and reducing symptoms of her Post-Traumatic Stress.

One client was in Lisa's House, and is also accessing mental health services and was a legal client. He was a victim of verbal and spousal abuse for years, but due to being male and an immigrant, didn't perceive himself as being able to leave and have rights to his daughter – despite the fact that the other parent was constantly verbally abusive to him, in front of the daughter, and others. An incident of violence by the abusive spouse led to the abusive spouse being arrested, and essentially in revenge, this spouse (wife) decided to file for a domestic violence restraining order based on false accusations of domestic violence (including some egregious allegations of threats to kill and threats of sexual violence.) I represented this client to defend against the restraining order issuing against him, and prepared for trial. Ultimately the other party did not appear at the trial, and the case was dropped. Meanwhile, the client has been effusive about help from the mental health department. It was definitely, in my opinion, crucial for him to have these services, given his anxiety over the upcoming hearing. When I last spoke with him, he had just obtained a new job, a new apartment (thanks to our long-term housing team), and he raved about his case manager through the emergency housing program. He said many, many times that he is so grateful for CORA.

Another client is a current legal client, whom I helped to get an extension to stay in her husband's house for 3 more months (6 months total) even though she has no long-term legal rights to it (besides through the restraining order on a temporary basis.) I'm also representing her in getting a permanent spousal support order, finalizing her divorce, and a restraining order. When I first met her, she was, as many of our clients, anxious, high-strung, showing PTSD symptoms. The legal case has been hard on her because it is very drawn-out, requiring multiple hearings, and she had to testify about egregious abuse in her abuser's felony criminal trial. (A CORA volunteer accompanied her.) Most recently, she was able to secure permanent housing through Grace's assistance. The day she moved in, I spoke to her, asked how she was doing, and she said, "I am happy." She expressed what an emotional weight off of her it was to have her own place, away from the memories of her abuser. The last time I saw her she was visibly happier than any time I've previously seen her.

A third client is a current client, but thus far I have secured a permanent restraining order for her with sole legal and physical custody of her two daughters, spousal support, and with the other party only being permitted supervised visits. The restraining order was granted largely based on the abuser's emotional and verbal abuse of the parties' daughter, who made two suicide attempts as a result. The daughter's emotional issues of course will not go away overnight, and now the client balances care of her daughter in a fragile emotional state, explaining the abandonment of her daughters by the abuser (he has made no efforts to exercise visitation with them) with the on-going divorce and financial burdens. I noticed she was really suffering during one of our legal meetings, and I referred her to CORA's mental health department. She got started right away, and is super grateful to have gotten mental health services so quickly.

***Note: Client's names and details have been changed to protect confidentiality.***

## **APPENDIX L**

### **Focus Group Guide**

## FOCUS GROUPS: AN INTRODUCTION

### What is a focus group?

- A discussion that is planned, organized, and facilitated
- Small (7-10) selected group with shared experience
- Interaction of the group is part of the process
- Questions are inter-related
- A way to gain information about perceptions, views, and experiences
- Discussion moves from the person and individual experiences to questions about the institution (i.e. CORA), identifying themes for change and growth.

### Why use focus groups? What can we learn?

- One method of data collection: What is happening? What do our client's experiences tell us about CORA?
- Way to hear from those who may not be represented in CORA's quantitative data, particularly those in under-represented or under-served communities
- Way of identifying themes across participants

### What are the limitations?

- How much of the picture we get, or how accurate, depends upon who's in front of us.
- Need to do multiple groups to increase accuracy and search out themes. Our goal is to conduct four per year.
- Requires good facilitation, note taking, and written report (staff-intensive).
- May require compensation, child care, and transportation for participants (cost-intensive).

## II. ROLE OF FACILITATORS: RAPPORT, ACTIVE LISTENING

### Roles and Responsibilities of Facilitators:

- Keep participants focused, engaged, attentive and interested
- Monitor time and use limited time effectively
- Use prompts to stimulate discussion
- Politely and diplomatically enforce ground rules:
  - *Make sure everyone participates and at a level that is comfortable*
  - *Limit side conversations*
  - *Encourage only 1 person to speak at a time*
- Be prepared to explain or restate questions
- Diffuse and pre-empt arguments
- Remain impartial (i.e., do not give opinions about topics, because this can influence what people say)
- After the focus group, work with the note taker to complete the debrief report: have a debriefing discussion, review the notes of the discussion, noting areas that seemed particularly important.

### **Roles and Responsibilities of Note Takers**

- Bring the materials for recording the focus group: notepad, pens
- Take notes on major themes, ideas, comments and observations regarding group dynamics
- Notes will need to be *comprehensive* but not word-for-word
- Try to not be too noisy or disruptive—write with a pen, not pencil, not typing, etc.
- Observe, not participate
- After the focus group, work with the facilitator to complete a debrief report: have a debriefing discussion, review the notes of the discussion, discussing areas that seemed particularly important.

### **Active Listening**

- KEY to success of our focus groups
- Being a good listener means being an “interested” listener
- Demonstrate that you are paying attention to what participants are sharing
- Stay neutral or impartial
- Practice appropriate silence—be comfortable with silence
- Hear the words and notice the body language and respond to it
- **Show Participants You Are Listening—verbally and non-verbally**

### **Building rapport**

- Establishing a connection with participants that facilitates comfortable and open communication.
- Participants as Experts: Let participants know we want to learn from them.
- Professionalism: the role of a facilitator role is not of a good conversationalist or a friend who provides feedback, but a professional.
  - If you are too casual, participants may not see you as someone who is prepared to take what they have to say seriously.
  - But, if you are too formal, participants may feel intimidated and may not be as willing to share.
  - Balance of in/formal is important!
- Be aware of barriers to building rapport—language barriers; age differences

### **Importance of neutrality during the focus group**

- Try to remain neutral EVEN if you have a strong opinion
  - Use phrases such as “Thank you. That is helpful.”
  - Avoid: “I can’t believe it!” or “You really think that?!”
- Ensure that participants do not blame, minimize, or hurt others. We are DV advocates, so keep CORA’s values in mind and politely but firmly stay true to them: e.g., “From our work with DV survivors every day, we know that not one shoe fits all” or “... we know that survivors make choices that make the most sense to them, and we respect that” etc.



### III. BACKGROUND: WHY IS CORA DOING FOCUS GROUPS?

Focus groups are an excellent way to learn about survivors' experience with CORA. It can be especially useful to conduct focus groups with survivors from underrepresented groups, or groups who quantitative data is limited therefore qualitative data may provide additional insight.

For example, CORA's client population is largely Hispanic or Caucasian. Therefore, the majority of client data is generated from these two ethnic groups. Conducting a focus group with African American survivors, may provide additional insight about how CORA successfully or unsuccessfully serves this community.

### IV. GETTING STARTED: CONSENT PROCEDURES AND GROUND RULES

- *Introduce yourself*
- *Give participant the Consent form.*
- **READ: I am happy to answer any questions about this consent form or about why CORA conducts focus groups. Please read through this consent form, and sign and date the two copies when you are finished. One copy is for your records and is for you to take, while the other is for our records and will be kept in a locked filing cabinet at the CORA office for one year. It will be shredded afterwards. As the form explains, your name will not be used when anyone writes or speaks about the findings of CORA's focus groups. Our note-taker, \_\_\_\_\_, will be taking notes so we can remember and analyze the various things discussed later. And I may take some written notes as we talk in order for me to remember questions I want to ask you later. Do you have any questions before we begin?"**
- **Read Guiding Principles for the Group**
  - **"We want the group to proceed smoothly and respectfully for all participants. So can everyone please consider these ground rules? Let me know if there is anything you disagree with?"**
    - Only one person talks at a time.
    - It is important for us to hear everyone's ideas and opinions
    - There are no right or wrong answers to questions – just ideas, experiences and opinions, which are all valuable
    - It is important for us to hear all sides of an issue – both the positive and the negative
    - The facilitator's will try to keep everyone on time, and no one will take that personally
    - Everyone will be respectful and no one will pass judgment on others or take up an unfair amount of time
    - Does anyone have anything to add? Any questions?"

#### IV. SAMPLE CUES AND QUESTIONS

- **Explain:** Why this focus group?
    - Sharing your experience might help other survivors in the future.
  - **Questions:** *Caution: Do not get so tied to the questions that you miss the insights that participants' will provide.*
    1. Opening question: Think back to when you first decided to get help related to being hurt by your intimate partner.
      - a. What made it the time right to seek help?
      - b. How did you get to CORA?
      - c. What were you hoping CORA could do for you?
    2. What CORA services did you use?
    3. Which CORA services/supports were most/least helpful?
      - a. Prompt: What are the best things CORA has done to address your specific needs?  
For example your culture, gender, sexual orientation, age, or faith.
    4. In what ways do you feel safer now than before you came to CORA?
    5. In what ways did you (or did you not) feel respected by CORA staff?
    6. What services (*other than CORA*) did you receive during the same time you were receiving services at CORA?
    7. Were there any other services that you really needed but were unable to find?
    8. If you have children, how has CORA impacted your children?
      - a. Prompt: How has CORA helped you be the parent you want to be?
    9. What are the areas in which CORA could improve?
      - a. Prompt: Imagine you could give CORA \$1 million, what would you like to see CORA do with that money?
    10. Given what you learned at CORA, how will you handle life's stress in the future?
- Adapted from "Meeting Survivors' Needs Through Non-Residential Domestic Violence Services & Supports: Results of a Multi-State Study"*

- **Using Probes and Asking Clarifying Questions**  
If a participant shares a story or an idea but provides little detail, here are a few clarifying questions you can use to garner additional information.
  - **Examples of Probes:**
    - "Please tell me (more) about that..."
    - "Could you explain what you mean by..."
    - "Can you tell me something else about..."
    - NOT: "So you're telling me that ..... Right?"
  - **Keeping Them Talking**
    - Interrupt as little as possible.
    - Make a mental note of follow-up questions and ask the group about reactions/thoughts
  - **Don't Finish Their Thoughts**

- If an interview respondent strays off course, encourage them to finish their thought.
- After they have finished their thought, it is appropriate to bring them back to the question you asked to make sure that they have answered it completely.
- **Avoid Assumptions**
  - Make small steps in your questioning with simple questions, not big leaps.
- **The Survivors are the Experts**
  - Using probes is to help clarify what folks have said and to reinforces the fact that the survivor has expert knowledge, based on their direct experiences
- **Avoid Asking Leading Questions**
  - E.g. of a leading question is “Don’t you think...” Suggests your opinion!
- **Try OPEN Questions**
  - NOT yes and no.
  - What, When, How
  - E.g. “what happened next?” “When was this...?” “How did you feel when that happened?”

### **Tips for Focus Group Facilitators**

- *Repeat the question* – repetition gives more time to think
- *Pause for the answer* – a thoughtful nod or expectant look can convey that you want a fuller answer
- *Repeat the reply* – hearing it again sometimes stimulates conversation
- *Use neutral comments* – “Anything else?”
- *Ask when, what, where, which, and how questions* – they provoke more detailed information

### **V. POSSIBLE THEMES TO LISTEN FOR/NOTE**

The goal of these focus groups is to learn how CORA helps survivors achieve social and emotional well-being. We want to know which services worked well and which didn’t. As participants talk, we may hear themes about CORA. Some possible themes that may come up include:

- Safety
- Access to Community Resources
- Justice
- Self-Sufficiency
- Self-Efficacy
- Coping Skills
- Trauma Informed Care
- Culturally Competent Care



## REFERENCES

- CORA's 2012 Focus Group Packet developed for the System-Wide Safety Audit conducted by Praxis International and the San Mateo County DV Council.
- "Meeting Survivors' Needs Through Non-Residential Domestic Violence Services & Supports: Results of a Multi-State Study" Eleanor Lyon and Jill Bradshaw, University of Connecticut. Anne Menard, National Resource Center on Domestic Violence. November 2011. <https://www.ncjrs.gov/pdffiles1/nij/grants/237328.pdf>

**APPENDIX M**

**Focus Group Notes (March 2015 and June 2015)**

## Focus Group Notes

**Monday, March 16<sup>th</sup>, 530-7pm**

**Moderated by: Mallika Kaur**

**Note-taking: Kristine King**

**Two Participants – labeled throughout the notes document as “P1” and “P2”**

**1. Opening question: Think back to when you first decided to get help related to being hurt by your intimate partner.**

- **What made it the time right to seek help?**
- **How did you get to CORA?**
- **What were you hoping CORA could do for you?**

P1 – CORA services were mandated by court; while incarcerated she lost custody of her two children (Girls, 9 & 10) to CPS. Said her only motivation for coming to CORA was getting her kids back. She had been out of her abusive relationship for 3 ½ years when she began receiving services from CORA—explained that she had been in this relationship since she was 16 years old and pregnant, and subsequently had left, and since, her abuser had committed suicide himself; *“so a unique situation.”* At her point of entry, she felt like she didn’t need any therapy for the past abuse, that she had already dealt with the problem, and was coping fine on her own. The first day that she came to CORA for an intake and began to talking about her experiences, she began crying and just “let it all out”. She was enrolled into group therapy sessions. *“The more that I came [to CORA] the better I felt”. “When I walked in here I thought – ‘I don’t need this’...I had learned to just turn off. The more I sat, the more I listened, took it all in, the more I realized I did need it. That I need people”.*

P2 – Migrated here from Tunisia two years ago. When she arrived she met a man, also Tunisian and began a relationship with him. Her visa expired, and she became engaged, and pregnant. She didn’t mention exactly when abuse began to occur. Said that he would beat her and threaten her with deportation because she didn’t have a current visa. She said she didn’t know that she could get help anywhere. The friends that she had met through her fiancé were also Tunisian, and told her that it was “okay” and that it (the abuse) “happens to everybody”. After a long time of her withstanding the abuse, a neighbor called the police one day. *“This woman saved my life I think”.* Her fiancé was arrested, and soon thereafter she left him (wasn’t sure if she mentioned where she was staying) and began to seek out help. *“I felt alone in the world, and I didn’t know what to do”.* *“He had even called Homeland Security—like I was a terrorist!”* Her English was extremely limited, and she was new to the country – she didn’t have family here, or friends of her own that weren’t connected to her fiancé. She began to utilize services from Bay Area Legal Aid, who then recommended her to CORA, where she started individual therapy with Jimena.

*“Imagine that...I didn’t know anyone, I had nobody. [A]nd every week, every time I came here [to CORA] I felt better”.*

**2. What CORA services did you use?**

P1 – Group Therapy

P2 – Individual Counseling

**3. Which CORA services/supports were most/least helpful?**

- **Prompt: What are the best things CORA has done to address your specific needs? For example your culture, gender, sexual orientation, age, or faith.**

P1 - The group itself was helpful, she also explained that she learned that she was her own source of strength as well. At the time she started group, she had already been out of the abusive relationship for 3 ½ years. She found it helpful for her own recovery that she could encourage other women in the group who were still in their abusive relationships – *“If I can do this, so can you.”* She commented on the group directly: *“We come here and we get to share...we can walk out and feel better”*

P2 – *“I finally had someone to listen to me, hear my problems, and take me seriously”*. She explained that Jimena gave her good advice, told her to be strong, and was very encouraging. She also received good advice about safety planning (i.e. if you get in an argument, make sure it’s not in the kitchen, to avoid knives). *“She [Jimena] catered to my needs”*. At the time her English wasn’t very good, and she thought it beneficial that Jimena spoke English with her, so she could practice.

**4. Do you feel safer now than before you came to CORA?**

P1 – Explained that she had already left her abusive relationship long before she started group therapy. At that time, however, she was in a new relationship with a man who treated her and her children extremely well. She said as she began to listen and discuss in the group therapy sessions, the more she realized that she was starting to play the reverse role in her new relationship. *“I was able to see that I was projecting on my partner.”* She wasn’t treating her new partner with respect, and she didn’t notice that this was the case until she began group therapy. It was a good time for her to come to this realization, and discuss with her partner what was happening and how she was going to change it.

P2 – *“Totally.”* Also explained when she is places/areas that her and the fiancé used to frequent she is more nervous and aware of what’s going on around her. *“I still have fear...like when I see the same car as his I get afraid”*. She said that this it is getting better though: *“I couldn’t imagine one year ago I could be better after this”*.

*“I am not able to be in a relationship because I have this anger in me because of him. That’s okay for now...I feel like now, this is a time for myself, and to have peace for me”. She discussed briefly that she was still in a ‘situation’ when she came to CORA. “I would wake up every morning, and I didn’t know what was going to happen...I could be killed, deported...”*

**5. In what ways did you (or did you not) feel respected by CORA staff?**

P1 – Group therapy – Everyone was very nice, it was great. [Was encouraged to openly share any issues also, and then added the following] There was one older lady, with short dark hair,...sometimes I felt she would just look at me, and her body language was judgmental. Sometimes I felt like she was giving me ‘the eye’.

P2 – Everything was great. I think when you are with just one person [Jimena] it is different. She was great.

**6. What services (other than CORA) did you receive during the same time you were receiving services at CORA?**

P1 – I was participated in a drug treatment program at the time; I was in group and individual therapy there.

P2 – I was receiving services from Bay Area Legal Aid, no therapy anywhere else. [She is currently still waiting on the outcome of her legal proceedings.]

**7. Were there any other services that you really needed but were unable to find?**

P1 – I needed more housing options. I think there should be more housing options for women to get on their feet...money for moving, child care, etc. This was concerning for me. I was never in the shelter, or on a housing waitlist. I was never put in touch with the housing department at CORA while I was in group therapy. I made it clear that I was looking for something, and I never got a referral. *“I remember telling them, you mean if a woman just walks in here, and needs housing, you wont guarantee helping her? Housing is so important!”*

**8. If you have children, how has CORA impacted your children? Has CORA helped you be the parent you want to be?**



P1 – *“Of course.”* There is definitely an impact on children in a DV situation. They suffer. She went onto explain that at the time she was in group therapy, she was introducing a new man into her children’s life and that was a challenge. *“I got great advice from CORA on how to make that work...it was comforting to hear advice. I would feel calm when I left [group session]. I was becoming the parent that I wanted to be.”*

She mentioned that her children were receiving therapy from another organization at that time.

## 9. What are the areas in which CORA could improve?

P1 – She asked if CORA was *“[T]rying to be hidden?”* She never heard, or hears, about CORA on TV, on the radio, billboards, TV, etc. She said so many women do not know that CORA exists.

P2 – She said she had a hard time finding something like CORA...she researched for a few weeks online. She finally heard about us through Bay Area Legal Aid, after she was recommended to them by word of mouth.

P1 - Mentioned that it would be helpful if counselors could give more advice, instead of just listening, because sometimes a person needs that bit of encouragement.

P2 - Mentioned that during her individual therapy, Jimena did a great job of giving her advice, motivation, and encouragement...but maybe this was different than group therapy because she was seeing someone one on one.

P1 – Went onto explain that she never had that [advice] and maybe it would be good for CORA clients to have both individual therapy and group therapy at the same time. She also said that maybe she wasn’t asked to participate in individual therapy at CORA, because she was engaged in individual therapy through her drug treatment program. But still, said that folks need help with their future, need more guidance.

- **Prompt: Imagine CORA got \$1 million, what would you like to see CORA do with that money?**

P1 – Advertising CORA services and more housing only for women and children. Some people don’t feel comfortable staying in a shelter with men. More options for long term housing for women trying to get back on their feet, back to their life. Offering women job search assistance. Explained that just because she was not homeless, or at risk in the home she was living in at the time she was receiving services (her and her two daughters were

living with her grandmother) she felt she wasn't given an option to get housing, or assistance to get independent housing. She wanted to get on her feet and make an independent life for herself and her two daughters but wasn't able to do that at the time.

How can CORA not help everyone? *“Why can't they help every woman that just walks into the CORA office?”* There needs to be more financial resources for CORA, and there needs to be other programs available in the area for women like CORA. She went on to explain how there is so much money allocated for drug treatment programs in the San Mateo County area, but seems to be none (except for CORA) for women experiencing DV.

P2 – Anything to help a woman get on her feet again on her own. You feel dead when you are in this situation, and you want to feel alive again.

**10. Given what you learned at CORA, how will you handle life stresses in the future?**

P2 – *“Just because I have been abused doesn't mean that I am bad person. I have to forget and I have to be stronger and do something in my life...this isn't me, to be a crying, and sad person. I want to get back to the person that I used to be.”* Explained that CORA was the only good thing that she had when things were bad.

**Miscellaneous – Anything else that you both would like to add?**

P1 – Mentioned that sometimes in group, some of the group members that were still in abusive relationships at the time would talk about abuse that happened the night before. They would be crying, and be upset. There is confidentiality and all, but why doesn't CORA call the police? Why doesn't CORA do anything about this if it is still happening... the waiver said that in an emergency you will call the police or make a report...why don't you then.

**Follow up Question, Kristine: What are some examples of things that CORA could do to let women know about them...places to advertise?**

Commercials, billboards, web banners on cell phones, the gym, nail salons, yoga studios, schools, daycare.

**Spanish Focus Group  
RE: CORA Services  
June 22, 2015**

**Question #1 Think back to when you first decided to get help related to being hurt by your intimate partner. What made it the time right to seek help? How did you get to CORA? What were you hoping CORA could do for you?**

- Very desperate... I talked to someone from La Casa Lisa and they recommended me to seek help from CORA, because I was in danger.
- My life was in danger, especially because I have 5 children. And CORA offered me the help I needed.
- 2 years ago I made a decision to seek help, "and I am stronger now. I have demonstrated my partner that I am strong... I feel more relaxed, and I thank CORA for all of its help."
- Someone told me about CORA. I have a daughter and she's the reason I sought help. CORA helped me to no longer suffer abuse in the hands of my partner. "I ended up seeking help from CORA due to fear. When family members were present the abuses worsen." CORA helped me to no longer be controlled. "My partner used to threaten me with calling immigration."
- "After 20 years of marriage, a female friend advised me and told me about CORA. In CORA I found great acceptance."
- I feel supported by CORA because CORA helped me with all of the processes. "I feel supported."
- Due to my children I got the courage to accept help from CORA.
- CORA has made me feel protected. Lalo was a great support. Evelin was also very good to me. Since Lalo left, I feel lonely without the same support I once had with Lalo.
- "CORA makes me feel protected. CORA has been like a family to me."

**Question #2 What CORA services did you use?**

- Individual therapy.
- Group therapy, it was only for a short amount of time but it was very helpful.
- Legal representation. "Those who accompany me to court were of a lot of support. Camille and Melissa G. have been very supportive as well. I did it for my children."
- "Group therapy."
- "Yes, group therapy was very effective."
- "Nicole was very nice and very supportive because she would listen to me. Laura, too, was very supportive throughout my legal case."

**Questions #3 & 4 Which CORA services/supports were most/least helpful? Do you feel safer now than before you came to CORA?**

- "The best thing about CORA is the good treatment their clients receive. They treat us as equals."

## Appendix N – Focus Group Notes

- “Shelter is the biggest support that CORA has to offer. Because it helps you get out of your house.”
- “Shelter is the best thing that CORA has given me, because I now live in peace.”
- “CORA helped me to make better decisions... the individual therapy that I received with a therapist helped me to overcome my fear of speaking out.”
- “The therapy that CORA provided me with helped me to be able to talk about all of my bad life experiences and I was able to express all of my pain. I learned to value myself. I’m relaxed now, thanks to CORA my children and I live well.”
- I was very afraid the first time but I now feel much better.

**Question #5 & 6 Did you (or did you not) feel respected by CORA staff? Did you receive services (other than CORA) during the same time you were receiving services at CORA?**

- “I feel very honored. From the moment we walk in we get treated with a lot of respect and that makes us feel welcome.”
- “CORA is like a big family. Good and beautiful. CORA has made me feel so safe that I’ve been wanting to send a Valentines Card.”
- “I saw a therapist outside of CORA, and even she saw a positive change in me, thanks to CORA.”

**Question #7 Were there any other services that you really needed but were unable to find?**

- “I received all of the legal help I needed. CORA is way better than a private law firm!”

**Question #8 If you have children, has CORA impacted your children?**

- “Casa Lisa provided me with parenting classes, and there I learned to understand and communicate with my children.” CORA is now teaching a parenting class that’s helping me a lot.

**Question #9 What are the areas in which CORA could improve? Imagine you could give CORA \$1 million, what would you like to see CORA do with that money?**

- “I would develop group of psychology of classes because that type of classes would help us overcome our traumas.”
- “Advise groups that could teach us how to succeed, and how to move past the negative stuff, while holding on to the good things. Such as, how to learn to live better and be able to drop old ways of thinking that are not healthy in order for us to learn and understand that not all marriages are meant to be forever. And to learn to accept that that’s okay!”
- “I would provide classes that would help women to be stronger and more independent. In order for women to learn how to get ahead financially and psychologically on their own.”

- “I would hire more therapists in order for women to have psychological therapy for longer periods of time.”
- “The most important thing is therapy and therapists.”
- “Yes, I also would hire more therapists because my therapist has helped me to overcome my emotional turmoil.”
- “I would provide more therapy and would make every therapy session last longer periods of time, that way you get to talk to the therapist more time.”
- “I would like for more centers like CORA to exist, in different places, so we didn’t need to drive as far.”
- “I would provide more court accompaniments in order for us to not have to attend court alone. Because about a year ago I had to go to court by myself and that was a horrible experience.”

**Question #10 Given what you learned at CORA, you handle life stresses in the future differently?**

- “I no longer allow anyone to hurt me. Because I am now stronger and for that reason I don’t allow anyone to abuse me.”
- “I have learned that I have rights and that no one can take my rights away.”
- “We now defend ourselves a lot more than we used to.”

**Anything else you would like to add? (And notes from lingering conversation afterwards)**

- We are thankful to Melissa, Lalo, Laura, Grace, Evelyn and Nicole.
- I also would like to thank Karla for being very supportive when she accompanied me to court.
- With a million dollars “I would develop psychology classes that would help clients leave their problems behind. And wouldn’t let them go until they were a lot stronger so that they don’t fall in same type of abuse, or same relationship, again. Classes that would also help us get over feelings of guilt. Feelings of guilt that we tend to experience when we defend ourselves, such as when we defend ourselves with a restraining order.”
- “I would develop classes that would also help me put the pieces of my life back together; and a class that would help me raise my children better as a single mother.”
- “I would help out with more rent money because it’s devastating when we are not able to pay our rent...and for that reason many women go back to their abuser because they are not able to pay their rent. Many people don’t have a place to live, and not being able to pay the rent forces them to continue to suffer.”
- “Due to the fear of ending up on the streets has forced me to stay with my husband. I get desperate and I would like to escape the place I live in with my husband. And due to fear of ending up in a worse situation than the one I am currently in, I haven’t left the place I share with him. Because I don’t know where I would end up living.”

**APPENDIX N**

**Grievance Tracking Spreadsheet**

Incident Information			Types of Services received					Grievance Category					Notes	
Client Identifier	Date	Manager	Shelter	Housing	Legal	Hotline	Mental Health	Issue w/CORA staff	Issue between clients	Issue w/ service delivery	Issue w/lack of service	Other	What happened?	Resolution or next steps
A10231	1/1/2015	Cori	1					1					Client yelled at case manager and claims that case manager yelled back.	Moved client to different case manager