

CASACV Client and Carer Feedback

This is an anonymous questionnaire.

We value your feedback, and the answers you provide will be used to improve the services we offer. Thank you for taking the time to answer the following questions.

1. My child(ren) attended the following number of counselling sessions (please check one):

- 1-3 sessions
 4-10 sessions
 10-15 sessions
 More than 15 sessions

2. Is this the first time you have accessed counselling with CASA?

- Yes
 No

3. Why did you come to CASA most recently? (please check any relevant boxes)

a) Recent sexual assault (in the past 12 months)	<input type="checkbox"/>
b) Sexual assault more than 2 years ago	<input type="checkbox"/>
d) Childhood sexual assault when you were less than 18 years	<input type="checkbox"/>
e) A parent / care giver of an ADULT who experienced sexual assault	<input type="checkbox"/>
f) A parent / care giver of a CHILD who has been sexually assaulted	<input type="checkbox"/>
g) A partner / friend of a someone who experienced sexual assault	<input type="checkbox"/>
h) A parent / care giver of a child or young person displaying sexualised behaviours	<input type="checkbox"/>

Other please comment

4. Would you describe your first telephone call with CASA as:

- Helpful
 Unhelpful

Because: _____

5. Which CASA site did you attend? (Please check)

a) Bendigo MDC	<input type="checkbox"/>
b) Maryborough	<input type="checkbox"/>
c) Echuca	<input type="checkbox"/>
d) Kyneton	<input type="checkbox"/>
e) Kyabram	<input type="checkbox"/>
f) Tarrengower	<input type="checkbox"/>

6. How easy was it for you to access the CASA site you visited? (Please put one tick for each category)

	Very easy	Quite easy	Quite difficult	Very difficult
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical access to the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Did you experience a waiting period for counselling and support?

Yes No

8. Did you feel you were able to contact and seek support from CASA whilst you and your child(ren) were waiting for counselling?

Yes No

Because: _____

9. Thinking about how long you had to wait for your first appointment, are you:

Satisfied Unsatisfied

Because: _____

10. When you met with a CASA counsellor, were you told about any of the following? (Please tick any that apply, leave blank if you were not told)

Confidentiality

Consent to share information

Ability to change counsellor

Complaints process

11. Please tick the box that best matches how you feel about your experience with CASA.

	Very much	Somewhat	A little	Not at all
My counsellor offered information about resources we might need now or in future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more in control of my life than I did before my child(ren) started the counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found CASA counselling services to be helpful to my child(ren)'s healing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have better understanding of common reactions to sexual assault/ trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt CASA understood and responded to our cultural needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child(ren) were able to set clear goals we wanted to reach through counselling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child(ren) and I felt I was supported by my counsellor to reach our goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. When I think about what I wanted my child(ren) to get from counselling, I would say:
(Please check one)

It has met or exceeded all of our expectations

It has met most of our expectations

It has met some of our expectations

It has met none of our expectations

13. What things did you and your child(ren) find most helpful about the counselling experience?

14. What things did you and your child(ren) find least helpful about the counselling experience?

15. If a friend of mine told me that they were thinking of using CASA services I would:

Suggest that they contact CASA

Suggest that they contact another counselling service

Because: _____

Any additional comments, suggestions or feedback?

A few questions about you.

I identify as

Female Male Transgender Prefer not to answer

I am

Under 18 18-29 30-44 45-64 65 and over

My child(ren) are

0-5 yo 5-10 yo 10-13 yo 13-18 yo

I am of Aboriginal or Torres Strait Islander cultural heritage

Yes No Prefer not to answer

My child(ren) are of Aboriginal or Torres Strait Islander cultural heritage

Yes No Prefer not to answer

My child(ren) are of _____ cultural heritage.

Thank you again for taking the time to fill this out. Please contact us if you should need anything.