



# **WELLBEING AND SAFETY**



# What is this survey for?

CAFADA is the Children and Families Affected by Domestic Abuse Project. The project is trying to find out how people who work in places like schools, the police, social work, and \*\*\* help families when there has been domestic abuse.

We want to learn what sort of things help and if there are things they could do better.

We are working with \*\*\* to learn about what impact the services have on the safety and wellbeing of mothers affected by domestic abuse, and how mothers feel about the support they receive.

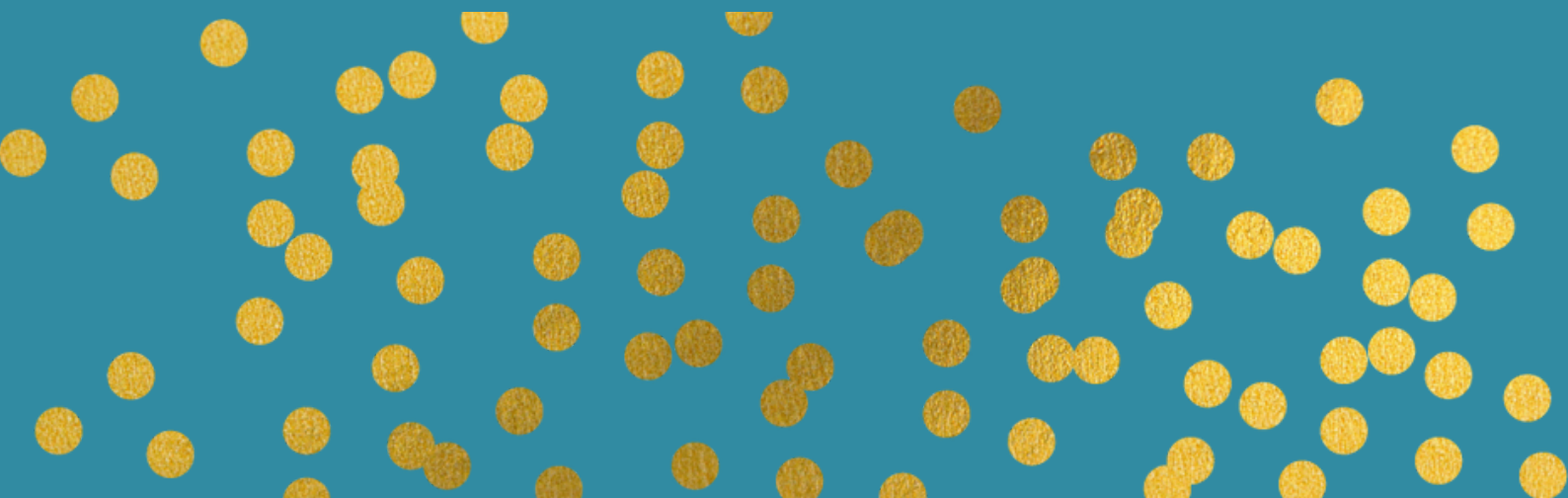
As a new person joining \*\*\* we would like to invite you to complete this survey. The survey asks questions about the support you have, your safety, your wellbeing, and your relationships.

We would like you to complete the same survey two more times in the future – once you finish the \*\*\* programmes and then a few months after that.

You do not have to complete the survey, it's entirely up to you. Your decision won't affect your relationship with \*\*\*.

If you do decide to take part, you can change your mind. You can choose not to complete any future surveys.

If you change your mind once you have completed the survey let us know. If you tell us up to 2 weeks after you have completed it, we can remove your survey from our work.



# Consent form

This form is to help us make sure you have been given information about the research project and had a chance to ask any questions. Please ask if there is anything you aren't sure about.

Please tick the box if you agree	
I have read the Information leaflet for women "CAFADA Project: Researching ***" about the project.	<input type="checkbox"/>
I have had the chance to ask any questions about taking part in the project.	<input type="checkbox"/>
I know that it is up to me whether I take part in the project.	<input type="checkbox"/>
I know this decision will not affect my relationship with ***.	<input type="checkbox"/>
I know I can change my decision about taking part.	<input type="checkbox"/>
If I change my mind about completing the survey, I know I can tell the researchers to remove my survey up to 2 weeks after I complete it. I know I don't have to give a reason for changing my mind.	<input type="checkbox"/>
After 2 weeks I understand that it might not be possible to remove my survey because the report about the project will be written.	<input type="checkbox"/>
I know that what I say in the survey will be kept confidential. This means that what I say will be used in reports, but my name will never be used in any reports. No one will be able to tell that I have taken part in this project.	<input type="checkbox"/>
I understand how the information I share will be used and stored.	<input type="checkbox"/>
I am happy to take part in this project.	<input type="checkbox"/>

Name:

Date:

Signature:



# How do I fill in this survey?

The survey focuses on three areas of your life:

1. How supported and safe you feel
2. Your wellbeing and mental health
3. Your relationships

There are statements about each of these areas of your life. We want you to tell us how much you agree with each of the statements. Tick the box that reflects how much you agree with a statement.

Here is an example of how to answer the survey:

	Not a lot	A bit	Somewhat	Quite a bit	Quite a lot
I enjoy my work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident in new situations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These answers would show:

I agree somewhat with the statement 'I enjoy my work'.

I agree a bit with the statement 'I feel confident in new situations'.

# If you need help filling in the form

✓ You can talk to one of the \*\*\* Co-Ordinators about the form.

✓ You can contact \*\*\* who is carrying out the research at \*\*\*.

## Please remember

✓ There are no wrong or right answers.

✓ You can skip any part of the survey you don't want to answer.

# About you



What is your gender?

What is your age?

What is your ethnicity?

How many children do you have?

What are your children's ages?

Do you have any disabilities?  
Please can you describe them.



# Feeling supported



We want to know more about the support and help that you and your family have. We also want to understand about your safety.

Please tell us how much you agree with the statements below.

	Not a lot	A bit	Somewhat	Quite a bit	Quite a lot
I have the basic things I need (e.g. money, shelter, food).					
I have the support I need from services and professionals.					
My child(ren) have the support they need from services and professionals.					
I have felt involved in decision-making by professionals about me and my family.					
I have felt listened to by services.					
I trust the professionals I receive support from to help me and feedback to me.					
My child(ren) and I have good social support networks (e.g. friends, neighbours and wider family).					
I feel safe at home.					

Is there anything else you'd like to tell us or say about your answers above?





# Feeling supported



We want to know more about the support and help that you and your family have. We also want to understand about your safety.

Please tell us how much you agree with the statements below.

	Not a lot	A bit	Somewhat	Quite a bit	Quite a lot
I feel emotionally safe.					
I have control of my own money and financial matters.					
In relation to my experiences of domestic abuse, I have felt supported and safe in my contact with criminal justice and legal systems.					
I have accessed legal support and advice when I needed it.					
I know my child(ren)/family are safe from domestic abuse					
I am free from unsafe and unwanted contact with the person who carried out domestic abuse.					
My child(ren) are free from unsafe and unwanted contact with the person who carried out domestic abuse.					
I live without fear and anxiety.					

Is there anything else you'd like to tell us or say about your answers above?



# Your wellbeing and mental health



We know that domestic abuse affects women's wellbeing and mental health. We want to understand how support services are supporting your wellbeing and mental health.

Please tell us how much you agree with the statements below.

	Not a lot	A bit	Somewhat	Quite a bit	Quite a lot
I talk to my family about how I feel.					
I express my feelings when I am with my family.					
I feel good about myself.					
I am physically well and sleeping well.					
I feel calm and relaxed.					
I feel confident about myself.					
I have a sense of belief in myself.					
I feel low.					

Is there anything else you'd like to tell us or say about your answers above?

# Your wellbeing and mental health



We know that domestic abuse affects women's wellbeing and mental health. We want to understand how support services are supporting your wellbeing and mental health.

Please tell us how much you agree with the statements below.

	Not a lot	A bit	Somewhat	Quite a bit	Quite a lot
I feel irritable or angry a lot of the time.					
I feel stressed or anxious.					
I have choices and am in control of what is happening in my life and my child(ren)'s lives.					
I feel positive about the future.					
I have opportunities and time to do things for myself that make me feel good.					

Is there anything else you'd like to tell us or say about your answers above?

# Your relationships



We know domestic abuse affects women's relationships - with their children, family and friends. We want to understand how you feel about your relationships.

Please tell us how much you agree with the statements below.

	Not a lot	A bit	Somewhat	Quite a bit	Quite a lot
My child(ren) and I talk openly together.					
My child(ren) can express their feelings to me.					
My child(ren) can talk about domestic abuse and the hurt that has happened in our family.					
I have friends that I like and trust.					
I have friends or family members who help me during difficult times.					
I feel supported in being a parent.					
The support my child(ren) and I received from *** has made a difference to my experience of parenting following domestic abuse.					

Is there anything else you'd like to tell us or say about your answers above?



# AFTER THE SURVEY



THANK  
YOU

Thank you for completing this survey. We really appreciate you sharing this information with us.



If you or your child(ren) are in danger, and you need urgent help phone the police – if you are in immediate danger phone 999.

You can call 101 if you want to speak to the police about your safety, but it is not an emergency.



We know that thinking about some of the things in this survey can be difficult. People sometimes feel upset, lonely, or angry afterwards.

It can help to talk with someone about how you are feeling. You can talk with your \*\*\*.

You can also call the 24hr Domestic Abuse Helpline on \*\*\* or chat on their website \*\*\*.



We won't use your name or any information that would identify you in our reports.



If you change your mind about taking part, you can have your information removed from the research.

Tell \*\*\* or email \*\*\* within 2 weeks from completing this survey.

We will then remove your information from the project.

If you email after the 2 weeks, it might be difficult to remove your information because we will have started to write our reports.









Participant Reference:



**CAFADA**

Developing the evidence base for  
innovation in social care for children &  
families affected by domestic abuse



Economic  
and Social  
Research Council

UNIVERSITY of  
**STIRLING**

