What is the Trauma-Informed Outcomes Scale (TIOS)?

The Trauma-Informed Outcomes Scale is an exciting new survey that helps domestic violence (DV) programs to understand the ways that their trauma-informed services have been helpful to survivors. To date, the TIOS is the only survey created for survivors to say how they have changed as a result of trauma-informed DV services. This survey can help your program:

a. Better understand how survivors’ trauma-related feelings, beliefs, knowledge, and skills have changed because of your services

b. Document how organization-wide trainings or initiatives to make your program more trauma-informed have led to changes among survivors

c. Demonstrate effectiveness in supporting survivors and their children, including to the public and funders

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Many DV programs have been working to make their services more trauma-informed. Trauma-informed DV programs are sensitive to the ways that trauma may affect both participants and staff. They recognize that healing from trauma requires emotional and physical safety. Trauma-informed programs work at all levels to avoid retraumatization and to support the wellbeing of everyone involved. All programs, regardless of how far along they are in being trauma-informed, can benefit from collecting feedback from survivors to better understand how well their trauma-informed services are working.

The Trauma-Informed Outcomes Scale is intended for adult survivors age 18 and older. It includes 19 items for adult survivors, 6 items on parenting, and 2 items on survivors' reports of changes in their children because of working with their DV program. The TIOS also has three open-ended questions to learn more about survivors' experiences with their DV program in their own words. The survey takes about 15-20 minutes to complete. It is available in English and Spanish.

The Trauma-Informed Outcomes Scale is designed to work with the Trauma-Informed Practice Scale (TIP). The TIP Scale is a 33 question scale that allows survivors to provide feedback about how trauma-informed staff and services are. It is also available in English and Spanish. It is different than the Trauma-Informed Outcomes Scale because it focuses on survivors' experiences of staff and programming, whereas the Trauma-Informed Outcomes Scale focuses on the changes survivors see in their own feelings and wellbeing because of trauma-informed DV services.

Your program can either use the entire TIPs as a supplement to the Trauma-Informed Outcomes Scale, or a subset of TIPs questions with a focus on trauma-informed practices. This subset can be found in Appendix A. When used together, the Trauma-Informed Outcomes Scale and the TIPs allows programs to have a fuller picture of how trauma-informed their organization and services are and their impact.
What to do before administering the Trauma-Informed Outcomes Scale

Before administering the Trauma-Informed Outcomes Scale, please take time to think through the following questions. It may help to do this as part of a team within your program.

**Goals:**

a. What are your program’s goals in administering the Trauma-Informed Outcomes Scale?

b. How would your program ideally like to use the results of the survey?

c. How does the TIOS fit into other evaluation or feedback processes happening within your program?

d. How might the results of this survey be used to further improve your program’s services?

e. How will results from this survey be shared? Are you planning to use data from this survey for other kinds of reporting?

**Engaging staff members:**

a. How will program leadership engage staff members who will be responsible for administering, collecting, or analyzing data from the Trauma-Informed Outcomes Scale? What kinds of information, instructions, or training are required to do this well?

b. Which staff members will be involved in inviting survivors to complete the survey?
c. Which staff members will be involved in collecting and/or analyzing survey data?

d. How will staff members invite survivors to complete the survey?

Administering the survey:

a. Which survivors will be eligible to complete the survey? Will your agency offer the survey to all survivors or a subset of survivors served by your program?

b. How will your program protect the confidentiality and anonymity of survivors who complete the survey?

c. How will your program ensure that the responses collected are representative of the experiences of a diverse range of survivors?

d. What will your program do to ensure that survivors understand that the survey is voluntary?

e. How long will you administer the survey, and during what time of year will you administer it? Keep in mind the ways that holidays or seasonal trends might affect which survivors are available to participate.

f. Will you administer it only once, or will you use the survey multiple times to track changes within your program?
How was the Trauma-Informed Outcomes Scale developed?

The Trauma-Informed Outcomes Scale is rooted in the voices and experiences of diverse survivors and DV program staff members from across the United States. Before creating the survey, we talked with survivors, advocates, and other DV program staff members to learn about their experiences with trauma-informed domestic violence services. We held focus groups with staff and then with survivors in 6 domestic violence programs. These 6 domestic violence programs include rural, small city, and urban areas in the Southwest, Northwest, Midwest, and Southeast. Three are mainstream domestic violence programs, and three are culturally specific domestic violence programs. Focus groups were conducted in English, Spanish, and Korean. All focus groups covered these core themes:

a. What staff did to make survivors feel welcomed

b. How the program attended to the ways that survivors have been affected by domestic violence and trauma

c. How the program responded to crises and conflicts

d. What changed for survivors because of the services they received at their program

Next, we reviewed transcripts from all focus groups to see which themes came up the most. These themes were used to create a draft version of the Trauma Informed Outcomes Scale. We then worked with 16 domestic violence programs across four states to test the Trauma-Informed Outcomes Scale, to see how well it worked. A total of 269 survivors completed the survey. We used the data from this test of the survey to refine items.

1 The development of the Trauma Informed Outcomes Scale has been reviewed and approved by the Cook County Health and Human Services’ Institutional Review Board.
Administering the Trauma-Informed Outcomes Scale

Who should I invite to complete this survey?

In order for the results of this survey to be as helpful as possible, we strongly recommend inviting a group of participants that mirrors the diversity of survivors who engage with your program’s services. This may mean inviting survivors:

a. Of all races, ethnicities, cultural groups, religious backgrounds, gender identities and gender presentations, sexual orientations, class backgrounds, abilities/disabilities, or ages (as long as they are adults- keeping in mind that the Trauma-Informed Outcomes Scale is meant only for survivors age 18 and older).

b. Who participate in all kinds of services, such as counseling, shelter or housing programs, and advocacy programs, including legal advocacy, case management, or parenting programs.

c. Who could have different levels of satisfaction with your program’s services. You may not know this about each survivor ahead of time. However, keep in mind that someone who has been with the program for a longer period of time may be more satisfied with services, have fewer resources, or have more complex needs, among other reasons for staying.

The more representative the sample, the more likely the results will be useful for your program.

Alternatively, you can also use the Trauma-Informed Outcomes Scale within a specific group within your program- for example, survivors accessing counseling services. This can be helpful if you are interested in the experiences of a subset of survivors within your program.

Since this survey measures changes in survivors’ feelings and behaviors because of your program, we strongly recommend offering this survey to survivors who have had at least two visits/appointments or days in shelter.
How should I invite survivors to complete this survey?

We have included sample guidance for staff members on how to invite survivors to complete this survey. We have also included a sample Information Sheet for staff members to give to survivors so that they can make an informed choice about participating. These are being provided as examples and your program can customize them to meet your needs. Both can be found in Appendix B.

Whenever possible, it is best to introduce this survey to a survivor during a one-on-one meeting. This ensures that survivors have a private and confidential space to ask questions, share any concerns, and choose whether or not they want to do the survey. It would also be okay for staff members to read an Information Sheet or other form of script to survivors in a group, like a support group, and make time for them to ask any questions as a group or in private. Often, programs will do this during the last five to ten minutes of a group.

When inviting a survivor to complete the Trauma-Informed Outcomes Scale it is essential to:

a. Keep in mind that the survivor’s privacy and safety are the most important considerations.

b. Tell the survivor that the survey is confidential and anonymous, and that staff members will not be able to trace their responses back to them. This helps survivors feel more comfortable being honest and open.

c. Invite survivors to ask any questions that they have about this survey.

d. Respect a survivor’s choice to say no to doing this survey.

e. Remind survivors that doing (or not doing) the survey will not affect their relationship with the program, you personally, or the services they receive.

If a survivor is upset or in crisis, you should not introduce the survey to them at that time.
Survivors should be able to complete the TIOS in a way that protects their privacy. For example, a staff member who has provided services to a survivor should not be present when they complete the survey, to ensure that they feel more comfortable being as honest as possible. If a survivor wants to do the survey but has difficulty reading, then a program staff member who has not provided direct services to them should work with them to do the survey verbally. Finally, if a survivor who speaks a language other than English or Spanish wants to do the survey, then a staff member (who has not provided direct services to them) or an interpreter could administer the survey verbally in their primary language.

There are also some logistics to figure out in protecting survivors' privacy. For example, survivors should get an envelope to put their completed survey in so that no one can see their responses. Many programs use survey boxes as an easy and safe way to collect completed surveys. Survey boxes should be opaque and covered (a repurposed cardboard box works well) and should be kept in a location that allows for some privacy. Some programs keep their survey box at their front desk. If surveys are given out at the end of a support group, then staff members should not be present in the room when survivors complete the survey. In this case, your program could use a survey box or a big opaque envelope for survivors to leave their completed surveys.

How to use the information you collect from the Trauma-Informed Outcomes Scale

Scoring the Trauma-Informed Outcomes Scale is simple. We have prepared a sample Excel scoring sheet for your program to use, which will take care of calculating means, averages and counts, and frequencies. You do not need to have statistical software or a staff person with expertise in data management to be able to score the Trauma-Informed Outcomes Scale and understand what the results mean for your program.
Scoring the 19 Trauma-Informed Outcomes Scale items for adult survivors

There are two basic ways to look at results from the TIOS, each of which will yield different insights and nuances: counts and averages. Both can be done with a calculator, paper and pencil, or with the spreadsheet we have provided.

Counts

The first way to score the data is through calculating counts. To calculate counts, tally the number and percentage of participants who chose each option for every item. This simple calculation can yield crucial feedback for your program. For example, let's look at item #1: “I am more likely to feel that I can be myself.” There are four response options: “very true,” “somewhat true,” “a little true,” and “not true at all.” Participants can also select “I don’t know” and occasionally participants elect to skip items. To calculate the counts for item #1, look at the responses from all participants and tally the number of participants who selected each option. You will also need to note the number of participants who selected "I don't know" or skipped this item.

Here is an example of what this might look like for your program if 22 participants completed the TIOS:

1. **Example Item #1:** I am more likely to feel that I can be myself:

   - 5 participants selected “very true” = 5
   - 7 participants selected “mostly true” = 7
   - 5 participants selected “a little true” = 5
   - 3 participants selected “not true at all” = 3
   - 1 participant selected “I don't know” = 1
   - 1 participant skipped this item = 1
From here, you can calculate the percentages of participants who selected each response option. Before doing this, make sure to omit the number of participants who selected “I don’t know” or skipped the question. This means that you will be using 20, not 22, in calculating percentages (22 total minus 1 “I don't know” minus 1 skipped equals 20).

- 5 out of 20 selected “very true” = $\frac{5}{20} = .25$, or 25%
- 7 out of 20 selected “mostly true” = $\frac{7}{20} = .35$, or 35%
- 5 out of 20 selected “a little true” = $\frac{5}{20} = .25$, or 25%
- 3 out of 20 selected “not true at all” = $\frac{3}{20} = .15$, or 15%

With this information, you can better understand the experiences of participants in your program.

**Averages**

Another approach to understanding your data is utilizing averages (also known as means). As compared to counts, averages can help you to have a better overall big picture understanding of results across items. While it may be easier to calculate averages using a spreadsheet, you can also do this using a calculator, paper, and pen.
We will again use TIOS item #1 as an example (“I am more likely to feel that I can be myself.”). Take a moment to look at the TIOS again. You will notice that each response option has a value assigned to it: “very true” = 4, “mostly true” = 3, “a little true” = 2, “not true at all” = 1. Now, let’s look at the counts that you have already calculated. You will need to multiply the number of people who selected each option by the value assigned to each item. Do not include the number of participants who selected “I don’t know” or who skipped the item.

- Very true: 5 people selected this times 4 = 20
- Mostly true: 7 people selected this times 3 = 21
- A little true: 5 people selected this times 2 = 10
- Not true at all: 3 people selected this times 1 = 3
- I don't know: 1 (omitted)
- Skipped: 1 (omitted)

Next, add up all of the multiplied values. In this case, the total will be 54 (20 + 21 + 10 + 3 = 54). To figure out the overall mean score for this question, divide 54 by 20 (the total number of responses minus ‘I don't know’ and skipped) and you will get your mean score, which is 2.7 (54 / 20 = 2.7). This information tells you that, on average, respondents are somewhere between somewhat true and a little true for this item.

Average scores are powerful because they provide a basis for comparison. Your program can compare and rank the means for all 19 TIOS items to better understand the areas in which survivors report the highest and lowest scores. You can also calculate an overall average across all 19 items. Average scores can also be used to track changes over time, if you administer the TIOS more than once. This may be particularly helpful if your program is instituting new trauma-informed policies or services, as you can document differences in survivors’ responses in various stages of program change.
Understanding item #11: “Please check ‘2’ (A Little True) on this line.

Within the adult TIOS items, there is one item that doesn’t look like all of the others. This is item #11: Please check “2” (a little true) on this line. Item #11 is what researchers call an attention-check item. Attention check items help you to understand the quality of survey data that you have collected from survivors. In this case, the attention-check item asks survivors to select “2” for item #11. In reviewing your data, if you see a survey where the respondent did not check “2” for item #11, then chances are good that they weren’t reading through the survey. We have observed that survivors will at times select all “4’s” because they are genuinely grateful for the services that they have received and may be too busy, tired, or distracted to carefully read through each item. If you come across a survey that does not have “2” selected for item #11, it is important to discuss it among your team and decide whether or not to keep that survey. If the respondent was not paying attention to the survey, then it makes it far less likely that their responses to specific items are valid. Additionally, item #11 should be omitted from any final analyses.

Scoring the TIOS items on parenting and children’s wellbeing

The process of scoring the TIOS items on parenting and children’s wellbeing is the same as the one used to score the 19 adult TIOS items. However, in calculating both the counts and averages, you will need to also review participants’ responses to Q1 of that section on whether or not they have any children. At times, participants may check no to that question, yet provide responses to the items on parenting and children. Because of this, it is advisable to disregard any responses to items on parenting and children from people who check “no children.” This can also serve as another kind of “attention-check” item.
Understanding your results

Once you calculate your TIOS scores, the next step is to make meaning of them for your program. It is essential to work with survivors, as well as staff members at all levels, to interpret the results from the survey. Some programs have paid survivor advisory groups, which may be helpful to better understand your TIOS results. In reviewing your results, you might encounter some things that at first glance don’t make sense for you. For example, you may see that survivors who have worked with your program for a longer period of time have lower scores than those who have been with the program a shorter period of time. This could be for a variety of reasons: maybe the survivors who have been with the program for a longer time have fewer resources or have experienced more profound trauma. Another thing to consider is that within any given TIOS score is a broad range of experiences. There may be clusters of survivors who have different experiences than others, which would be important to understand in thinking about programmatic policies and improvements. The three open-ended items at the end of the TIOS can also be helpful in interpreting both individual surveys and the overall results. They provide primary information on what has been helpful about your program, including for their children and family and survivors themselves. They provide survivors with a space to describe healing and change in their own words.

Let’s look at an example to walk through some things to consider in interpreting results. In this example, the results for TIOS item #1 (I am more likely to feel that I can be myself) are 25% “very true,” 35% “mostly true,” 25% “a little true,” and 15% “not true at all.” One conclusion that can be drawn is that a majority of participants note improvements in this area of their life because of their program. However, a significant percentage of participants-15% selected “not true at all”, and an additional 25% selected “a little true”. From here, it is helpful to look at the service utilization and demographic data collected with the TIOS for context:

a. Do you notice any differences in the length of service engagement among participants who selected “very true”/“mostly true” or “a little true”/“not true at all”?

b. Do you notice any differences in the kinds of services accessed?
c. Do you notice any differences by age, gender, or race and ethnicity?

d. Do you notice any differences by participants' current relationship with their abusive partners?

e. Do you notice any differences by whether or not participants have children?

f. How does the language of this question connect with your program's mission, values, culture, or services?

Much of the art of interpreting data involves identifying patterns. Any patterns in the answers to the above questions may be particularly helpful to your program as you continue to improve your services.

In making sense of your program's TIOS results, it is essential to examine the effects of racism, discrimination, and other forms of identity-based marginalization. Are there notable differences by race, ethnicity, age, or gender identity? How does this relate to the overall culture and feel of your DV program, the cultural and racial background of staff members and program leadership, and the community your program is situated within?

Overall, culture is critical to interpreting and understanding the data your program obtains from the TIOS. Research suggests that there are cultural differences in how people select more neutral or more extreme items within rating scales; this knowledge can impact how your program interprets your data. This highlights the need for survivors, community members, and DV program staff from representative, diverse cultural backgrounds to participate in interpreting your data. Additionally, the use of scales like the TIOS may be alienating in itself among individuals or cultural groups who use storytelling or other forms of expression to describe paths of healing or change. A scale like the TIOS may feel invasively Western, Eurocentric, or frankly irrelevant. This is crucial to take into account as your program considers using a scale like the TIOS to measure change.
For additional guidance as your program thinks through evaluating your services and using the TIOS, we recommend reviewing the following resources:

**Tips for creating a plan with staff for collecting outcome evaluation data:**

**Inviting program participants to complete program evaluation forms:**

**Attending to safety, confidentiality, and diversity in evaluating your work:**

**Guidance on gathering, maintaining, and analyzing data:**

**Information on cultural differences in how people work with scales:**
[https://measuringu.com/scales-cultural-effects/](https://measuringu.com/scales-cultural-effects/)

If you would like information about why your program should consider evaluating your work, we highly recommend reading this short and helpful resource guide:
Appendix A

Your program can consider using the following items from Goodman and Sullivan’s Trauma-Informed Practice Scale (TIPS). The TIPS is a partner tool to the TIPSS but was developed separately. We are suggesting the following items because they allow survivors to say how well staff members are doing in offering specific trauma-informed supports.


**For adult survivors:**

Next, we would like to know about your experiences with your domestic violence program this time. Please let us know how strongly you agree or disagree with the following statements. We will be using this scale: 4 is very true, 3 is mostly true, 2 is a little true, and 1 is not at all true. You can also choose “I don't know” (IDK).

<table>
<thead>
<tr>
<th>Since beginning work with my domestic violence program THIS TIME...</th>
<th>4 Very True</th>
<th>3 Mostly True</th>
<th>2 A Little True</th>
<th>1 Not True At All</th>
<th>IDK I Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff are supportive when I'm feeling stressed out or overwhelmed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Staff provide opportunities for me to learn how abuse and other difficulties affect people's mental and emotional health.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Staff provide opportunities for me to learn how abuse and other difficulties affect people's physical health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Since beginning work with my domestic violence program THIS TIME...</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>IDK</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>1</td>
<td>Not True At All</td>
<td>A Little True</td>
<td>Mostly True</td>
<td>Very True</td>
</tr>
<tr>
<td>4. Staff provide opportunities for me to learn how abuse and other hardships affect people’s relationships.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Staff respect the choices that I make.</td>
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<tr>
<td>6. Staff make me feel comfortable sharing things about my life on my own terms and at my own pace.</td>
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<td></td>
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<tr>
<td>7. Staff provide opportunities to learn how abuse and other difficulties affect people’s ability to think clearly and remember things.</td>
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<td></td>
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<tr>
<td>8. Staff have talked with me about how to handle unexpected reminders of the abuse and difficulties I have endured.</td>
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</tbody>
</table>
### TIPS items for parenting:

Please let us know how strongly you agree or disagree with the following statements. We will be using this scale: 4 is very true, 3 is mostly true, 2 is a little true, and 1 is not at all true. You can also choose “I don’t know” (IDK) or “not applicable” (N/A).

<table>
<thead>
<tr>
<th>Since beginning work with my domestic violence program THIS TIME...</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>IDK</th>
<th>Very True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff have provided opportunities for me to learn more about how children react emotionally when they have witnessed or experienced abuse and other hardships.</td>
<td></td>
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<tr>
<td>2. Staff help me explore how children’s relationships can be affected by witnessing or experiencing abuse and other life difficulties.</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Staff help me learn more about how my own experience of abuse can influence my relationships with my children.</td>
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<tr>
<td>4. Staff support me to strengthen my relationships with my children.</td>
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</tr>
</tbody>
</table>
Appendix B

Guidance for Program Staff Members on Administering the TIOS

This document is being provided as sample guidance for your program. It would be given to any staff members involved in distributing the TIOS to survivors. Guidance documents like this one help to make sure that the process goes smoothly.

Trauma Informed Outcomes Scale

Survivors will soon be invited to complete the Trauma Informed Outcomes Scale. This time period begins on: **DATE** and ends on **DATE**. Please read through these guidelines before inviting any survivors to complete the Trauma Informed Outcomes Scale. If you have any questions, please contact **STAFF MEMBER AT YOUR PROGRAM WHO IS OVERSEEING THIS** - **EMAIL/PHONE NUMBER**.

1. Who should I invite to complete this survey?

We are most interested in hearing from survivors who have received services from our program for a significant period of time. In order to complete this survey, survivors must have had at least two visits/appointments, although more is better. Also, survivors must be age 18 or older to complete this survey. The survey is available in both Spanish and English, depending on the survivor's language preference.
2. How do I introduce the survey to survivors?

Introduce the survey by reading the Information Sheet to the survivor. You should also provide the survivor with their own copy of the Information Sheet to keep for their own records. Ask the survivor: 1) if they understood everything that you covered in the information sheet, 2) if they have any questions you can answer, and 3) if they are interested in doing the survey.

3. When should I invite survivors to complete this survey?

When possible, it is best to introduce this survey to a survivor through a one-on-one meeting. This ensures that survivors have a private and confidential space to ask questions, talk through the Information Sheet, share any concerns, and choose whether or not they want to do the survey. If a survivor is upset or in crisis, then you should not invite participation at that time.

4. Is it okay to do this during a group?

For staff who are meeting with groups of survivors, such as support groups, it would be okay to read the Information Sheet to them and ask any questions as a group. Each individual survivor would still need to receive their own copy of the Information Sheet, but it could be reviewed as a group process. Staff would need to provide each survivor who chooses to complete the survey three things: 1) a copy of the survey, 2) a copy of the Information Sheet, and 3) an envelope. Staff would need to be available to meet individually with any survivor who had questions or concerns about the survey that they did not want to discuss in the group setting. Survivors could be given the last few minutes of the group for this purpose, and to complete the survey if they choose to do it at that time. Staff members should not be present in the room when survivors are completing the survey. This is meant to protect their confidentiality and privacy.
5. What if a survivor has questions about the survey?

Survivors are welcome to ask any questions they have about the survey so that they can make an informed choice. The following points answer some common questions that survivors may have:

a. **How long will the survey take?** The survey will only take 15-20 minutes to complete.

b. **Will staff (or anyone else) know which survey is mine?** The survey is totally anonymous. Staff will not know who completed which survey. There are several procedures in place to make sure that the survey remains anonymous:
   1) Survivors are not asked to provide their name on any documents.
   2) When you are done with your survey, you can go to the Survey Box in the office, seal your survey in the envelope, and place your sealed survey in the Survey Box. If survivors are completing the surveys at the end of a support group meeting, a big envelope will also be provided for the completed surveys. Staff members will not be in the room when survivors complete the survey.
   3) Staff will not ever see what any individual participant writes.

c. **What if I want staff to know what I said?** Some survivors may tell you that they WANT you to know what they said. If this happens, thank them but remind them that you want them to be as open and honest as possible when completing the survey and that you'd rather they do the survey in confidence. Of course, they can share with you or directly with staff what they would like to share at another time.

In any case, it is important to remind survivors that completing the survey is completely voluntary and their choice. Choosing to complete (or not complete) the survey will not affect survivors' relationship with the program or any of their services.
Sample Information Sheet: Trauma Informed Outcomes Scale

This Information Sheet is being shared as an example or template. The purpose of the Information Sheet is to make sure that participants are informed about the nature of the survey, that they know that it is voluntary and confidential, and that they have the opportunity to have any questions answered.

Information Sheet: Trauma Informed Outcomes Scale

You are invited to participate in a survey about how your feelings and experiences may have changed since working with PROGRAM NAME. This survey will help PROGRAM NAME better understand how participants are doing because of the services provided here.

Your participation in this survey will take 15-20 minutes of your time. The survey is available in both Spanish and English. It is anonymous, which means that it will not ask for your name. We will be looking at all of the surveys together as a group, which means that we will not be focusing on any one survey. This means that PROGRAM NAME will have no way to know who completed which survey. You will fill out the survey yourself. When you are done with your survey, put it in the envelope that came with your survey and then drop it in the survey box. The survey box is NAME LOCATION OF THE SURVEY BOX.

Your participation in this survey is very important, but you do not have to complete it if you do not want to do so. It is your choice. Your choice to do (or not do) the survey will in no way affect your relationship with PROGRAM NAME or your access to services at PROGRAM NAME. If you choose to complete the survey, you do not need to answer any individual questions that you do not want to answer. You can also stop answering questions at any time.
If you have any questions or concerns about this survey, please let me know. If you have further questions, you can talk to **STAFF MEMBER RESPONSIBLE FOR SURVEY’S NAME** at **PHONE NUMBER/ADDRESS/EMAIL**.

Do you have any questions?
Acknowledgements

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Suggested Citations

For the ACRTI Evaluation Toolkit as a whole:


For the Trauma-Informed Outcomes Scale: