

Instrument 5: SAVES Qualitative Interviews with Clients Receiving Safety-Focused Intervention Services at Demonstration Sites

Introduction and Consent

Hi, my name is [NAME], and I'm with [Role and Organization].

Thank you so much for speaking with me today.

We're conducting interviews as part of the Safe Access for Victims' Economic Security (SAVES) Center Demonstration, which is a project funded by the federal Office of Child Support Services and led by researchers at the Center for Policy Research. This project is focused on learning how child support services can be safer and more supportive for survivors of domestic violence.

You've been invited to take part because you received services at a child support agency that recently made changes to better support survivors. Your perspective will help us understand what's working and what could be improved to make the program safer for others in similar situations.

Trigger/Content Warning:

This study includes questions about sensitive topics, including experiences of emotional, physical, or psychological harm (e.g., domestic violence or abuse). We recognize that this content may be distressing or triggering. You are never required to answer any question that makes you uncomfortable. You may pause or stop the interview at any time, for any reason, and without penalty. If you are in need of immediate support, please consider reaching out to a trusted person or a trained professional.

Here is a list of resources:

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to better understand efforts to increase safe access to child support, parenting time, and establishment of parentage services for survivors of domestic violence. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for consent and instructions. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: XXXX-XXXX, Exp: XX/XX/202X. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Center for Policy Research; 1570 Emerson Street Denver, Colorado 80218.

- **National Domestic Violence Hotline**

Available at: 1-800-799-7233 | www.thehotline.org

Offers: 24/7 confidential support via phone or live chat.

- **Crisis Text Line**

Available at: Text HELLO to 741741

Offers: 24/7 support for any crisis, emotional or psychological.

- **SAMHSA National Helpline**

Available at: 1-800-662-HELP (4357) | samhsa.gov/find-help/national-helpline

Offers: Free, confidential help in English and Spanish, 24/7.

We would like to record this interview to ensure we accurately capture what you share. The recording will be stored on a secure, password-protected server that meets federal data protection standards. Only the research team will have access to the recording, and it will be permanently deleted after it has been transcribed and de-identified. De-identified data means we remove information like your name, location, or anything else that could identify you, so no one can tell who shared the information. This interview will take approximately 45 minutes, and you will receive a \$50 gift card for your participation.

Do you agree to participate in this interview?

☐ I agree to participate

☐ I do not agree to participate → Thank them and end the session

Do you agree to be audio recorded in this interview?

☐ I agree to be audio recorded

☐ I do not agree to be audio recorded → Do not proceed with recording the interview

Do you agree to have de-identified quotes used from this interview?

☐ I agree that my de-identified quotations may be used in reports or publications

☐ I do not agree that my de-identified quotations may be used in reports or publications

Section 1: Ice Breaker

Thanks so much for taking the time to talk with me today. Before we get into the main questions, I like to start with something simple just to help us ease into the conversation. Because we'll be talking a bit about safety in the child support program, I want to begin with a more general question about comfort. Feeling safe can sometimes be about big things, but it's also about the little things that help us feel grounded or at ease. So, to start us off:

1. What's one thing that always makes you feel at ease—like a favorite snack, song, or routine?

Section 2: Describing [Agency] and SAVES Safety-Enhanced Services(s)

As I mentioned, I'd like to talk with you about your most recent child support case where there are safety concerns. We are interested in learning about things the child support agency can do to make the program safer for you and other families with safety concerns.

First, I'd like to hear about the communication and services you've received from your local child support agency. To get us started, I'd like to learn more about how the agency approached safety on your most recent case.

2. What are the most important reasons you chose to engage with child support? For example, is it to maintain your public benefits, to set up a child support order, anything else)?

[Interviewer, please check if identified]

- ☐ Continue to get public benefits (e.g., TANF, Medicaid)
- ☐ Getting paternity established safely
- ☐ Setting up a child support order
- ☐ Receiving child support payments from my child's other parent
- ☐ Making sure my child(ren)'s other parent doesn't learn my address
- ☐ Avoiding contact with my child(ren)'s other parent at the child support agency or court
- ☐ Limiting my children's contact with the other parent
- ☐ Limiting my contact with the other parent during visitation
- ☐ Closing my child support case
- ☐ Having a professional help me with the child support process
- ☐ Feeling understood and safe
- ☐ Something else?

3. How did [agency] staff bring up the topic of safety with you? For example, did they talk with you about past or current concerns about violence or safety needs for the future?

[Probes, as needed, based on response to the main question]

- a. Do you remember how or when they brought it up—like in a conversation, during paperwork, or some other way?
 - b. What kinds of information, options, or resources, if any, were shared with you related to safety?
 - c. What kinds of choices or options, if any, were you offered to support your safety?
 - d. Can you share anything they said or did that affected your sense of safety—either in a positive or negative way?
4. What, if any, safety-enhanced services did you directly receive from the agency or another related organization? They may be activities you experienced from the agency directly or from another related organization.

[Interviewer, please check if identified]

- ☐ A questionnaire (either verbal or written) to assess my safety concerns and needs
 - ☐ Specialized staff to help me navigate the child support process
 - ☐ Direct referrals (i.e., “warm handoffs”) to other organizations who could support me through the child support process
 - ☐ A specialty court docket, or a specialized court programs designed to handle cases involving DV more effectively than traditional courts.
 - ☐ An advocate to help me navigate the court process
 - ☐ They offered separate waiting spaces or separate meeting times to help me maintain physical distance from my child’s other parent.
 - ☐ Information about safety when establishing paternity at the hospital
 - ☐ Offered separate times/locations from the other parent for genetic testing
 - ☐ Other
5. Can you briefly describe these safety-enhanced services you received? (Feel free to reflect on each service separately, if that’s helpful.)
- [Probes, as needed, based on response to the main question]
- a. What, if anything, were you told about the new services?
 - i. Were you told the process(es) were new? designed to promote safety specifically?

- b. Who did you work with?
 - c. What was the timing of each service?
 - d. How long did it take? Was it ongoing? Or short?
6. Did you feel like you had a choice about how or when to participate in this process?
If yes, how so? If not, why not?

Section 3: Reactions to interventions

Thank you for all of this information. Now, I'd like to hear more about what you thought about these services. And please remember, there are no right or wrong answers here. Any information you provide will help your child support agency to improve these services moving forward.

Section 3.1: Timing and Initial Reactions

7. How did the timing of the service(s) work for you?
[Probes, as needed, based on response to the main question]
- a. Did they come at a time when you needed support most?
 - b. Did they feel too early, too late, or about right for your situation?
 - c. Was it convenient? Too quick? Did it take too much time?
 - d. How did the service(s) affect you emotionally or personally?
8. Were there any parts of the service(s) that really stood out to you? Why or why not?
[Probes, as needed, based on response to the main question]
- a. Was there anything you found especially helpful or meaningful?

Section 3.2 Potential Areas for Improvement

Now I'd like to discuss possible areas for improvement to these services. As I mentioned earlier, you are welcome to share as much or little as you wish, but your responses will be kept confidential and are designed to improve these services for other families with safety concerns and needs.

9. What would've made the safety-focused services you received better? What do you wish had been included to support you?
[Probes, as needed, based on response to the main question]
- a. Were there any aspects of the service(s) that you felt were missing? Why or why not?
 - b. Was there anything you wish had been included to make it feel safer or easier? Why or why not?
10. Even if the services felt helpful to you, are there any other supports or features you think could help other survivors and their children in similar situations?

Section 3.3 Perceptions of the Child Support Program

11. After receiving the safety-enhanced service(s), has your view of the child support program changed in any way?

[If yes] → How has it changed?

[If not] → What has stayed the same?

[Probes, as needed, based on response to the main question]

- a. Did the program seem more supportive, more accessible, or more responsive than you expected?
- b. Did anything about the experience surprise you—either in a good or not-so-good way?
- c. Did it change how much you trust the program or the people who work in it?
- d. Do you feel different now about using child support services in the future?
- e. Has your willingness to recommend the program to someone in a similar situation changed?
- f. Did this experience change how you see the role of the child support program in your or your child's life?

Section 4: Wrap-up and Demographic information

12. Is there anything we haven't asked that you think is important for us to know, understand, or clarify?

To wrap up, we are going to ask you a few demographic questions. As I mentioned at the beginning of this discussion, all questions are optional and you can answer as little or as much as you'd like, but we ask these questions to help us understand differences in experiences, outcomes, or needs across groups and more effectively tailor services and policy in the future.

13. What is your sex?

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer

14. What is your estimated annual income?

- ☐ \$0 - \$19,999
- ☐ \$20,000 - \$39,999
- ☐ \$40,000 - \$59,999
- ☐ \$60,000 - \$79,999
- ☐ \$80,000 or more

☐ Prefer not to answer

15. Are you a recipient of any of the following public benefits? (Select all that apply)

- ☐ TANF
- ☐ SNAP
- ☐ Housing Assistance
- ☐ Medical Assistance
- ☐ Childcare Assistance
- ☐ Other (please specify): _____
- ☐ None of the above
- ☐ Prefer not to answer

16. Do you live in an urban, suburban, or rural area?

- ☐ Urban area
- ☐ Suburban area
- ☐ Rural area
- ☐ I'm not sure

17. How many children do you have?

- ☐ 1 child
- ☐ 2 children
- ☐ 3 or more children
- ☐ Prefer not to answer

And finally, I'd like to ask you a few questions relevant to your case.

18. How many child support cases do you have?

- ☐ 1 case
- ☐ 2 cases
- ☐ 3 or more cases
- ☐ Prefer not to answer

19. Have the following happened in your most recent child support case? (Select all that apply)

- ☐ I was required to cooperate with child support to get public benefits
- ☐ The other parent and I had to establish paternity for our child
- ☐ I got a child support order established
- ☐ My child support order was modified because our financial
- ☐ My case has been closed

20. If you have a child support order, which best describes the amount of the payment you get?

- ☐ None
- ☐ Less than half
- ☐ More than half
- ☐ 100% or almost everything

21. If you have a child support order, how regular are the payments you get?

- ☐ None
- ☐ Once in a while
- ☐ Often
- ☐ Every month

Thank you!

We appreciate your time and insights. Your responses will help us better understand safety-focused interventions at SAVES demonstration sites.

As a thank you for participating in this interview, we'd like to send you a \$50 e-gift card. Could you please confirm whether the email address we used to schedule this interview is the best one to send your gift card to?

This interview has been approved under IRB Protocol #XX-XXXX and has been reviewed to ensure it meets all ethical standards for the protection of human subjects. All study procedures have been designed to prioritize participant safety, respect, and privacy, in alignment with federal regulations and best practices for conducting trauma-informed research.

If you have any questions or would like more information about this project, please feel free to contact **Jacqueline Whearty** at jwhearty@centerforpolicyresearch.org.