**FY2024 MDPH SEXUAL AND DOMESTIC VIOLENCE (SDV) SURVIVOR/PERPETRATOR GROUP SESSION SERVICES TABLE INSTRUCTIONS**

# (For use July 1, 2023-June 30, 2024)

**Purpose of the MDPH SDV Survivor/Perpetrator Group Session Services Table:**

The MDPH SDV Survivor/Perpetrator Group Services Table documents group counseling sessions for people who have experienced sexual and/or domestic violence. Group counseling brings together people with common experiences for support, community, sharing, and learning. Groups may be led by clinicians, non- clinical staff, or peers. (NOTE: This Table is NOT for completion by staff of MA Certified IPAEPs. MA Certified IPAEPs have separate reporting tools specific to their service model).

This template is for your reference and internal use **only**, as you enter your data into REDCap. We regret that we cannot accept any paper-based forms or emailed data.

**General Form Completion Rules**:

* Log in to your REDCap account to begin entering your group services data and select the SDV Group Services report link
* Information on each group offered under an MDPH SDV contract should be recorded as a REDCap SDV Group Services report once per quarter.
* Information on each group should be summarized in its own separate SDV Group Services report (one report per group offered).
* In the REDCap form, please select your agency’s name, the quarter for which you are reporting, and the correct fiscal year
* Please complete all visible fields in each report, including any that are enabled based on a previous entry in the reporting form.
* Remember that, in this report, you are characterizing the group as a whole, so the demographics questions refer to the composition of your group during the quarter about which you are reporting
* Remember that, for Quarter 1 only, all clients are treated as “New,” and so you will have the same counts in the “Total” and “New” fields. In subsequent quarters, clients are only counted as “New” if they have not attended SDV group services in a prior quarter of the current fiscal year.
* Please create a report for every contract type you have, even if you did not run any groups under that contract
* Remember **to save** each of your reports in REDCap using the “Save and Exit Form” button located below the last line of the table.
* **You still need to complete a REDCap SDV Group Services Report or reports even if you do not conduct any groups during a quarter.**

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* + Select the quarter, select type of MDPH contract, and in response to “Any Groups This Quarter”, select “No”.
  + Example: if your agency is funded by three MDPH contracts, and you did not offer groups under any of these contracts in a particular quarter, you will enter three reports, one for each MDPH contract, and indicate that you had no groups for each for the quarter in question.
* For Rape Crisis Centers only: Incident forms should not be filled out automatically for group counseling participants. Only if a participant discloses a specific sexual assault (or series) – before, during, or after a group counseling session – should an Incident Form be completed upon the first report of the incident, and only if the incident has **not** been reported to any MA RCC previously, including to your own RCC.

# Instructions for each data box:

**Group Session Quarter** – Select the quarter when group counseling sessions were conducted. The year field will be populated for you based on your selection under “Quarter.”

**MDPH Contract** – Select the MDPH service model under which the group counseling session was conducted.

**Any Groups This Quarter?** Please remember to complete this cell every time you make a report of a session. Its completion controls the presentation of certain other cells in the row. When you answer “No,” the remaining cells in a row disappear. When you answer “Yes,” all the remaining cells in the row remain visible and are enabled. If you change your answer to this question from a “No” to a “Yes,” the cells in that row that had become invisible reappear.

**Group Gender Code** – Select the option that best describes the gender mix of the group participants.

**Group Age Code** – Select the age group that best describes the age mix of group participants.

**Language in which Group was Conducted** – Select the language in which the group counseling session(s) took place. If the language is not listed in the dropdown menu, choose “Other Language” and enter the language in the box to the right, entitled “Other Language Specify”.

**Group Type** – Select the group type that most accurately describes the group. Every group on which you report should include either survivors or perpetrators of DV and/or SV. Options are:

1. **Adult DV survivor group** – Group for adult survivors (ages 18+) of any type of domestic violence (experienced at any age, by any current or former intimate or dating partner). You also may report pre-service group sessions offered by your DV program under this category of group service.
2. **Teen DV Survivor**– Group for teenage survivors (ages 12-17) of domestic violence,
3. **Children/Youth Who Have Witnessed DV Group** – Group for children/youth (age 17 and under) who have been exposed to domestic violence. The group may include a parent or caretaker.
4. **Parenting Class for DV-Involved Parents –** Class teaches parenting skills in a group context to parents involved in domestic violence (groups may be for either perpetrators or survivors). NOTE: If working one-on-one with a parent involved in domestic violence around positive parenting skills, record these sessions in the Individual-Level Services tool under “One-on-one Parenting Support.”
5. **Parenting Support Group (parenting in DV context) –** Group for mutual (peer) support of parents in the context of domestic violence.
6. **Adult SV survivor group** – Group for adult survivors (ages 18+) of sexual assault. Group may focus on past experiences of abuse as children or on assaults experienced as adults. You also may report pre-service group sessions offered by your RCC under this category of group service.
7. **SV Survivor Group for Children/Youth** – Group for sexual assault survivors under age 18.
8. **Combined Parent/Guardian & Child/Youth SV Survivor Group** – Group designed to serve children/youth who are SV survivors and their accompanying parents/guardians.
9. **SV Secondary Survivor group** – Group for non-offending parents, guardians, other family members, spouses, and significant others of survivors of any type of sexual assault.
10. **Combined Adult SV survivor & Family/Significant Other Group** – Group for survivors of sexual assault and their accompanying non-offending family member(s) or significant other(s).
11. **Combined Adult DV**-**SV Survivor Group –** Group for adult survivors of domestic violence and sexual assault.
12. **Issues-Based DV or SV Group –** Groups designed for survivors of domestic or sexual violence that have a specific issue-based focus, such as “Adult Survivors of Child Sexual Violence” or “Survivors of Military Domestic Violence”.

**This Group is Tailored to Address DV/SV and/among…** If the group counseling session is for a population that is not already named, please enter it here by clicking in all the check boxes that apply. The options are:

* + **N/A –** Select if group population has already been indicted in other data fields on this form. (NOTE: The remaining options in this cell will disappear when “N/A” is checked. They will reappear if “N/A” is unchecked.)
  + **Black Women –** Use only if group is intentionally designed to address the needs of Black Women, **not** merely because people in this group identify as Black women or are the only attendees.
  + **A Specific Culture** - Group is intentionally designed for a specific ethnic group, e.g. Latinas, Cape Verdeans, African Americans, Vietnamese, Khmer, Pan-Asian, etc. Please specify for which culture the group was intended in the “Culture/Disability/Other Population, Specify” box to the right of this one.
  + **Disabilities –** Group is intentionally designed to address the needs of people with disabilities. Please specify for which disability community the group was intended in the “Culture/Disability/Other Population, Specify” box to the right of this one.
  + **Homelessness** - Group is intentionally designed to address the needs of homeless individuals.
  + **Incarceration** - Group is intentionally designed to address the needs of individuals who are currently or who have recently been incarcerated.
  + **Rural Communities –** Group is intentionally designed to address the needs of those living in rural communities.
  + **Sexual Orientation** - Group is intentionally designed to address the needs of individuals of a certain sexual orientation, particularly non-heterosexual individuals.
  + **Substance Abuse** - Group is intentionally designed to address the needs of individuals who have survived SV/DV and have past/current/ongoing substance abuse concerns.
  + **Teens** - Use only if a group is intentionally and specifically designed to address special needs of teens or adolescents, **not** merely because people in this age group are present in the group or are the only attendees.
  + **Other Special Pop.** – Group is intentionally designed for a population not already identified. Please specify the population in the “Culture/Disability/Other Population, Specify” box to the right of this one. Do not specify terms such as sexual assault, adult, teen, male, survivors, etc., because these data are already reported in the other data fields such as group type, age, gender code. DO NOT use this code to identify the method of the counseling session (e.g. art therapy).

**Total # Sessions Provided This Quarter** – Enter the total number of sessions conducted for the specified group during the specified quarter.

**Total # Clients Who Attended This Group This Quarter -** Enter the total unduplicated number of individual participants for the quarter. (e.g. some sessions had 10 people, some had 12, some people left the group and new ones joined. Record the total number of different people who attended during the quarter of report regardless of whether or not they attended every session of the group). This number includes on-going participants from past quarters**.**

**Undup. # New Group Clients this Quarter**– Enter the total number of new participants who attended their first group session during this quarter. This number should *never* exceed the total number of clients. If there were no new clients, enter 0. This cell should not be blank.

## Note: At the beginning of each fiscal year, July 1, all clients should be counted as “new.” Thus, Total # Clients = # New Group Clients. In subsequent quarters, a client may be “new” for this purpose if the client has never been served before by your agency in an SDV group counseling context OR if this is the first quarter of the current fiscal year during which they attended an SDV group session. The goal is to count each client once and only once in this column in any fiscal year. This column gives us the unduplicated count of group counseling clients served. The “Total” field gives us a sense of the typical size of groups and the range of group sizes.

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**Questions??** Contact Nealia Khan ([Nealia.Khan2@mass.gov](mailto:Nealia.Khan2@mass.gov)) or the appropriate DPH SDV contract manager(s).