

Coast Guard – SVC Feedback

In accordance with Public Law 93-579, The Privacy Act of 1974, providing the information requested in this survey is voluntary. 49 C.F.R. 11.116 requires your informed consent.

Paperwork Reduction Act Statement of Public Burden: Through this information collection, the Special Victims' Counsel Program of the U.S. Coast Guard is gathering information about your experience with Special Victims' Counsel and the military justice process. The public burden for this collection of information is estimated to be between 15 minutes to 30 minutes. This is a voluntary collection of information. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1601-0014. This OMB number expires 30 April 2018.

Routine Uses: The information you provide is collected anonymously and will be treated confidentially. This survey is designed to obtain feedback to measure program performance, identify improvements and ensure there are adequate resources available to support all victims of sexual assault.

Participation: Your response to any item is voluntary. If you choose not to answer an item, your choice will reduce the accuracy of the results and may hamper the Coast Guard's efforts to evaluate the effectiveness of the special victim's counsel program. You may complete the questionnaire anonymously.

Please complete the following questionnaire about the Coast Guard's processes for assisting victims, including the investigation and military justice process. The survey will take approximately 15 minutes to 30 minutes to complete.

Inquiries about this survey may be directed to Christa Specht either by email, Christa.A.Specht@uscg.mil, or by phone at 703-872-6916.

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1. Please identify which category best describes your status:

- Coast Guard Active Duty
- Coast Guard Reserve
- Dependent
- Active Duty military, non-Coast Guard
- Reserve, non-Coast Guard
- Other. Please specify.

2. What is your gender?

- Male
- Female

3. Do you identify as transgender?

- Yes
- No
- Prefer not to answer

4. How did you hear about Special Victims' Counsel (SVC) services? Please check all that apply:

- My Command
- Trial Counsel
- Sexual Assault Response Coordinator (SARC)
- Coast Guard Investigative Services (CGIS)
- Victim Advocate
- Friend
- Coast Guard Article or Presentation
- Other. Please specify.

5. How long after requesting SVC services did your SVC contact you?

- Less than 24 hours
- 1-2 days
- Less than one week
- More than one week

6. Did this length of time meet, exceed, or fall short of our expectations?

- Met expectations
- Exceeded expectations
- Fell short of expectations

7. Did your SVC explain what she/he could and could not do for you?

- Yes
- No
- I don't remember

(End of Page 2)

This question is conditionally shown if (6 = Yes)

8. Did you feel that you understood this explanation?

- Yes
- No

(End of Page 3)

This question is conditionally shown if: (8 = No)

9. If your answer was no, what do you wish would have been explained more clearly?

10. Did the SVC provide you with updates on the status of your case?

- Yes
- No

(End of Page 4)

This question is conditionally shown if: (10 = Yes)

11. How satisfied are you with the updates you received from your SVC on the status of the case?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

(End of page 5)

This question is conditionally shown if: (11 = Dissatisfied OR 10 = Very dissatisfied)

12. If you answered dissatisfied or very dissatisfied, why were you dissatisfied?

13. Did you feel that your SVC worked for you?

- Yes
- No

(End of Page 6)

This question is conditionally shown if: (13 = No)

14. If you answered that you did not feel that your SVC worked for you, please explain why:

15. Would you refer a friend to a SVC if he or she was a victim of a sexual crime?

- Yes
- No

(End of Page 7)

16. If you would not refer a friend to the SVC program, please explain why:

17. Did you change from a restricted report to an unrestricted report after meeting with your SVC?

- Yes
- No

(End of Page 8)

This question is conditionally shown if: (17 = Yes)

18. If yes, what factors influenced your decision? Please check all that apply:

- Better understanding of process
- Wanted offender held accountable
- Felt more comfortable participating in the process
- Wanted an expedited transfer from my command
- Had more confidence the Coast guard would handle my case appropriately
- It was the right time in my recovery process
- Had more confidence my career would not be harmed as a result of my report
- Other. Please Specify.

19. Did your SVC inform you in advance of possible outcomes of the case in which you were involved?

- Yes
- No

20. Were you satisfied with the outcome of the case in which you were involved?

- Yes
- No

(End of Page 9)

This question is conditionally shown if: (20 = No)

21. If you indicated that you were dissatisfied with the outcome, please explain why:

22. How satisfied were you with the services you received from your SVC?

	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not Applicable
Assisted with reporting my sexual assault.						
Kept me up to date on what was happening with my case.						
Assisted with my expedited transfer.						
Assisted with obtaining a military protective order.						
Assisted with obtaining a civilian						

protective order.						
Attended (by phone or in person) my interview with CGIS or other law enforcement.						
Attended (by phone or in person) my interview with Trial Counsel.						
Attended (by phone or in person) my interview with Defense Counsel.						
Attended (by phone or in person) the Article 32 pre-trial hearing.						
Attended court proceedings.						
Advocated for something on my behalf.						
Assisted with addressing harassment/retaliation issues that arose from my report of the offender's misconduct.						

23. If you answered dissatisfied or very dissatisfied with any of the above, please explain why.

24. Did your SVC help you assert your interests in any of the following areas, and if so, how satisfied were you?

	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not Applicable
Personal privacy.						
Medical privacy.						
Pre-trial negotiations.						
Court						

proceedings.						
Physical safety.						
Personal counseling.						
Career impact.						
General financial issues.						
Separation or divorce.						
Child custody.						

25. If there was another issue your SVC assisted you with, please describe it below and state whether you were very satisfied, satisfied, or not satisfied with this assistance.

26. Did you want your SVC to assist you with something he/she could not?

- Yes
- No

(End of Page 10)

27. Please explain what you wanted your SVC to help you with but he/she could not.

28. If applicable, did your SVC help you understand the potential consequences of any misconduct you were alleged to have committed?

- Yes
- No
- Not applicable

29. Overall, how satisfied are you with your SVC?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

(End of Page 11)

This question is conditionally shown if: (29 = Dissatisfied OR 29 = Very dissatisfied)

30. If you answered that you were dissatisfied or very dissatisfied, please explain.

31. Do you have any general comments, suggestions, or potential improvements you would like to offer to your SVC or the SVC program manager?

(End of Page 12)
(End of Survey)