Dear XX:

Thank you for agreeing to assist us in testing the National Survey of Victim Service Organizations (NSVSO) survey instrument. This packet contains a paper copy of the questionnaire. We have already arranged a time to interview you about this survey. Prior to our scheduled interview, we ask that you complete the survey as if you were an actual participant. We also ask that you record the amount of time it took you (and any other members of your organization, if applicable) to complete the survey from start to finish.

Participation in this survey is voluntary, and you may to discontinue participation at any time. You may also decline to answer any question you do not feel comfortable answering.

During our scheduled interview we will ask you about your experiences completing the survey -- for example, how you interpreted survey questions, if there were any definitions or instructions you found unclear, the burden involved in answering the questions, etc. Your responses will help us further shape the content and wording of the questionnaire to ensure that the final data collected are valid, useful, and reliable.

Because we anticipate that your feedback may result in changes to the survey instrument, we ask that you not share this instrument version with colleagues outside your organization.

Thank you again for your participation. We look forward to speaking with you soon!

National Survey of
Victim Service Providers

Survey Purpose and Sponsors

The National Survey of Victim Service Organizations (NSVSO) is designed to fill existing gaps in knowledge and information on the variety of organizations that provide services to victim of crime, the types of victims served and services provided, and staffing and resources available for the provision of services.

The first goal of the NSVSO is to develop a clearer picture of the victim services field. While there are many directories in place, and many lists of organizations serving specific types of victims, they are not all inclusive and many are not routinely updated. Therefore, we are asking you and over 21,000 other service providers in our current database to answer some basic questions about the provision of services. This survey will finally give us a picture of the broad range of victim service providers across the country, including how they are structured, the types of services they offer, and the types of crime victims they serve.

Information obtained from this initial survey will be the starting point for additional survey efforts designed to provide the field with more in-depth information on how organizations are staffed and structured to provide services to victims; the resources, organizational capabilities and technological capabilities of victim service providers; and gaps in the services provided by and resources available to service providers. Ultimately, the NSVSO aims to provide comprehensive, empirical data useful for funding and planning purposes. An additional goal is to standardize measures of victim services, enabling service providers to benchmark themselves against similar providers serving similar types of victims.

This survey is sponsored by the Bureau of Justice Statistics of the U.S. Department of Justice and funded by the federal Office for Victims of Crime.

Important Definitions

1) **CRIME**   An act which if done by a competent adult would be a criminal offense
2) **VICTIM**   Any person who contacts your organization for services or assistance that are related to concerns over past, on-going, or potential future crimes. This includes those who are directly harmed or threated by such crimes, but also their...
    a) Family members,

b) Legal representatives, or

c) Survivors (if deceased)

3) **SERVICE** Efforts that (1) respond to the emotional and physical needs of crime victims; (2) assist victims of crime to stabilize their lives after a victimization; (3) assist victims to understand and participate in the criminal justice system; and (4) provide victims of crime with a measure of safety and security

General Instructions

Your organization is receiving this survey because you have been identified as providing services or assistance to victims of crime. The survey should be completed by the person(s) in your organization with knowledge of and access to information on the provision of these services. The survey should take no more than 30 minutes to complete. Please respond to all items. If you need assistance or would prefer to complete the survey over the phone or through a paper instrument, please contact (XXX) XXX-XXXX.

Confidentiality Assurances

The information you provide will be used to generate aggregate statistics on the provision of victim services. Your organization will not be identified in any statistical reports produced by the Bureau of Justice Statistics and any information identifying your organization by name will be removed from the public-use data file.

Burden Statement

Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average XXXX per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531.The Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3732), authorizes this information collection. This request for information is in accordance with the clearance requirement of the Paperwork Reduction Act of 1980, as amended (44 U.S.C. 3507). Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

Introduction to cognitive testing

- *Introduce yourself, any colleagues.*
- *Thank you for participating. The RAND Corporation is a non-profit research institute based in Santa Monica, California. RAND is doing this study on behalf of the Bureau of Justice Statistics, with funding from the Office for Victims of Crime, for the purpose of collecting data about services to victims with a new survey of victim services organizations. Because we want to limit the burden for responding organizations, it is extremely important to talk to people like you who are experienced in addressing the needs of crime victims and find out if the survey questions make sense and can be easily answered.*
- *This survey that you completed prior to our interview today will be used primarily to gather the basic information about victim service organizations needed to develop a sampling frame for more in-depth information collection down the road. This basic information will provide an initial picture of the victim service field in our country and may help your organization benchmark your own work against that of similar organizations.*
- *Today, we will go over the survey you completed, and at various points throughout the interview/questionnaire, I will then be asking you to give me your impressions and reactions to the wording on the survey questions and the possible responses to each question.*
- *While we are, of course, interested in the answers you give, we're equally interested in what you understand the questions to mean and the thought processes by which you arrived at your answer.*
- *The answers you give to both the survey questions and to the follow-up questions about the survey design itself are confidential; all the findings will be reported anonymously and in aggregated form. [Make sure they understand this].*
- *Participation in this interview is voluntary. You may discontinue participation at any time. You may also decline to answer any questions you do not feel comfortable answering.*
- *I will be recording the interview so that I don't have to make lots of notes during the interview. Is this ok with you? My recording of this interview will be erased once I have had the opportunity to summarize your answers after our discussion.*
- *Do you have any questions before we start?*

1. Before you begin, please review the listing we had for your program:

Agency Name:

Address:

Address:

City, State ZIP:

Main business phone number:

Program director:

Email address:

❑ The contact information provided above is correct. No changes needed. → **Skip to Q.3**

❑ The contact information provided above is not correct. Changes are needed

1. *Was the information we had for your organization accurate?*

2. Please make any necessary corrections or add missing information.

Agency Name

Address

Address

City, State ZIP

Main business phone number

Program director: _____

Email address:

3. Did you provide services to victims of crime in the past month?

❑ Yes

❑ No → Thank you! You do not need to complete the rest of this survey. We will correct your listing. <End of Survey>

1. *How easy was it for you to answer this question?*

2. *What did you understand by the term "services" in the phrase "services to victims of crime"?*

3. *What services were you thinking of as "services to victims of crime"?*

4. *What do you understand by the term "victims of crime"?*

5. *Would you have answered the question differently if you had not read the definition provided in the cover letter?*

6. *(If no) Would you have answered the question differently if we asked about the past year?*

7. *(if no) Do you consider your organization to be a victim service provider?*

Primary VSO version

4. Which of the following best describes your organization's approach to providing services to victims of crime?

- ❑ Providing assistance or services to victims of crime is the principle function of the organization ➔ **Skip to Q.5**
- ❑ Providing assistance or services to victims of crime is one of many functions of the organization ➔ **Proceed to Q.4a**

4a. Does your organization have specific program(s) or staff that are dedicated to working with crime victims?

- ❑ Yes
- ❑ No

1. How easy did you find it to place your organization within these categories? Why did you decide to place your organization in this category?

2. What do the terms "specific program" and "dedicated staff" mean to you?

3. Do you believe these categories cover the full range of possibilities?

4. Did you serve victims through a specific program? What was that program? Are there multiple programs though which you serve victims of crime? Which one or ones of those did you think of when answering this question?

5. Do you think that there is a better way to phrase the question?

6. Do you think that there is a better way to characterize the likely answers to this question that a victim service organization might give?

5. Which of the following <u>best</u> describes your organization (select one response)?

- ❑ Government agency (do not choose this option if tribal based, campus-based, military-based, or hospital based) ➔ **proceed to Q.6**
- ❑ Nonprofit entity (do not choose this option if your organization is tribal-based, campus-based, military-based, or hospital-based) ➔ **skip to Q.8**
- ❑ For profit entity (do not choose this option if your organization is campus-based or hospital-based) ➔**skip to Q.10**
- ❑ Informal entity (e.g., some other type of program or group, nor formally a party of an agency, registered nonprofit, or business; e.g., Independent survivor advocacy and support groups) ➔**skip to Q.14**

- ❑ Tribal agency or organization ➔**skip to Q.11**
- ❑ Campus organization or other educational institution(public or private) ➔**skip to Q.12**
- ❑ Hospital or emergency department (public or private) ➔**skip to Q.14**
- ❑ Military agency? ➔**skip to Q.13**

1. *How did you decide which category to choose?*
2. *How easy was it for you to pick this category?*
3. *Did you perceive there to be any distinction between the terms "entity," "agency," and "organization"? Was that confusing?*
4. *How well do you feel the category you picked describes your organization?*
5. *Are there any categories or specifications you would add or remove?*
6. *Did you have any trouble navigating around the tribal based, campus-based, military-based, or hospital based exceptions?*
7. *If you were asked to describe your organization in an open-ended question, how would you describe it?*

GOVERNMENT AGENCIES ONLY

6. Which designation best describes your government agency (select one response)?

- o Law enforcement
- o Prosecutor
- o Courts
- o Juvenile justice
- o Offender custody and supervision
- o Multi-agency (e.g., task forces, response teams, etc.)
- o Other government agency _____

1. *How easy was it for you to pick this category?*
2. *How well do you feel [category chosen] describes your organization?*
3. *[If wrote in] How did you decide to describe your organization as [their answer]? Why didn't you place your organization in one of the categories?*

7. At what service area/jurisdiction does your agency operate in terms of victims served or services delivered (select one response)?

- o National
- o Statewide
- o County wide only

Primary VSO version

- o   City wide only
- o   Specific neighborhood only
- o   Other please specify _____

All responses➔skip to Q.14

1. *How easy was it for you to pick this category?*
2. *How do you understand this question in your own words?*
3. *Can you describe how you decided to categorize your agency as operating at the [their choice] level?*
4. *[If wrote in] How did you decide to describe your organization as [their answer]? Why didn't you place your organization in one of the categories?*

NON-PROFIT ORGANIZATIONS ONLY

8. Which designation <u>best</u> describes your non-profit organization (select one response)?
- o   Coalition (e.g., State Domestic Violence or Sexual Assault Coalition)
- o   A single entity (may or may not have multiple physical locations)
- o   Other _____

1. *How well do you feel [category chosen] describes your organization?*
2. *[If wrote in] How did you decide to describe your organization as [their answer]? Why didn't you place your organization in one of the categories?*

9. At what level does your non-profit organization operate (select one response)?
- o   National
- o   Statewide
- o   County wide only
- o   City wide only
- o   Specific neighborhood only
- o   Other please specify _____

All responses➔skip to Q.14

1. *How easy was it for you to pick this category?*
2. *How do you understand this question in your own words?*
3. *Can you describe how you decided to categorize your agency as operating at the [their choice] level?*
4. *[If wrote in] How did you decide to describe your organization as [their answer]? Why didn't you place your organization in one of the categories?*

FOR-PROFIT ORGANIZATIONS ONLY

10. What designation <u>best</u> describes your for-profit organization (select one response)?

o   Private legal office/law firm

o   Private physician's office/health care provider

o   Private counselor or other mental health care provider

o   Funeral home

o   Other commercial or professional entity _____

All responses→skip to Q.14

1. *How easy was it for you to pick this category?*
2. *How well do you feel [category chosen] describes your organization?*
3. *[If wrote in] How did you decide to describe your organization as [their answer]? Why didn't you place your organization in one of the categories?*

TRIBAL AGENCIES AND ORGANIZATIONS ONLY

11. Which designation <u>best</u> describes your tribal agency or organization (select one response)?

o   Law enforcement

o   Prosecutor

o   Court

o   Juvenile justice

o   Offender Custody and Supervision

o   Other justice-based agency _____

o Other agency that is NOT justice-based (e.g., human services, health, education, etc.) _____

o Coalition

All responses→skip to Q.14

1. *How easy was it for you to pick this category?*
2. *How well do you feel [category chosen] describes your organization?*
3. *[If wrote in] How did you decide to describe your organization as [their answer]? Why didn't you place your organization in one of the categories?*

CAMPUS ORGANIZATIONS ONLY

12. **Which designation <u>best</u> describes your campus organization (select one response)?**

o Law enforcement

o Campus disciplinary body

o Other justice-based campus program _____

o Physical or mental health service program

o Other non-justice based campus program _____

All responses→skip to Q.14

1. *How easy was it for you to pick this category?*
2. *How well do you feel [category chosen] describes your organization?*
3. *[If wrote in] How did you decide to describe your organization as [their answer]? Why didn't you place your organization in one of the categories?*

MILITARY AGENCIES AND ORGANIZATIONS ONLY

13. **Which designation <u>best</u> describes your military agency or organization?**

o Justice-based (e.g., law enforcement, JAG, etc.)

o Non-justice based

All responses→skip to Q.14

1. *How easy was it for you to pick this category?*
2. *How well do you feel [category chosen] describes your organization?*

3. *[If wrote in] How did you decide to describe your organization as [their answer]? Why didn't you place your organization in one of the categories?*

Ask of everyone: Based on your responses, your organization would be classified as <fill in details about the organization>. Do you think this is an accurate classification?

The following questions concern services you provided to crime victims during past 12 months.

14. Did you provide <u>Information or referral</u> services during the past 12 months?
- ❑ Yes
- ❑ No → **skip to Q.15**

14a. What information and referral services did you provide? (Check all that apply)
- ❑ General information about crime and victimization (e.g., What is stalking, identity theft, etc.)
- ❑ Referral to victim service programs
- ❑ Referral to other services and support
- ❑ Legal referral
- ❑ Medical referral
- ❑ Financial counseling referral
- ❑ Crime scene cleanup referral
- ❑ Faith community referral
- ❑ Referral to other resource
- ❑ Death notification
- ❑ Information about the criminal justice process
- ❑ Information about victim rights
- ❑ Contact information for justice professionals
- ❑ Notification of status of the case
- ❑ Notification of legal proceedings
- ❑ Notification of case events (e.g., arrest, release, plea, etc.)
- ❑ Other justice-related notification _____
- ❑ Other information and referral service _____

1. *Did the items in the list reflect what you thoughts of as "information or referral services"?*

2. *How easy was it to answer this question? Were you able to answer this question without pulling up any records?*

3. *How did you decide which categories to pick?*

4. *Were you confused about the meaning of any categories?*

5. *Were there any categories for which you were unsure about whether or not you provided the services described?*

6. *Are there categories you believe should be added to this list?*

7. *How well do you feel these categories describe your information or referral offerings?*

8. *What time frame were you thinking about when answering this question? When you answered this question did you think about the services your organization COULD provide or about actual services that were provided?*

15. **Did you provide <u>financial or material assistance</u> services (such as shelter or food assistance) during the past 12 months?**

❑ Yes

❑ No → **skip to Q.16**

15a. What financial or material assistance services did you provide? (Check all that apply)

❑ Crime Victim Compensation

❑ Assistance with applying for compensation

❑ Public benefits

❑ Assistance in applying for public benefits

❑ Other emergency financial assistance (e.g., human trafficking emergency funds, terrorism emergency funds, etc.)

❑ Emergency shelter

❑ Transitional housing

❑ Food assistance

❑ Housing assistance

❑ Transportation assistance

❑ Clothing assistance

❑ Employer/creditor/academic institution intervention

❑ Child care

❑ Employment/job counseling/job training

❑ Return of personal property/effects

❑ Other material assistance_____

❑ Other financial/material assistance _____

1. *Do the items in the list reflect what you thought of as "financial or material assistance" services?*
2. *How easy was it to answer this question? Were you able to answer the question without pulling up any records?*
3. *Were you confused about the meaning of any categories?*
4. *Were there any categories for which you were unsure about whether or not you provided the services described?*
5. *Are there categories you believe should be added to this list?*
6. *How well do you feel these categories describe your financial or material assistance offerings?*
7. *What time period were you thinking about when answering the question?*
8. *When you answered this question did you think about the services your organization COULD provide or about actual services that were provided?*

16. Did you provide <u>emotional support or safety</u> services (such as counseling or witness protection) during the past 12 months?
❑ Yes
❑ No ➔ **skip to Q.17**
16a. What emotional support or safety services did you provide? (Check all that apply)
❑ Crisis intervention
❑ Hotline counseling
❑ Individual counseling
❑ Other therapy (art therapy, writing therapy, play therapy, etc.)
❑ Support groups
❑ Personal development (e.g., household budget, parenting, goals setting, etc.)
❑ Social/recreational programming for children
❑ Family reunification assistance
❑ Other mental health services
❑ Safety planning
❑ Address confidentiality assistance
❑ Changing of window and door locks
❑ Self-defense awareness
❑ Witness protection
❑ Other emotional support and safety services _____

1. *Do the items in the list reflect what you thought of as "emotional support and/or safety services"?*
2. *How easy was it to answer this question? Were you able to answer the question without pulling up any records?*
3. *Were you confused about the meaning of any categories?*
4. *Were there any categories for which you were unsure about whether or not you provided the services described?*
5. *Are there categories you believe should be added to this list?*
6. *How well do you feel these categories describe your emotional support and/or safety offerings?*
7. *What time period were you thinking about when answering this question?*
8. *When you answered this question did you think about the services your organization COULD provide or about actual services that were provided?*

17. Did you provide <u>medical or health assistance</u> services (such as transportation to hospitals or forensic exams) during the past 12 months?
- ❑ Yes
- ❑ No → **skip to Q.18**

17a. What medical or health assistance services did you provide? (Check all that apply)
- ❑ Victim accompaniment to emergency medical care
- ❑ Provision of emergency medical care
- ❑ Victim accompaniment to medical forensic exam
- ❑ Performance of medical forensic exam
- ❑ STD/HIV testing
- ❑ Other medical/health assistance _____

1. *Did the items on the list reflect what you thought of as "medical or health assistance services"?*
9. *How easy was it to answer this question? Were you able to answer the question without pulling up any records?*
2. *Were you confused about the meaning of any categories?*
3. *Were there any categories for which you were unsure about whether or not you provided the services described?*
4. *Are there categories you believe should be added to this list?*

5. *How well do you feel these categories describe your medical and health assistance offerings?*

6. *What time period were you thinking about when answering this question?*

7. *When you answered this question did you think about the services your organization COULD provide or about actual services that were provided?*

18. Did you provide <u>legal or victims' rights assistance</u> services during the past 12 months?
- ❑ Yes
- ❑ No → **skip to Q.19**

18a. What legal or victims' rights assistance services did you provide? (Check all that apply)
- ❑ Criminal/juvenile justice advocacy
- ❑ Law enforcement interview accompaniment
- ❑ Court accompaniment
- ❑ Criminal legal assistance
- ❑ Victims' rights enforcement or representation
- ❑ Legal assistance with compensation claim
- ❑ Victim impact statement assistance
- ❑ Restitution assistance
- ❑ Assistance in requesting restitution
- ❑ Assistance in collecting restitution
- ❑ Interpreter services
- ❑ Other justice-related legal assistance _____
- ❑ Civil legal assistance in obtaining protection/restraining order
- ❑ Civil legal assistance with family law issues (e.g., divorce, custody, visitation, support)
- ❑ Other civil legal assistance (e.g., landlord/tenant, employment, etc.) _____
- ❑ Immigration assistance (e.g., Special visas, continued presence application, and other immigration relief)

1. *Did the items on the list reflect what you thought of as "legal/victims' rights assistance services"?*

10. *How easy was it to answer this question? Were you able to answer the question without pulling up any records?*

2. *Were you confused about the meaning of any categories?*

Primary VSO version

3. *Were there any categories for which you were unsure about whether or not you provided the services described?*
4. *Are there categories you believe should be added to this list?*
5. *How well do you feel these categories describe your legal/victims' rights assistance offerings?*
6. *What time period were you thinking about when answering this question?*
7. *When you answered this question did you think about the services your organization COULD provide or about actual services that were provided?*

19. Did you provide any of the following other types of victim services during the past 12 months? (check all that apply)

- ❑ Case management
- ❑ Supervised child visitation
- ❑ On-scene coordinated response
- ❑ Education classes for survivors (about the dynamics of victimization)
- ❑ Culturally and ethnically specific support services
- ❑ Specialized services for victims overseas
- ❑ Service in specialized settings (military; other)
- ❑ Other services _____

1. *How easy was it to answer this question? Were you able to answer the question without pulling up any records?*
2. *Were you confused by the meaning of any categories?*
3. *Were there any categories for which you were unsure about whether or not you provided the services described?*
4. *Are there categories you believe should be added to this list?*
5. *What time period were you thinking about when answering this question?*
6. *When you answered this question did you think about the services your organization COULD provide or about actual services that were provided?*

20.a. Did your organization operate a hotline during the past 12 month?
- ❑ Yes
- ❑ No ➔ **skip to Q.21**

20b. How many basic hotline calls did you receive from victims in the past 12 months? Estimates are acceptable. (*Exclude hotline calls that included victim advocacy or crisis intervention services requiring more time than the average call and involving a more intensive focus on the immediate needs and situation of the victim. Such calls should be included in the answer to Q.21)*

_____

1. *What do you understand by "basic hotline call"? Is that term clear to you?*
2. *Were you clear on what type of hotline calls to count and which to exclude?*
3. *What do you understand by the terms "victim advocacy" and "crisis intervention"*
4. *How did you arrive at [X] hotline calls as your answer?*
    o *What kinds of calls did you include in this number?*
    o *Did you exclude calls that require more time or more intense focus on the immediate needs of the victim? [if yes] can you describe these calls?*
    o *How did you go about giving the number of victims? Did you have this on record or did you estimate it? [if estimated] Can you walk us through your thought process in estimating this number?*
5. *How long did it take you to generate an answer to this question?*
6. *Are you required to collect information on the number of hotline calls as part of reporting requirements for one or more funders? If so, which funders and how are these reporting requirements similar or different to this question?*

21. In addition to any basic hotline calls and referrals, how many unique victims received direct services from your organization/program during the past 12 months? Estimates are acceptable. (Exclude victims receiving only basic information and referrals through a hotline, and victims who only received information through the mail): _____

1. *What do you understand by "direct services"? Is that term clear to you?*
2. *What is a "unique victim"?*
3. *How did you arrive at [X] unique victims as your answer?*
    o *Were you clear on which type of services to count and which to exclude? Can you talk us through which, if any, services you decided to exclude?*
    o *How did you go about giving the number of victims? What did you count?*
        ▪ *[Non-primary VSO's] How did you determine which clients to include as victims receiving services?*

- o *Did you have this on record or did you estimate it? [if estimated] Can you walk us through your thought process in estimating this number?*
  4. *How much time did it take you to generate an answer to this question?*
  5. *Are you required to collect information on the number of victims served as part of reporting requirements for one or more funders? If so, which funder, and how are these reporting requirements similar or different to this question?*

22. Which type of crime victims received services from your organization during the past 12 months?

Crime type for which victims received services	
Adults molested as children	❑
Assault (other than domestic/dating violence)	❑
Child physical abuse	❑
Child sexual abuse	❑
DUI/DWI crashes	❑
Domestic/dating violence	❑
Child witness of violence	❑
Elder physical abuse	❑
Identity theft	❑
Other financial fraud	❑
Human trafficking (labor)	❑
Human trafficking (sex)	❑
Robbery	❑
Rape/sexual assault	❑
Stalking	❑
Survivors of homicide victims	❑
Victim witness intimidation	❑
Motor vehicle theft	❑
Burglary	❑
Other property crimes	❑
Other violent crimes	❑
Other (specify) _____	❑

Primary VSO version

1. *How easy was it to answer this question? Were you able to answer this question without referring to actual records?*
2. *What time period did you think of when answering this question?*
3. *What might be the best time period for thinking about services to victims of crime?*
4. *Did you think about all crime types experienced by victims who received services or only the crime type(s) for which services were directly provided? Is there a difference between the two for your organization (e.g. If a victim experienced domestic violence and identity theft, did you report both crime types and did you provide services to assist with both types of victimizations)?*
5. *When answering this question did you think of referrals as services or did you think only about direct services provided?*
6. *Were you unclear of the meaning of any crime types?*
7. *[If wrote in] Why did you feel that [their answer] did not fit in any of the given categories?*
8. *Were there any (other) crime types which you felt were missing and should be added?*
9. *Are you required to collect information on the crime types of victims served as part of reporting requirements for one or more funders? If so, which funders and how are these reporting requirements similar or different to this question?*

23. How many staff currently work at your organization? *Count each person only once. <u>If a person fills more than one position, assign him/her to the position to which they devote the most time.</u> Enter '0' if there are no staff in that position.*

Job classification	Full-Time Staff (35 hour or more/week)	Part-Time Staff (Less than 35 hours/week)	Active Volunteers
Executive/Managerial Positions (e.g., Director, CFO, program director, outreach coordinator, etc.)...	_____ __	_____ __	_____ __
Administrative Positions (e.g., IT, bookkeeping, secretarial, facilities, other support, etc.)............................	_____ __	_____ __	_____ __

Job classification	Full-Time Staff (35 hour or more/week)	Part-Time Staff (Less than 35 hours/week)	Active Volunteers
Direct Service Positions (e.g., counselor, advocate, attorney, etc.)...	_____ _	_____ _	_____ _
Total..	_____ _	_____ _	_____ _

1. *How easy was this question to answer? Were you able to answer the question without referring to actual records?*
2. *Are any of the categories unclear? Are there any positions in your organization that you were not sure how to classify?*
3. *How well do the categories describe your staff?*
4. *Did you have a difficult time assigning any employees to a single category? [if yes] can you describe your thought process in assigning them as you did?*
5. *How easy was it to distinguish between "full-time staff," "part-time staff" and "active volunteers?"*
6. *How do you understand the term "active volunteers"?*
7. *Did you answer this question for your entire organization or a specific program or subsection of it? Can you describe your thinking for this choice?*
8. *Would it have been easier for you to answer the question, or would you have been more comfortable answering the question if we would've asked for the FTE's instead of the number counts?*

24. How many staff worked at your organization as of <u>one year ago from today's date</u>? *Count each person only once. Enter '0' if there were no staff in that position.*

Position	Number of Staff
Full-Time (35 hours or more/week)...	_____
Part-Time (less than 35 hours/week).....................................	_____
Total..	_____

1. *How easy was this question to answer? Were you able to answer the question without referring to actual records?*
   o *If you needed records to answer this question, does your organization keep historical staffing records that allowed you to identify the number of staff one year from today's date?*
2. *How easy was it to distinguish between "full-time staff," and "part-time staff"*
3. *Did you answer this question for your entire organization or a specific program or subsection of it? Can you describe your thinking for this choice?*

25. How many new staff started at your organization <u>in the past year</u>? *Count each person only once. Enter '0' if there were no staff in that position.*

Position	Number of Staff
Full-Time (35 hours or more/week)..	_____
Part-Time (less than 35 hours/week)......................................	_____
Total...	_____

1. *How easy was this question to answer? Were you able to answer the question without referring to actual records?*
   o *If you needed records to answer this question, does your organization keep staffing records that allowed you to identify the number of staff hired in the past year?*
2. *How easy was it to distinguish between "full-time staff," and "part-time staff"*
3. *Did you answer this question for your entire organization or a specific program or subsection of it? Can you describe your thinking for this choice?*

26. How much funding did your organization receive in total during the most recent 12-month period for which figures are available? Estimates are acceptable.

$_____

1. *How easy was it to answer this question? How long did it take you to generate an answer to this question?*

Primary VSO version

2. *Did you report exact figures or estimates? Why?*
3. *How easy was it to recover the data for this question? Could you do it from memory? Did you have to search through records?*
4. *What time period did you reference to come up with this amount (e.g. calendar year 2013; June 2012-July 2013)?*
5. *If we had asked you to report funding allocations for calendar year 2013, could you have provided an estimate? Would this have been more difficult to provide?*
6. *Are you required to provide information on funding received as part of reporting requirements for one or more funders? If so, which funders and how are these reporting requirements similar or different to this question?*
7. *Did you have any hesitation about providing this type of information?*

27. How much funding did your organization receive from each of the following sources during the most recent 12-month period for which figures are available? Estimates are acceptable. *Enter '0' if you did not receive funding from the source. The total amount across all sources should equal the amount provided in Q.23.*

Source	Amount ($)
❏ Check box if information on amount of funding by source is not available	
Victims of Crime Act Assistance Grant (VOCA)	$_____
Other Office on Victims of Crime (OVC)	$_____
Services, Training, Officers, and Prosecutors (STOP)	$_____
Sexual Assault Services Program (SASP)	$_____
Other Office on Violence against Women (OVW)	$_____
Family Violence Prevention Services Act (FVPSA)	$_____
Other federal funding (specify)_____	$_____
State government funding (NOT state disbursement of federal grant)	$_____
Local government funding	$_____
Tribal funding	$_____
United Way	$_____
Foundation funding	$_____
Corporate funding	$_____
Individual donations	$_____
Other sources	$_____
(specify)_____	

Primary VSO version

Source	Amount ($)
Source of funds unknown	$_____
Total Victim Services Budget	$ _____

1. What time period did you reference to come up with this amount (e.g. calendar year 2013; June 2012-July 2013)?

2. Did you report exact figures or estimates? Why?

3. How long did it take to recover the data for this question? Could you do it from memory? Did you have to search through records?

4. Were any of these funding sources unclear?

5. How well do these options describe your actual sources of funding? Are there sources which you think should be added to the list?

6. Did you have any hesitation about providing this type of information?

7. Would it have been easier for you to answer the question, or would you have been more comfortable answering the question if we would've asked for the estimated percentage of funding coming from each of the sources instead of the dollar amount.

28. Did your organization receive federal funding in the past 5 years? This could include funding from VOCA, OVC, OVW, a STOP or SASP grant, or some other funding coming from a federal agency.

❑ Yes

❑ No

1. Were you clear on what was meant by the term 'federal funding?'

2. Could you answer this question from memory or did you need to go through records or to another person to get the answer?

29. Do you use any of the following methods to track ALL individual cases?

Method	Yes	No	Don't Know
Computerized data tracking system (e.g., Microsoft Excel, Adobe, Google Calendar, etc.)...	❑	❑	❑
Computerized case management system (e.g., VAMS, Civicore, etc.)...............❑	❑	❑	

Primary VSO version

1. *How easy was it to answer this question?*
2. *How do you understand the term "track"?*
3. *What constitutes an "individual case" for you?*
4. *How well do these options describe your tracking systems? Are there options you would add?*
5. *(if No or don't know) Would your answer have been different if we would have asked about the system for tracking MOST rather than ALL individual cases?*

Wrap-Up Questions:
1. *Did you have any problems with the skip patterns throughout the instrument?*
2. *Did you need to ask other people in your organization to assist in completing this survey? If so, how many?*
3. *How much time did it take you (and anyone else who worked on this survey) to complete the instrument from start to finish?*
4. *Any additional comments you would like to provide about the instrument?*

Primary VSO version