



COBTH Domestic Violence Client Feedback Form

These guidelines outline how to use the Domestic Violence Program Client Feedback Form or “Client Feedback Form.” **We strongly recommend that programs follow these guidelines when using the Client Feedback Form, as inappropriate use of the form may cause unnecessary distress to clients and result in less accurate responses.**

Who developed the Client Feedback Form? The Client Feedback Form was developed between 2002 to 2006 by the Conference of Boston Teaching Hospitals (COBTH) Domestic Violence Council with assistance from researchers at the Harvard School of Public Health. This form was created to address the lack of client progress measures designed for use in healthcare-based domestic violence advocacy programs. The Client Feedback Form was developed with input from healthcare-based DV program directors, advocates and clients. Other resources used when creating the form included prior research findings, DV program intake and activity forms, and other outcome measures, including the DV Survivor’s Assessment (DVSA)¹, one of the only other progress measures designed for use with domestic violence survivors.

What is the purpose of the Client Feedback Form? The Client Feedback Form is designed for both advocacy and program evaluation purposes. In terms of advocacy, the form provides an opportunity for clients to see their progress and for advocates to validate clients’ experiences, underscore clients’ strengths, review the key issues facing clients, and discuss how they can best help clients move towards their goals.

As a program evaluation tool, the Client Feedback Form can help program administrators determine how well the program is meeting clients’ needs and to provide data for your organization, funding applications, and research studies evaluating the effectiveness of advocacy services.

What kinds of programs is the Client Feedback Form designed for? The Client

Feedback Form is specifically designed for use in healthcare-based domestic violence programs that provide long-term services to survivors of intimate partner abuse (as opposed to crisis intervention only). However, any programs that provide long-term services to adult survivors of partner abuse may find the form useful. (The Client Feedback Form has not yet been validated for use with adolescents.)

What does the Client Feedback Form cover? The Client Feedback Form collects information in four general areas: 1) the client's current situation, 2) barriers to client progress, including abuse and controlling behavior, court/legal issues, and other barriers, 3) effects of advocacy or support group participation, and 4) the client's current goals.

Who completes the Client Feedback Form? The Client Feedback Form is completed by the client (with or without assistance) as we believe that clients, rather than advocates or other providers, are the best source of information about clients' circumstances and how well the program is meeting their needs.

What is the role of the DV advocate in administering the Client Feedback Form? Advocates' responsibilities are to know when it is time to complete a Client Feedback Form, introduce the form to clients, ask clients how they would like to complete the form, review clients' responses, and then file the form in the appropriate confidential location.

Reminder system: We strongly encourage programs to develop a reminder system for when to administer Client Feedback Forms. This could include reminder flags on charts, a monthly list of clients for each advocate, reminders in online calendars, or any other system that works for your program.

Introducing the form: How the Client Feedback Form is introduced to clients is extremely important so that clients do not feel the form is meant to judge them. It may be helpful to advocates to go over the points stated at the beginning of the form, i.e. that the purpose of the form is to improve services to clients, all clients are asked to complete the form, their name is not on the form, and they can skip any questions they don't want to answer. Clients may also appreciate knowing that their responses will help the program enhance its services to future clients as well.

Completing the form: Advocates may assist clients by reading the form to them and writing down their responses. This may be helpful to clients who have difficulty reading or writing and those who do not speak English or Spanish (the current language version available.) Some clients may also find it distressing to see certain

words, particularly abuse terms, “in black and white,” and may be more comfortable having items read to them. **It is therefore important to ask all clients, regardless of their literacy level, whether they would prefer to complete the Client Feedback Form on their own or with assistance.**

Reviewing the form: Advocates should review the client’s responses to the Client Feedback Form to validate the client’s experiences, underscore the client’s strengths and progress, and make sure that they are aware of issues the client is facing and how they can best help the client move towards her/his goals. Advocates should also ask the client if completing the form has made her/him uncomfortable in any way and if needed, provide support for any issues raised by the form.

If an advocate assists a client in completing the form, this process of “review” may naturally occur while the form is being completed. If clients complete the form on their own, it is best if advocates are able to review clients’ responses immediately after the form is completed. If time is limited, advocates should at a minimum check-in with clients to see how they are feeling and to set a date to review their responses in the near future.

How long does it take to complete the Client Feedback Form? Clients can complete the six-page form on their own in approximately 15-20 minutes. It takes 30-45 minutes to complete the form if an advocate reads the form to the client. Additional time should then be allowed for the advocate to go over the client’s responses with her/him.

Where should the Client Feedback Form be completed? The Client Feedback Form should be completed at the program where the client is receiving services, so that an advocate is available in the event that a client experiences any emotional distress when completing the form. It is also important to complete the Client Feedback Form in a confidential setting so that neither the client’s abusive partner nor others outside the program sees the client’s responses.

Can the Client Feedback Form be completed in a group setting? While the Client Feedback Form may be used to assess the progress of clients participating in a support group, forms should not be completed in a group setting. This is because clients may not receive sufficient assistance or time with an advocate in this setting to review the form adequately or assess clients’ emotional responses. Clients may also tend to compare their situation to others in the group, which may bias their responses or make them feel less satisfied with themselves. To use the Client Feedback Form with support group members, individual appointments should be made for completion

and review of the form.

What is the difference between the Initial and Follow-up versions of the Client Feedback Form and when should each be given? The only difference between the Initial and Follow-up versions is that the Initial version asks about partner abuse “*ever*” experienced, whereas the Follow-up version asks about partner abuse experienced “*in the past six months.*” Because this difference is subtle, yet important, we recommend printing each version of the form on different colored paper to avoid confusion.

The Initial version of the Client Feedback Form should be completed approximately 3 months after client intake. The Client Feedback Form should not be completed too soon after intake for several reasons. First, the form is designed to measure client progress, thus time must be allowed for change to take place. Secondly, clients may find it difficult to answer the form truthfully if it is given before they have gained trust in the program and may not yet understand the extent of abuse they are experiencing. The Client Feedback Form is also not intended to replace a program’s intake form, but to be used in combination with information from the intake.

Exceptions: Despite these limitations, advocates may ask clients to complete the form *before* the 3-month point if the client has been actively involved with the program, but will stop receiving services before the 3-month point, such as when fleeing the area or leaving the area after being in the hospital.

The Follow-up version should be completed approximately 3 months after the “Initial” Client Feedback Form. Subsequent “Follow-ups” should be completed at 6-month intervals thereafter. Since program participation tends to decrease over time, the Follow-up version should be completed approximately 3 (rather than 6) months after the Initial Client Feedback Form so as to get feedback from more clients. We believe it is sufficient to assess long-term clients at 6-month intervals thereafter since their participation tends to be more stable and they may be focusing on issues which take longer to change, such as attaining housing, immigration or economic stability.

What if a client returns to the program after having not received services for one year or longer? In this situation, it is usually appropriate to follow the procedure for “new” clients. That is, to complete the Initial version of the Client Feedback Form approximately 3 months after the client returns to services, then the Follow-up

version approximately 3 months after that.

Can the Client Feedback Form be used with male clients or those in same-sex relationships? Yes, the Client Feedback Form uses gender-neutral language so that it can be used with male clients or those in same-sex relationships. We have not yet specifically assessed use of the form in these populations, however.

Does it cost anything to use the Client Feedback Form? No, the COBTH Domestic Violence Council allows programs to use the Client Feedback Form free of charge. We ask, however, that you notify us if you are planning to use the form and let us know the general demographics of your clientele. This is important for our ongoing efforts to assess the form in various populations. (See contact information below.)

What language versions are available? The Client Feedback Form is current available in English and Spanish.

Why doesn't the Client Feedback Form include demographic or program contact information? We assume that DV programs wishing to use the Client Feedback Form already have an intake form that collects demographic information and an activity log to track in-person and phone sessions with clients. The Client Feedback Form does not cover this information so as not to duplicate other program forms. Information from intake and activity forms should be combined with Client Feedback Form responses, however, when conducting analysis to assess how well the program is meeting clients' needs.

Has the reliability and validity of the Client Feedback Form been tested? Yes, a study of the reliability and validity of English and Spanish versions of the Client Feedback Form was conducted from 2003 to 2005 with clients from four healthcare-based DV advocacy programs in the Boston area (n = 175.) The study was funded by AHRQ grant #1 R03 HS013967-01. We conducted focus groups and written surveys in English and Spanish to assess the acceptability, content validity, internal consistency, concurrent validity, and response bias of the Client Feedback Form. The majority (73%) of participants reported no discomfort completing the form. Participants who reported discomfort stated this was mainly due to thinking about past abuse. Other assessments indicate that the Client Feedback Form has good validity of partner abuse and "current situation" sections and that advocate involvement will not cause significant response bias. Items covering self-efficacy and physical and mental health have been modified to improve their validity. These findings have been presented at several conferences^{2,3,4} and corresponding

manuscripts are in progress.

[Client Feedback Form - Initial \(English\)](#)

[Client Feedback Form - Initial \(Spanish\)](#)

[Client Feedback Form - Follow-up \(English\)](#)

[Client Feedback Form - Follow-up \(Spanish\)](#)

For further information or if requesting to use the Client Feedback Form, please contact Dr. Jeanne Hathaway jhathawa@hsph.harvard.edu.

1 Dienemann J, Campbell J, Landenburger K, Curry MA. (2002) The domestic violence survivor assessment: a tool for counseling women in intimate partner violence relationships. *Patient Education and Counseling*. 4:221-228.

2 Hathaway J, Chandler S, Robertson J, Tieszen L, Zimmer B, Silverman J. Development of a client progress measure for healthcare-based domestic violence programs. (poster) *Toward a National Research Agenda on Violence Against Women: A National Research Conference*, October, 2003.

3 Hathaway J, Zimmer B, Chandler S, Hartwick L, Robertson J, Tieszen L, Silverman J. Validation of English and Spanish versions of a client progress measure for use in healthcare-based domestic violence programs. (poster) *American Public Health Association 134th Annual Meeting and Exposition*, Boston MA, November 2006.

4 Hathaway J, Zimmer B, Chandler S, Hartwick L, Robertson J, Tieszen L, Silverman J. Validation of English and Spanish versions of a client progress measure for use in healthcare-based domestic violence programs. (poster) *2007 National Conference on Health and Domestic Violence*, San Francisco CA, March 2007.