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National Survey of Victim Service Providers

A study by the U.S. Bureau of Justice Statistics to better understand the range of services available for and provided to different types of crime victims.



NATIONAL SURVEY OF VICTIM SERVICE PROVIDERS

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 30 minutes 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.

National Survey of Victim Service Providers

Survey Instructions

Please mark your response with an "X" using blue or black ink, as in the examples below.

Example:



Example:

Other, specify:

Victim Services

Survey Purpose and Sponsors

The National Survey of Victim Service Providers (NSVSP) is designed to fill existing gaps in knowledge and information on the variety of organizations that provide services to victims 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 NSVSP 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. This survey will provide 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. Your organization has been randomly selected to participate in a small pilot test of the larger NSVSP data collection effort.

Information obtained from this initial pilot test will inform efforts to conduct a census of the over 21,000 service providers in our current database. Ultimately, through the census and additional survey efforts the NSVSP 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 compare themselves with other 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 or juvenile 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 and other abuse. This includes those who are directly harmed or threatened by such crimes, but also their...
 - a) Family or household members,
 - b) Legal representatives, or
 - c) Survivors (if deceased)
- 3) **SERVICE** - Efforts that (1) respond to the 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; or (4) provide victims of crime with measures of safety and security.

General Instructions

Your organization is receiving this survey because it has been identified as providing at least some 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. To help you prepare to take the survey, we will be asking for information about the number and types of services your organization provided to victims in the past year, the types of crimes for which victims sought your services in the past year, the number of staff providing victim services at your organization, and your victim services budget. The survey should take about 30 minutes to complete. Please respond to all items.

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.

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 30 minutes 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.

S1

Before you begin, please complete the following pieces of information for your program.

Agency Name: _____

Address: _____

Address: _____

City, State, ZIP: _____

Main business phone number: _____

Director, Victim Services: _____

Email address: _____

S2

Did you provide services to victims of crime or abuse in the past month?

Yes → Go to A1

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

Please see mailing instructions after page 8.

SECTION A

A1

Which of the following best describes how your organization is structured to provide services to victims of crime or abuse?

The primary function of the organization is to provide services or programming for victims of crime.

→ Skip to A2

Victim services or programming are one component of the larger organization (e.g., a hospital, university, community center, law enforcement agency or prosecutors' office)

→ Proceed to A1a

→ A1a. Does your organization have a specific program(s) or staff that are dedicated to working with crime victims?

Yes No

A2

Which of the following best describes your organization? Select one response.

a. Tribal government or other tribal organization or entity → Go to Section B [Tribal], page 4

b. Campus organization or other educational institution (public or private) → Go to Section C [Campus], page 4

c. Hospital, medical, or emergency facility (public or private) → Go to Section G [Services for Victims], page 5

d. Government agency → Go to Section D [Government], page 4

e. Nonprofit or faith-based entity (501c3 status) → Go to Section E [Nonprofit or faith based], page 4

f. For profit entity → Go to Section F [For profit], page 5

g. Informal entity (e.g., some other type of program or group, not formally a part of an agency, registered nonprofit, or business; Independent survivor advocacy and support groups; volunteer, grassroots, or survivor network) → Go to Section G [Services for Victims], page 5

SECTION B Tribal Agencies and Organizations Only

B1 Which designation best describes your tribal agency or organization? *Select one response.*

- Law enforcement
- Prosecutor
- Court
- Juvenile justice
- Offender custody and supervision
- Advocacy program
- Other justice-based agency *(please specify)*

- Other agency that is NOT justice-based (e.g., *human services, health, education, etc.*) *(please specify)*

- Coalition

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION C Campus Organizations Only

C1 Which designation best describes your campus organization? *Select one response.*

- Law enforcement/campus security
- Campus disciplinary body or student conduct body
- Physical or mental health service program
- Victim services or advocacy group
- Other campus-based program *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION D Government Agencies Only

D1 Which designation best describes your government agency? *Select one response.*

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

D2 In what service area/jurisdiction does your agency operate in terms of victims served or services delivered? *Select one response.*

- Nationwide
- Statewide
- Regional/Multi-county/Multi-city
- County wide only
- City wide only
- Specific neighborhood only
- Other *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION E Non-Profit or Faith-Based Organizations Only

E1 Which designation best describes your non-profit organization? *Select one response.*

- Coalition (e.g., *State Domestic Violence or Sexual Assault Coalition*)
- A single entity *(may or may not have multiple physical locations)*
- Other *(please specify)*

E2 In what service area/jurisdiction does your non-profit organization operate? *Select one response.*

- Nationwide
- Statewide
- Regional/Multi-county/Multi-city
- County wide only
- City wide only
- Specific neighborhood only
- Other *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION F For-Profit Organizations Only

F1 What designation best describes your for-profit organization? *Select one response.*

- Private legal office/law firm
- Private counseling service or other mental health care provider
- Funeral home
- Other commercial or professional entity *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION G Services for Victims

G1 Does your organization operate/report data on a calendar year or fiscal year?

- Calendar year → skip to G2
- Fiscal year → proceed to G1.1
- Both → proceed to G1.1

→ **G1.1.** What is the date of the beginning of the fiscal year at your organization?

	/		/	
MM		DD		YY

For the remainder of the questionnaire, unless indicated otherwise, provide your answers based on the past fiscal year or the past calendar year depending on how your organization operates as answered in Question G1.

The following questions concern services you provided to victims of crime or abuse during past calendar/fiscal year.

Did you provide any of the following services to victims within the past calendar/fiscal year?

We recognize that victim service organizations provide a wide array of services to victims. For the purposes of this survey, we are asking about general categories of services you provided to victims, which may not capture your victim service offerings in detail. Do your best to place the services you provided within the general categories below.

Information and referral services

- | | Yes | No |
|---|--------------------------|--------------------------|
| G2 Does your organization provide (...) | | |
| a. Justice related information and referrals? <i>(e.g., information about the justice system and the victim's role; notification of events and proceedings; justice referrals; etc.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Service or victimization information and referrals? <i>(e.g., information about crime and victimization; medical referrals; legal referrals; financial counseling referrals; other referrals; etc.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Financial and material assistance services

- | | Yes | No |
|---|--------------------------|--------------------------|
| G3 Does your organization provide (...) | | |
| a. Monetary assistance? <i>(e.g., providing funds or offering assistance in seeking victim compensation; public benefits assistance; other emergency funds assistance; etc.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Material assistance? <i>(e.g., emergency or transitional shelter; food; clothing; utility assistance; employment assistance; etc.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Emotional support and safety

- | | Yes | No |
|---|--------------------------|--------------------------|
| G4 Does your organization provide (...) | | |
| a. Mental health services? <i>(e.g., individual; group counseling support groups; other therapy; social programming for children; etc.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Crisis Counseling | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Safety services? <i>(Safety planning; witness protection; address confidentiality; self-defense; etc.) (Does NOT include protective orders)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Medical and health assistance

- G5** Does your organization provide (...) Yes No
- a. Emergency medical care or accompaniment? Yes No
- b. Medical forensic exam or accompaniment? Yes No
- c. STD/HIV testing? Yes No

Legal and victims' rights assistance

- G6** Does your organization provide (...) Yes No
- a. Criminal/juvenile/military/tribal justice related assistance? (e.g., representation; advocacy; accompaniment; assistance in exercising victims' rights; etc.) Yes No
- b. Civil justice related assistance? (e.g., protective or restraining order; assistance with family law matters; assistance with landlord/tenant matters; etc.) Yes No
- c. Immigration assistance? (e.g., assistance seeking special visas; continued presence applications; other immigration relief; etc.) Yes No

Other services

- G7** Does your organization provide (...) Yes No
- a. Case management? Yes No
- b. Supervised child visitation? Yes No
- c. On-scene coordinated response? Yes No
- d. Education classes for survivors regarding victimization dynamics? Yes No
- e. Culturally and ethnically specific services? Yes No
- f. Specialized services for specific settings? (e.g., military; school; college/university; etc.) Yes No

G8 Did your organization operate a hotline/helpline or crisis line at any time during the past calendar/fiscal year?

- Yes → proceed to G9
- No → skip to G10

G9 How many calls did you receive from victims/survivors in the past calendar/fiscal year? *Estimates are acceptable.*

Check box if estimate

G10 Excluding hotline/helpline or crisis line calls, how many unique victims received direct services from your organization/program during the past calendar/fiscal year? *Estimates are acceptable.* (Exclude services provided through a hotline/helpline or crisis line and victims who only received information through the mail)

Check box if estimate

G11 During the past calendar/fiscal year did victims of the following crime types seek services from your organization?

Crime type for which victims sought services		
	Yes	No
a. Adults molested as children	<input type="checkbox"/>	<input type="checkbox"/>
b. Child sexual abuse/sexual assault	<input type="checkbox"/>	<input type="checkbox"/>
c. Rape/sexual assault (other than sexual victimizations against children)	<input type="checkbox"/>	<input type="checkbox"/>
d. Stalking	<input type="checkbox"/>	<input type="checkbox"/>
e. Child witness of violence	<input type="checkbox"/>	<input type="checkbox"/>
f. Child physical abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>
g. Elder physical abuse	<input type="checkbox"/>	<input type="checkbox"/>
h. Domestic violence/dating violence	<input type="checkbox"/>	<input type="checkbox"/>
i. Assault (Other than domestic/dating violence or child/elder abuse)	<input type="checkbox"/>	<input type="checkbox"/>
j. Robbery	<input type="checkbox"/>	<input type="checkbox"/>
k. Human trafficking (Labor)	<input type="checkbox"/>	<input type="checkbox"/>
l. Human trafficking: (Sex)	<input type="checkbox"/>	<input type="checkbox"/>
m. Survivors of homicide victims	<input type="checkbox"/>	<input type="checkbox"/>
n. Victim witness intimidation	<input type="checkbox"/>	<input type="checkbox"/>
o. DUI/DWI crashes	<input type="checkbox"/>	<input type="checkbox"/>
p. Identity theft	<input type="checkbox"/>	<input type="checkbox"/>
q. Financial fraud and exploitation (Other than identity theft)	<input type="checkbox"/>	<input type="checkbox"/>
r. Motor vehicle theft	<input type="checkbox"/>	<input type="checkbox"/>
s. Burglary	<input type="checkbox"/>	<input type="checkbox"/>
t. Other property crimes	<input type="checkbox"/>	<input type="checkbox"/>
u. Other violent crimes	<input type="checkbox"/>	<input type="checkbox"/>
v. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION H Staffing

The following questions concern staff dedicated to working with victims of crime during past calendar/fiscal year. Provide your answer based on the past fiscal year or the past calendar year depending on how your organization operates as answered in Question G1.

Current Staff

H1

How many paid **full-time** staff dedicated to working with victims **currently** work at your organization **full-time** (35 hours or more/week)? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

H2

How many paid staff dedicated to working with victims **currently** work at your organization **part-time** (less than 35 hours/week)? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

H3

Does your organization use volunteers to provide direct services to victims?

- Yes
 No

Staff at the beginning of the most recent fiscal year

H4

How many paid **full-time** staff dedicated to working with victims worked at your organization at the **beginning of the past calendar/fiscal year**? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

H5

How many paid **part-time** staff dedicated to working with victims worked at your organization at the **beginning of the past calendar/fiscal year**? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

New staff since the beginning of the most recent calendar/fiscal year

H6

How many paid **full-time** staff dedicated to working with victims did you **hire** in the past calendar/fiscal year, whether to fill new positions or to fill vacancies? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

H7

How many paid **part-time** staff dedicated to working with victims did you **hire** in the past calendar/fiscal year, whether to fill new positions or to fill vacancies? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

SECTION I Funding

I1

How much total funding did your organization receive for victim-related programming and services (including direct services, prevention, outreach, training, and education efforts) during the past calendar/fiscal year? Please include direct services, prevention, outreach, training and education efforts. **Estimates are acceptable.**

Check box if estimate

I2

How much funding did your organization receive from each of the following sources during the past calendar/fiscal year? Enter '0' if you did not receive funding from the source. The total amount across all sources should equal the amount provided in Q.11. **Estimates are acceptable.**

Check box if information on amount of funding by source is not available

a. Victims of Crime Act Assistance Grant (VOCA) \$

Check box if estimate

b. Other Office on Victims of Crime (OVC) \$

Check box if estimate

c. Services, Training, Officers, and Prosecutors (STOP) \$

Check box if estimate

d. Sexual Assault Services Program (SASP) \$

Check box if estimate

e. Other Office on Violence against Women (OVW) \$

Check box if estimate

f. Family Violence Prevention Services Act (FVPSA) \$

Check box if estimate

g. Other federal funding, please specify \$

Check box if estimate

h. State government funding (NOT state disbursement of federal grant) \$

Check box if estimate

i. Local government funding \$

Check box if estimate

j. Tribal government funding \$

Check box if estimate

k. Source of funds unknown \$

Check box if estimate

l. Other funding sources (e.g., foundations, corporate funding, individual donations, insurance reimbursements, etc.) \$

Check box if estimate

I3

Did your organization receive any federal funding for victim programming or services within 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

SECTION J Record Keeping

J1

Does your organization use an electronic records system to maintain case files?

Yes

No → Skip to Section K

J2

Does your electronic records system track individual cases?

Yes

No

SECTION K Current Issues of Concern to Victim Service Providers

K1

How concerned are you about your organization's ability to retain staff?

Very concerned

Somewhat concerned

A little concerned

Not concerned at all

K2

How concerned are you about the amount of victim service funding that your organization received in the past year?

Very concerned

Somewhat concerned

A little concerned

Not concerned at all

K3

How concerned are you about the predictability of future funding for your program?

Very concerned

Somewhat concerned

A little concerned

Not concerned at all

K4

How concerned are you about the burden of grant reporting?

Very concerned

Somewhat concerned

A little concerned

Not concerned at all

K5

How concerned are you about your organization's ability to access technology?

Very concerned

Somewhat concerned

A little concerned

Not concerned at all

Thank you for your participation.

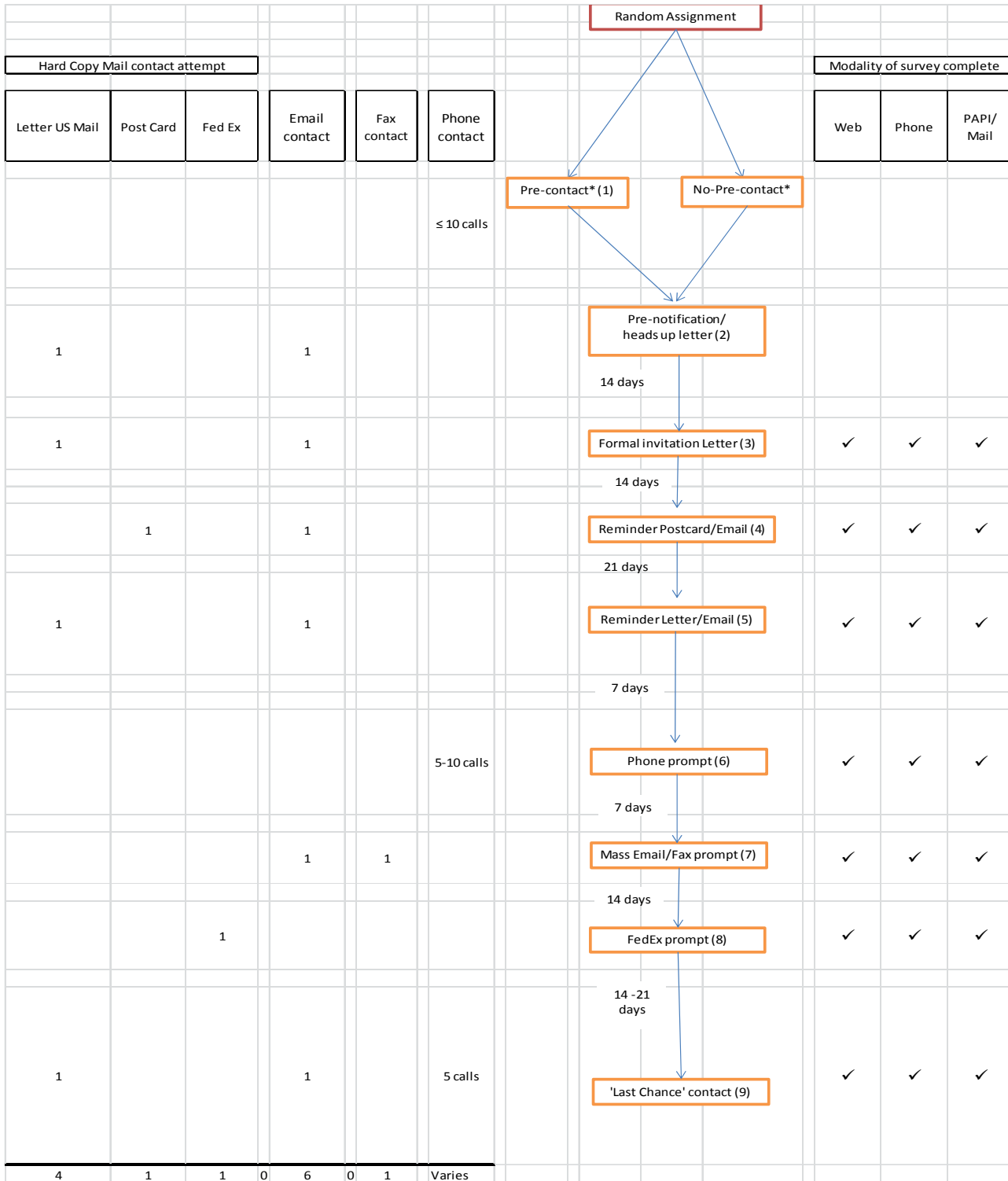
Mailing Instructions

Please place the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

National Survey of Victim Service Providers
NORC at the University of Chicago
1 North State Street - 16th Floor
Chicago, IL 60602

**If you have any questions, please call NORC toll free at 1-XXX-XXX-XXXX
or email XXXX@norc.org.**

Attachment 2: Field Test: Follow-up methods and modalities



* Half of the VSPs in this group will be recipients of federal victim service grants and half will not.



<<DATE>> <<SUID>>
 <<TITLE>><<FNAME>> <<LNAME>> <<SUFFIX>>
 <<AGCYNAME>>
 <<ADDRESS>>
 <<CITY, STATE ZIP>>

Dear <<TITLE>><<LNAME>>:

The U.S Department of Justice's Bureau of Justice Statistics (BJS) and Office for Victims of Crime (OVC) are working together to gather much needed data about victim service providers. Our federal agencies recognize the importance of prioritizing data collection to better understand the scope of violence and crime in America. However, existing data does not adequately address the needs of crime victims or the capacity of organizations that serve victims. To build the necessary capacity to better serve victims, their families, and communities, we need improved, more reliable data on the allocation of resources that serve victims and on potential gaps in services or other resource limitations.

BJS and OVC have teamed up with the RAND Corp., the National Center for Victims of Crime, and the National Opinion Research Center (NORC) at the University of Chicago to conduct the first national survey of victim service providers. Our primary goals are to define the field of victim service providers by learning how many organizations and agencies serve victims or survivors of different types of crime and abuse; gathering information about basic forms of service; and beginning to understand staff size, budgets and streams of funding. These types of data are critical for documenting the needs of victim service organizations and agencies, helping to plan for the future, and attracting government and private funding to support your critical work.

In order to make sure that the data collected are valid and reliable and truly represent the victim service field, it is imperative that victim service providers like you participate in this effort. To ensure that the survey works, we are asking your help in pilot testing the survey. Your organization was randomly chosen from a list of victim service providers in the US to participate in this pilot survey and help us confirm that the survey procedures, and the survey itself, run smoothly. The survey should take no more than 30 minutes to complete. Your answers will be confidential and there are no major risks/discomforts to you as a participant. Your organization and your survey responses will not be identified in any pilot testing reports or made public in any manner.

In about two weeks, you will receive a participant passcode to complete the survey online through a secure server. If you prefer, NORC can also send you a paper copy version of the survey that you can return via mail or fax. A postcard and phone number will be provided in our next mailing for you to request a paper version of the survey. In the meantime, if you would like more information about this survey, the larger research efforts related to victim services or the many organizations working on and supporting this data collection, please visit the project website at _____. You may also reach out to ____ with additional questions by telephone (X), or e-mail (X).

Although this study is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely. We hope that you will be able to participate in this important project and thank you for your time.

Sincerely,

William Sabol
 Director, Bureau of Justice Statistics

Joye Frost
 Director, Office for Victims of Crime





<<DATE>> <<SUID>>
<<TITLE>><<FNAME>> <<LNAME>> <<SUFFIX>>
<<AGCYNAME>>
<<ADDRESS>>
<<CITY, STATE ZIP>>

Dear <<TITLE>><<LNAME>>:

About two weeks ago we sent you a letter informing you of an upcoming survey from the U.S Department of Justice’s Bureau of Justice Statistics (BJS) and Office for Victims of Crime (OVC). The National Survey of Victim Service Providers (NSVSP) is now online and we respectfully request your participation.

As outlined earlier, BJS and OVC are working with RAND, the National Center for Victims of Crime, and National Opinion Research Center (NORC) at the University of Chicago to conduct this first survey of all victim serving organizations and agencies. To build the necessary capacity to better serve victims, their families, and communities, we need improved, more reliable data on the allocation of resources that serve victims and on potential gaps in services or other resource limitations. While there have been many smaller surveys in the past, none have attempted to gather basic information that accurately reflects all parts of the victim services field across the U.S. Our primary goals are to define the field of victim service providers by learning how many organizations and agencies serve victims or survivors of different types of crime and abuse; gathering information about basic forms of service; and beginning to understand staff size, budgets and streams of funding. These types of data are critical for documenting the needs of victim service organizations and agencies, helping to plan for the future, and attracting government and private funding to support your critical work.

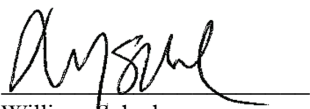
Your organization was randomly chosen from a list of victim service providers in the United States to participate in a pilot test of the NSVSP. The pilot test will help us to understand the easiest way for organizations to complete the survey and to make sure the survey and related procedures run smoothly. Your participation in this survey is extremely important to the success of this critically important study. The survey should take about 30 minutes to complete. Your answers will be confidential and there are no major risks/discomforts to you as a participant. Neither personal nor organizational information will be identified in the project reports.

We encourage you to visit the following secure website (*INSERT WEBLINK*) to complete the NSVSP survey using the following unique username and password: (*INSERT USERNAME AND PASSWORD*).

Alternatively, if you prefer, we can send you a paper version of the survey that you can mail or fax back to NORC. Please contact _____ at _____ to request a paper copy of this survey. If you would like more information about this survey, the larger project, or the many organizations working on or supporting this effort, please visit the project website at _____. You may also contact ____ with additional questions by telephone (X), or e-mail (X).

Although this study is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely. We thank you for your time and participation in this important project.

Sincerely,


William Sabol
Director, Bureau of Justice Statistics


Joye Frost
Director, Office for Victims of Crime





NATIONAL SURVEY OF VICTIM SERVICE PROVIDERS

We recently sent you the National Survey of Victim Service Providers (NSVSP).

This survey, by the U.S Department of Justice's Bureau of Justice Statistics and Office for Victims of Crime, is the first national data collection of all victim serving organizations and agencies. To build the necessary capacity to better serve victims, their families, and communities, we need improved, more reliable data on the allocation of resources that serve victims, and on potential gaps in services or other resource limitations. While there have been many smaller surveys in the past, none have attempted to gather basic information that accurately reflects all parts of the victim services field across the U.S. Our primary goals are to define the field of victim service providers by learning how many organizations and agencies serve victims or survivors of different types of crime and abuse; gather information about basic forms of service; and begin to understand staff size, budgets and streams of funding. These types of data are critical for documenting the needs of victim service organizations and agencies, helping to plan for the future, and attracting government and private funding to support your critical work.

If you have already completed and returned the NSVSP, please accept our sincere thanks. If not, please do so this week. It is extremely important that we obtain a high response so that accurate information may be presented to the victim service provider community.

Please go to the following secure website (INSERT WEBLINK) to complete NSVSP survey using the following (INSERT USERNAME AND PASSWORD). If you prefer, as an alternative, we can send you a hard copy version of the survey that you can mail or fax back to NORC. Please contact _____ at _____ if you want a hard copy.





Hello, my name is **[NAME]**. I'm calling from NORC at the University of Chicago. I need to speak with _____

We recently sent you an invitation to complete the National Survey of Victim Service Providers, also known as the NSVSP. The NSVSP is a very important study of victim service providers by the US Department of Justice. The NSVSP will provide for much needed data to help providers like your organization to better serve victims, and identify gaps in services and resource limitations for victims across the US.

Did you receive the letter or email invitation that we sent?

• **IF THEY DID RECEIVE THE INVITATION**

Have you completed the survey?

IF YES, Please accept our sincere thanks. AND ASK THEM IF THEY CAN RETURN THE SURVEY IN THE NEXT WEEK IF THEY DID PAPI. ALTERNATIVELY, IF THEY DID IT BY WEB THEN DOUBLE CHECK THE SYSTEM FOR A RECENT ONLINE COMPLETION WITHIN THE NEXT DAY.

IF NO — Would you be willing to complete a survey? We have three ways to complete the survey. I can email you the link and your organization's PIN and password to access our online version of the survey. We can also mail a paper version of the survey to you mail if you prefer that method. Also, we can complete the survey over the phone. We can complete the survey right now, if you have time or, if you don't have time right now, we can schedule a convenient time to call back.

[OPTION 1] IF A FIRM 'NO' TO COMPLETING A SURVEY:

I appreciate that you do not wish to participate and we will not contact you again after this point, but could you tell me why you will not be participating?

Is it because:

- i. The survey does not seem to be important;
- ii. The survey asks for information that you do not want to provide to the federal government;
- iii. The survey seems too burdensome;
- iv. You do not have the time or staff to complete the survey;
- v. You do not participate in any surveys ever.
- vi. Another reason? _____

[OPTION 2] IF A 'YES' TO COMPLETING THE SURVEY NOW BY PHONE: PROCEED WITH THE PHONE VERSION OF THE SURVEY

[OPTION 3] IF A 'YES' BUT THEY HAVE QUESTIONS - PROCEED TO ANSWER QUESTIONS USING THE ATTACHED FAQ. IF THEY WANT TO DO SURVEY NOW THEN BEGIN SURVEY OVER THE PHONE OR SCHEDULE A CALL TO COMPLETE THE SURVEY OR REMIND THEM OF WEB OPTION OR HARD PAPI TO COMPLETE THE SURVEY.

[OPTION 4] IF A 'YES' BUT THEY WANT EITHER WEB OR MAIL MODE – CONFIRM THE CONTACT INFORMATION (BOTH EMAIL AND POSTAL ADDRESS) OF THE RESPONDENT. SEND THE EMAIL IMMEDIATELY.



[OPTION 5] IF A ‘MAYBE’: TRY TO ADDRESS ANY OF THEIR CONCERNS (CONSULT BELOW FAQ AS NECESSARY) AND TELL THEM THAT IF THEY CANNOT DO IT NOW THAT YOU COULD CALL THEM BACK AT THEIR CONVENIENCE OVER THE NEXT WEEK TO COMPLETE THE SURVEY. OR SEE IF THEY WILL AGREE TO DO THE SURVEY USING THE WEB OR PAPER VERSION.

FIRST, ASK THEM IF THEY HAVE SPECIFIC CONCERNS ABOUT THE STUDY OR HAD QUESTIONS ABOUT THE PURPOSE OR NATURE OF THE SURVEY.

ATTEMPT TO ADDRESS THOSE CONCERNS AND EXPLAIN TO THEM THE VALUE OF THE SURVEY AND WHY WE ARE DOING THE SURVEY. USE THE FOLLOWING SCRIPT TO EXPLAIN THE STUDY:

The U.S Department of Justice’s Bureau of Justice Statistics (BJS) and Office for Victims of Crime (OVC) are working together with our research team to conduct this first survey of all victim serving organizations and agencies.

While there have been other smaller surveys, none has attempted to gather basic information that reflects all parts of the victim services field across the country. Our goal is to define the field of victim service providers, including learning how many organizations and agencies serve victims or survivors of which types of crime or abuse; provide what basic forms of service; with what size staff and budgets; and with what funding.

Because it is so important to get wide participation in this survey, we want to make sure the ways that we are asking victim service providers to participate really works for the respondents.

The current research is a pilot test, or trial run, of about 600 agencies and organizations to make sure the survey and related procedures run smoothly. The survey should only take about 30 minutes to complete.

I am happy to answer any questions you have about the survey and its importance for charting the future of victim service providers in the US. If you are online now, I can also walk you through the project website that has more information about the survey and show you the many organizations are working on or supporting this effort [E.G., OVC, OVW, VOCA ADMINISTRATORS]. The project website is at _____.

Although this study is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

• **IF THEY DID NOT RECEIVE THE INVITATION OR ARE OTHERWISE UNAWARE OF THE SURVEY:**

VERIFY THAT THE INFORMATION WE HAVE FOR THEM IS CORRECT. We have been sending our survey materials to _____, using the email address _____ and the following phone number _____. Is that the correct address for your organization?

IF IT IS NOT THAN UPDATE OUR RECORDS AND PROCEED TO EXPLAIN THE SURVEY USING THIS LANGUAGE:

The U.S Department of Justice’s Bureau of Justice Statistics (BJS) and Office for Victims of Crime (OVC) are working together with our research team to conduct this first survey of all victim serving organizations and agencies.



While there have been other smaller surveys, none has attempted to gather basic information that reflects all parts of the victim services field across the country. Our goal is to define the field of victim service providers, including learning how many organizations and agencies serve victims or survivors of which types of crime or abuse; provide what basic forms of service; with what size staff and budgets; and with what funding.

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Although this study is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

USE THE BELOW FAQ IF THERE ARE ADDITIONAL QUESTIONS BUT ALSO ASK THEM IF THEY WILL COMPLETE THE SURVEY.

We have three ways to complete the survey. I can email you the link and your organization's PIN and password to access our online version of the survey. We can also mail a paper version of the survey to you if you prefer that method. Also, we can complete the survey over the phone. We can complete the survey right now, if you have time or, if you don't have time right now, we can schedule a convenient time to call back.

IF THE VSP PROVIDES A CLEAR REFUSAL THAN YOU SHOULD SWITCH TO OPTION 1 ABOVE.

FREQUENTLY ASKED QUESTIONS (FAQs)

What is the purpose of this survey?

Our goal is to define the field of victim service providers. We are trying to learn

- How many organizations and agencies serve victims of crime or abuse
- The types of victims serviced and the types of crimes or abuse they experienced;
- What basic forms of service the organizations provide;
- What size staff and budgets the organizations have; and
- What funding the victim service providers use to assist victims and survivors.

Who is funding this Survey?

The U.S Department of Justice's Bureau of Justice Statistics, with funding from the Office for Victims of Crime is funding this research.

Why is this study being funded?



Increasingly, data collection and analysis is being prioritized as a way to better understand the scope of violence and crime in America. However, we do not have the appropriate data to address the needs of crime victims or the capacity of organizations that serve victims. The NSVSP will fill an important information gap and provide more reliable data on the allocation of resources to provide service to victims, as well as gaps in services and resource limitations.

Who are the other companies that are involved?

USDOJ is working with RAND, the National Center for Victims of Crime, and NORC at the University of Chicago to conduct survey. RAND helped USDOJ to create the survey itself and NORC is the data collection contractor.

Aren't there other surveys that already to this?

No, there aren't. This is the first survey of all victim serving organizations and agencies. While there have been many smaller surveys in the past, none has attempted to gather basic information that accurately reflects all parts of the victim services field across the US.

You mentioned this was a pilot study. What are the next steps?

Yes, this is a pilot study which is a common strategy in survey research. To ensure that the survey works, we are asking your help in pilot testing the survey so we can make sure that the survey procedures, and the survey itself, run smoothly. If this first survey achieves solid participation—that is we have confidence that we now know what “the field” looks like—it would then be possible to obtain more detailed information in a subsequent survey about the staff, standards, trainings, technology, and other information about victim service providers.

Why does it matter if my organization responds?

We want to make sure the survey and the data collection methods that we are using really works for the all different types of victim service providers. Your organization was randomly chosen to represent the experiences of organizations like yours in this pilot study. That's why we are asking you now to help pilot test the survey.

Will I have to do this survey all over again after the pilot phase is over?

Please note that you will not be asked to complete the whole survey again during the main administration of the survey. This pilot test is a trial run of about 600 agencies and organizations to make sure the survey and related procedures run smoothly.

How long will it take to do the survey?

The survey should take about 30 minutes to complete.

Who else will see my answers? Are there any other risks to my organization?

Your answers will be confidential and there are no major risks/discomforts to you as a participant. Neither personal nor organizational information will be identified in the project reports or made public in any manner. Although this study is voluntary, you may discontinue participation at any time, and decline to answer any questions, we urgently need and appreciate your cooperation to make the results inclusive, accurate and timely.

I would like to see some other information about this survey. Where can I look?



I am happy to answer any questions you have about the survey. If you are online now, I can also walk you through the project website that has more information about the survey and show you the many organizations working on or supporting this effort (e.g., OVC, OVW, VOCA administrators). The project website is at _____.

Thank you for your time.

YOU CAN BEGIN THE PHONE SURVEY IF THEY PREFER TO DO THE SURVEY OVER THE PHONE OR SECURE A DATE AND TIME FOR ANOTHER TIME TO DO THE SURVEY.

END CALL.





<<DATE>> <<SUID>>
<<TITLE>><<FNAME>> <<LNAME>> <<SUFFIX>>
<<AGCYNAME>>
<<ADDRESS>>
<<CITY, STATE ZIP>>

Dear <<TITLE>><<LNAME>>:

We have been trying to reach _____ over the last month to complete the National Survey of Victim Service Providers (NSVSP) and we have not yet received your response.

This survey, by the U.S Department of Justice’s Bureau of Justice Statistics and Office for Victims of Crime, is the first national data collection of all victim serving organizations and agencies. To build the necessary capacity to better serve victims, their families, and communities, we need improved, more reliable data on the allocation of resources that serve victims and on potential gaps in services or other resource limitations. While there have been many smaller surveys in the past, none have attempted to gather basic information that accurately reflects all parts of the victim services field across the U.S. Our primary goals are to define the field of victim service providers by learning how many organizations and agencies serve victims or survivors of different types of crime and abuse; gathering information about basic forms of service; and beginning to understand staff size, budgets and streams of funding. These types of data are critical for documenting the needs of victim service organizations and agencies, helping to plan for the future, and attracting government and private funding to support your critical work.

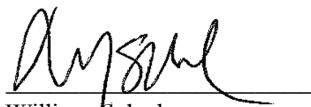
Your organization was randomly chosen from a list of victim service providers in the United States to participate in a pilot test of the NSVSP. The pilot test will help us to understand the easiest way for organizations to complete the survey and to make sure the survey and related procedures run smoothly. Your participation in this survey is extremely important to the success of this critically important study. The survey should take about 30 minutes to complete. Your answers will be confidential and there are no major risks/discomforts to you as a participant. Neither personal nor organizational information will be identified in the project reports.

Please go to the following secure website (*INSERT WEBLINK*) to complete the NSVSP survey using the following unique username and password: (*INSERT USERNAME AND PASSWORD*).

Alternatively, if you prefer, we can send you a paper version of the survey that you can mail or fax back to the National Opinion Research Center (NORC) at the University of Chicago. Please contact _____ at _____ to request a paper copy of this survey. If you would like more information about this survey, the larger project, or the many organizations working on or supporting this effort, please visit the project website at _____. You may also contact ____ with additional questions by telephone (X), or e-mail (X).

Although this study is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely. We thank you for your time and participation in this important project.

Sincerely,


William Sabol
Director, Bureau of Justice Statistics


Joye Frost
Director, Office for Victims of Crime





<<DATE>> <<SUID>>
<<TITLE>><<FNAME>> <<LNAME>> <<SUFFIX>>
<<AGCYNAME>>
<<ADDRESS>>
<<CITY, STATE ZIP>>

Dear <<TITLE>><<LNAME>>:

The National Survey of Victim Service Providers (NSVSP) is quickly coming to a close and we have not yet received your response.

The research team has made multiple attempts to reach you by phone and mail over the past couple of months. Please recognize that the NSVSP is a very important survey by the U.S Department of Justice’s (USDOJ) Bureau of Justice Statistics and Office for Victims of Crime and is the first national data collection of all victim serving organizations and agencies. To build the necessary capacity to better serve victims, their families, and communities, we need improved, more reliable data on the allocation of resources that serve victims and on potential gaps in services or other resource limitations. While there have been many smaller surveys in the past, none have attempted to gather basic information that accurately reflects all parts of the victim services field across the U.S. Our primary goals are to define the field of victim service providers by learning how many organizations and agencies serve victims or survivors of different types of crime and abuse; gathering information about basic forms of service; and beginning to understand staff size, budgets and streams of funding. These types of data are critical for documenting the needs of victim service organizations and agencies, helping to plan for the future, and attracting government and private funding to support your critical work.

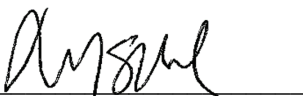
Your organization was randomly chosen from a list of victim service providers in the United States to participate in a pilot test of the NSVSP. The pilot test will help us to understand the easiest way for organizations to complete the survey and to make sure the survey and related procedures run smoothly. Your participation in this survey is extremely important to the success of this critically important study. The survey should take about 30 minutes to complete. Your answers will be confidential and there are no major risks/discomforts to you as a participant. Neither personal nor organizational information will be identified in the project reports.


We ask that you take a short amount of time to complete and return the form by _____.

Please go to the following secure website (*INSERT WEBLINK*) to complete the NSVSP survey using the following unique username and password: (*INSERT USERNAME AND PASSWORD*). Alternatively, if you prefer, we can send you a paper version of the survey that you can mail or fax back to the National Opinion Research Center (NORC) at the University of Chicago. Please contact _____ at _____ to request a paper copy of this survey. If you would like more information about this survey, the larger project, or the many organizations working on or supporting this effort, please visit the project website at _____ or call us at _____.

Although this study is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely. We thank you for your time and participation in this important project.

Sincerely,


William Babol
Director, Bureau of Justice Statistics


Joye Frost
Director, Office for Victims of Crime





Hello, my name is [NAME]. I'm calling from NORC at the University of Chicago. I need to speak with _____.

We have been trying to get a staff member of _____ to complete the National Survey of Victim Service Providers called the NSVSP.

We apologize for all the contacts by phone on _____ and the letters [AND/OR EMAILS] over the past couple of months. However, the NSVSP is a very important survey for victim service providers to complete to ensure your organization's experience is counted in this first national study of victim service providers by the US Department of Justice. The NSVSP will provide for much needed data to help providers like your organization to better serve victims, and identify gaps in services and resource limitations for victims across the US.

The NSVSP survey is now closing and we have not received your response. It is very important that we get responses from all of the organizations that have been selected so that all different types of victim service providers can have their voices heard.

Did you intend to complete the survey?

If Yes: Thank you. As I stated, we are very near the end of data collection. We have three ways to complete the survey. If you have time right now, we can complete the survey over the phone. If you don't have time right now, we can schedule a time to call back in the next day or two, I can email you the link and your organization's PIN and password to access our online version of the survey. We can also send a paper version of the survey to you via express mail if you prefer that method.

Could you complete a survey with us now over the phone?

[OPTION 1] IF A FIRM 'NO':

I appreciate that you do not wish to participate and we will not contact you again after this point, but could you tell me why you will not be participating?

Is it because:

- i. The survey does not seem to be important;
- ii. The survey asks for information that you do not want to provide to the federal government;
- iii. The survey seems too burdensome;
- iv. You do not have the time or staff to complete the survey;
- v. You do not participate in any surveys ever.
- vi. Another reason? _____

[OPTION 2] VSP STATES THAT THEY JUST COMPLETED IT A DAY OR SO BEFORE OUR CALL: THANK THEM AND ASK THEM IF THEY CAN RETURN THE SURVEY IN THE NEXT WEEK IF THEY DID PAPI. ALTERNATIVELY, IF THEY DID IT BY WEB THEN DOUBLE CHECK THE SYSTEM FOR A RECENT ONLINE COMPLETION WITHIN THE NEXT DAY.

[OPTION 3] IF A 'YES': PROCEED WITH THE PHONE VERSION OF THE SURVEY



[OPTION 4] IF A 'YES' BUT THEY WANT EITHER WEB OR MAIL MODE – CONFIRM THE CONTACT INFORMATION (BOTH EMAIL AND POSTAL ADDRESS) OF THE RESPONDENT. SEND THE EMAIL IMMEDIATELY.

[OPTION 5] IF A 'YES' BUT THEY HAVE QUESTIONS - PROCEED TO ANSWER QUESTIONS USING THE BELOW FAQ. IF THEY WANT TO DO SURVEY NOW THEN BEGIN SURVEY OVER THE PHONE OR SCHEDULE A CALL TO COMPLETE THE SURVEY OR REMIND THEM OF WEB OPTION OR HARD PAPI TO COMPLETE THE SURVEY.

[OPTION 6] IF A 'YES' BUT NOT NOW: REMIND THEM THIS IS THE FINAL OPPORTUNITY BUT THAT YOU COULD CALL THEM BACK AT THEIR CONVENIENCE OVER THE NEXT WEEK TO COMPLETE THE SURVEY OR SEE IF THEY WILL AGREE TO DO THE SURVEY USING THE WEB OR PAPER VERSION.

[OPTION 7] IF A 'MAYBE': TRY TO ADDRESS ANY OF THEIR CONCERNS (CONSULT BELOW FAQ AS NECESSARY) AND TELL THEM THAT IF THEY CANNOT DO IT NOW THAT YOU COULD CALL THEM BACK AT THEIR CONVENIENCE OVER THE NEXT WEEK TO COMPLETE THE SURVEY. OR SEE IF THEY WILL AGREE TO DO THE SURVEY USING THE WEB OR PAPER VERSION.

[OPTION 8] IF THEY CLAIM TO NOT HAVE RECEIVED THE INVITATION OR ARE OTHERWISE UNAWARE OF THE SURVEY: VERIFY THAT THE INFORMATION WE HAVE FOR THEM IS CORRECT. We have been sending our survey materials to _____, using the email address _____ and the following phone number _____. Is that the correct address for your organization? IF IT IS NOT THAN UPDATE OUR RECORDS AND PROCEED TO EXPLAIN THE SURVEY USING THE BELOW FAQ AND SEE IF THEY WILL COMPLETE THE SURVEY OVER THE PHONE. IF THE CONTACT INFORMATION IS CORRECT THEN STILL PROCEED TO SEE IF THEY WILL COMPLETE THE SURVEY OVER THE PHONE. IF THE VSP PROVIDES A CLEAR REFUSAL THAN SWITCH TO OPTION 1 ABOVE.

FREQUENTLY ASKED QUESTIONS (FAQs)

What is the purpose of this survey?

Our goal is to define the field of victim service providers. We are trying to learn

- How many organizations and agencies serve victims of crime or abuse
- The types of victims serviced and the types of crimes or abuse they experienced;
- What basic forms of service the organizations provide;
- What size staff and budgets the organizations have; and
- What funding the victim service providers use to assist victims and survivors.

Who is funding this Survey?

The U.S Department of Justice's Bureau of Justice Statistics, with funding from the Office for Victims of Crime is funding this research.

Why is this study being funded?

Increasingly, data collection and analysis is being prioritized as a way to better understand the scope of violence and crime in America. However, we do not have the appropriate data to address the needs of crime victims or the capacity of organizations that serve victims. The NSVSP will fill an important information gap and provide more reliable data on the allocation of resources to provide service to victims, as well as gaps in services and resource limitations.



Who are the other companies that are involved?

USDOJ is working with RAND, the National Center for Victims of Crime, and NORC at the University of Chicago to conduct survey. RAND helped USDOJ to create the survey itself and NORC is the data collection contractor.

Aren't there other surveys that already to this?

No, there aren't. This is the first survey of all victim serving organizations and agencies. While there have been many smaller surveys in the past, none has attempted to gather basic information that accurately reflects all parts of the victim services field across the US.

You mentioned this was a pilot study. What are the next steps?

Yes, this is a pilot study which is a common strategy in survey research. To ensure that the survey works, we are asking your help in pilot testing the survey so we can make sure that the survey procedures, and the survey itself, run smoothly. If this first survey achieves solid participation—that is we have confidence that we now know what “the field” looks like—it would then be possible to obtain more detailed information in a subsequent survey about the staff, standards, trainings, technology, and other information about victim service providers.

Why does it matter if my organization responds?

We want to make sure the survey and the data collection methods that we are using really works for the all different types of victim service providers. Your organization was randomly chosen to represent the experiences of organizations like yours in this pilot study. That's why we are asking you now to help pilot test the survey.

Will I have to do this survey all over again after the pilot phase is over?

Please note that you will not be asked to complete the whole survey again during the main administration of the survey. This pilot test is a trial run of about 600 agencies and organizations to make sure the survey and related procedures run smoothly.

How long will it take to do the survey?

The survey should take about 30 minutes to complete.

Who else will see my answers? Are there any other risks to my organization?

Your answers will be confidential and there are no major risks/discomforts to you as a participant. Neither personal nor organizational information will be identified in the project reports or made public in any manner. Although this study is voluntary, you may discontinue participation at any time, and decline to answer any questions, we urgently need and appreciate your cooperation to make the results inclusive, accurate and timely.

I would like to see some other information about this survey. Where can I look?

I am happy to answer any questions you have about the survey. If you are online now, I can also walk you through the project website that has more information about the survey and show you the many organizations working on or supporting this effort (e.g., OVC, OVW, VOCA administrators). The project website is at _____.

I hope that I answered any questions that you have about the NSVSP. Would you like to begin the survey now?

BEGIN THE PHONE SURVEY IF THEY PREFER TO DO THE SURVEY NOW OVER THE PHONE OR IF THEY CAN NOT DO



THE SURVEY NOW SECURE A DATE AND TIME IN THE NEXT WEEK TO DO THE SURVEY OVER THE PHONE.

IF A FIRM 'NO,' FOLLOW THE ABOVE OPTION 1 'NO' PROTOCOL FOR ASKING ONE QUESTION ABOUT THE REASON FOR THEIR ORGANIZATION'S NON-RESPONSE. END CALL.





NATIONAL SURVEY OF VICTIM SERVICE PROVIDERS

Please Enter your PIN

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 30 minutes 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.

OMB Number: 1121-0339

Expires 1/31/2016

Next

Save & Exit

National Survey of Victim Service Providers

A study by the U.S. Bureau of Justice Statistics to better understand the range of services available for and provided to different types of crime victims.



NATIONAL SURVEY OF VICTIM SERVICE PROVIDERS

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 30 minutes 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.

National Survey of Victim Service Providers

Survey Instructions

Please mark your response with an "X" using blue or black ink, as in the examples below.

Example:



Example:

Other, specify:

Victim Services

Survey Purpose and Sponsors

The National Survey of Victim Service Providers (NSVSP) is designed to fill existing gaps in knowledge and information on the variety of organizations that provide services to victims 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 NSVSP 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. This survey will provide 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. Your organization has been randomly selected to participate in a small pilot test of the larger NSVSP data collection effort.

Information obtained from this initial pilot test will inform efforts to conduct a census of the over 21,000 service providers in our current database. Ultimately, through the census and additional survey efforts the NSVSP 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 compare themselves with other 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 or juvenile 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 and other abuse. This includes those who are directly harmed or threatened by such crimes, but also their...
 - a) Family or household members,
 - b) Legal representatives, or
 - c) Survivors (if deceased)
- 3) **SERVICE** - Efforts that (1) respond to the 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; or (4) provide victims of crime with measures of safety and security.

General Instructions

Your organization is receiving this survey because it has been identified as providing at least some 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. To help you prepare to take the survey, we will be asking for information about the number and types of services your organization provided to victims in the past year, the types of crimes for which victims sought your services in the past year, the number of staff providing victim services at your organization, and your victim services budget. The survey should take about 30 minutes to complete. Please respond to all items.

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.

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 30 minutes 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.

S1

Before you begin, please complete the following pieces of information for your program.

Agency Name: _____

Address: _____

Address: _____

City, State, ZIP: _____

Main business phone number: _____

Director, Victim Services: _____

Email address: _____

S2

Did you provide services to victims of crime or abuse in the past month?

Yes → Go to A1

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

Please see mailing instructions after page 8.

SECTION A

A1

Which of the following best describes how your organization is structured to provide services to victims of crime or abuse?

The primary function of the organization is to provide services or programming for victims of crime.

→ Skip to A2

Victim services or programming are one component of the larger organization (e.g., a hospital, university, community center, law enforcement agency or prosecutors' office)

→ Proceed to A1a

→ A1a. Does your organization have a specific program(s) or staff that are dedicated to working with crime victims?

Yes No

A2

Which of the following best describes your organization? Select one response.

a. Tribal government or other tribal organization or entity → Go to Section B [Tribal], page 4

b. Campus organization or other educational institution (public or private) → Go to Section C [Campus], page 4

c. Hospital, medical, or emergency facility (public or private) → Go to Section G [Services for Victims], page 5

d. Government agency → Go to Section D [Government], page 4

e. Nonprofit or faith-based entity (501c3 status) → Go to Section E [Nonprofit or faith based], page 4

f. For profit entity → Go to Section F [For profit], page 5

g. Informal entity (e.g., some other type of program or group, not formally a part of an agency, registered nonprofit, or business; Independent survivor advocacy and support groups; volunteer, grassroots, or survivor network) → Go to Section G [Services for Victims], page 5

SECTION B

Tribal Agencies and Organizations Only

B1

Which designation **best** describes your tribal agency or organization? *Select one response.*

- Law enforcement
- Prosecutor
- Court
- Juvenile justice
- Offender custody and supervision
- Advocacy program
- Other justice-based agency *(please specify)*

- Other agency that is NOT justice-based *(e.g., human services, health, education, etc.) (please specify)*

- Coalition

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION C

Campus Organizations Only

C1

Which designation **best** describes your campus organization? *Select one response.*

- Law enforcement/campus security
- Campus disciplinary body or student conduct body
- Physical or mental health service program
- Victim services or advocacy group
- Other campus-based program *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION D

Government Agencies Only

D1

Which designation **best** describes your government agency? *Select one response.*

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

D2

In what service area/jurisdiction does your agency operate in terms of victims served or services delivered? *Select one response.*

- Nationwide
- Statewide
- Regional/Multi-county/Multi-city
- County wide only
- City wide only
- Specific neighborhood only
- Other *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION E

Non-Profit or Faith-Based Organizations Only

E1

Which designation **best** describes your non-profit organization? *Select one response.*

- Coalition *(e.g., State Domestic Violence or Sexual Assault Coalition)*
- A single entity *(may or may not have multiple physical locations)*
- Other *(please specify)*

E2

In what service area/jurisdiction does your non-profit organization operate? *Select one response.*

- Nationwide
- Statewide
- Regional/Multi-county/Multi-city
- County wide only
- City wide only
- Specific neighborhood only
- Other *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION F For-Profit Organizations Only

F1 What designation best describes your for-profit organization? *Select one response.*

- Private legal office/law firm
- Private counseling service or other mental health care provider
- Funeral home
- Other commercial or professional entity *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION G Services for Victims

G1 Does your organization operate/report data on a calendar year or fiscal year?

- Calendar year → skip to G2
- Fiscal year → proceed to G1.1
- Both → proceed to G1.1

→ **G1.1.** What is the date of the beginning of the fiscal year at your organization?

	/		/	
MM		DD		YY

For the remainder of the questionnaire, unless indicated otherwise, provide your answers based on the past fiscal year or the past calendar year depending on how your organization operates as answered in Question G1.

The following questions concern services you provided to victims of crime or abuse during past calendar/fiscal year.

For the remaining questions, please think about the component of your organization that serve victims of crime and abuse and about the victims who received services during the past calendar/fiscal year. If your organization served crime victims through a specific program, think about that program when answering the remaining questions.

Did you provide any of the following services to victims within the past calendar/fiscal year?

We recognize that victim service organizations provide a wide array of services to victims. For the purposes of this survey, we are asking about general categories of services you provided to victims, which may not capture your victim service offerings in detail. Do your best to place the services you provided within the general categories below.

Information and referral services

Does your organization provide (...)	Yes	No
a. Justice related information and referrals? <i>(e.g., information about the justice system and the victim's role; notification of events and proceedings; justice referrals; etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Service or victimization information and referrals? <i>(e.g., information about crime and victimization; medical referrals; legal referrals; financial counseling referrals; other referrals; etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Financial and material assistance services

Does your organization provide (...)	Yes	No
a. Monetary assistance? <i>(e.g., providing funds or offering assistance in seeking victim compensation; public benefits assistance; other emergency funds assistance; etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Material assistance? <i>(e.g., emergency or transitional shelter; food; clothing; utility assistance; employment assistance; etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Emotional support and safety

- G4** Does your organization provide (...) Yes No
- a. **Mental health services?** (e.g., individual; group counseling support groups; other therapy; social programming for children; etc.) Yes No
- b. **Crisis Counseling** Yes No
- c. **Safety services?** (Safety planning; witness protection; address confidentiality; self-defense; etc.) (Does NOT include protective orders) Yes No

Medical and health assistance

- G5** Does your organization provide (...) Yes No
- a. **Emergency medical care or accompaniment?** Yes No
- b. **Medical forensic exam or accompaniment?** Yes No
- c. **STD/HIV testing?** Yes No

Legal and victims' rights assistance

- G6** Does your organization provide (...) Yes No
- a. **Criminal/juvenile/military/tribal justice related assistance?** (e.g., representation; advocacy; accompaniment; assistance in exercising victims' rights; etc.) Yes No
- b. **Civil justice related assistance?** (e.g., protective or restraining order; assistance with family law matters; assistance with landlord/tenant matters; etc.) Yes No
- c. **Immigration assistance?** (e.g., assistance seeking special visas; continued presence applications; other immigration relief; etc.) Yes No

Other services

- G7** Does your organization provide (...) Yes No
- a. **Case management?** Yes No
- b. **Supervised child visitation?** Yes No
- c. **On-scene coordinated response?** Yes No
- d. **Education classes for survivors regarding victimization dynamics?** Yes No
- e. **Culturally and ethnically specific services?** Yes No
- f. **Specialized services for specific settings?** (e.g., military; school; college/university; etc.) Yes No

G8 Did your organization operate a hotline/helpline or crisis line at any time during the past calendar/fiscal year?

- Yes → proceed to H9
 No → skip to H10

G9 How many calls did you receive from victims/survivors in the past calendar/fiscal year? *Estimates are acceptable.*

Check box if estimate

G10 Excluding hotline/helpline or crisis line calls, how many unique victims received direct services from your organization/program during the past calendar/fiscal year? *Estimates are acceptable.* (Exclude services provided through a hotline/helpline or crisis line and victims who only received information through the mail)

Check box if estimate

G11

During the past calendar/fiscal year did victims of the following crime types seek services from your organization?

Crime type for which victims sought services

	Yes	No
a. Adults molested as children	<input type="checkbox"/>	<input type="checkbox"/>
b. Child sexual abuse/sexual assault	<input type="checkbox"/>	<input type="checkbox"/>
c. Rape/sexual assault (other than sexual victimizations against children)	<input type="checkbox"/>	<input type="checkbox"/>
d. Stalking	<input type="checkbox"/>	<input type="checkbox"/>
e. Child witness of violence	<input type="checkbox"/>	<input type="checkbox"/>
f. Child physical abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>
g. Elder physical abuse	<input type="checkbox"/>	<input type="checkbox"/>
h. Domestic violence/dating violence	<input type="checkbox"/>	<input type="checkbox"/>
i. Assault (Other than domestic/dating violence or child/elder abuse)	<input type="checkbox"/>	<input type="checkbox"/>
j. Robbery	<input type="checkbox"/>	<input type="checkbox"/>
k. Human trafficking (Labor)	<input type="checkbox"/>	<input type="checkbox"/>
l. Human trafficking: (Sex)	<input type="checkbox"/>	<input type="checkbox"/>
m. Survivors of homicide victims	<input type="checkbox"/>	<input type="checkbox"/>
n. Victim witness intimidation	<input type="checkbox"/>	<input type="checkbox"/>
o. DUI/DWI crashes	<input type="checkbox"/>	<input type="checkbox"/>
p. Identity theft	<input type="checkbox"/>	<input type="checkbox"/>
q. Financial fraud and exploitation (Other than identity theft)	<input type="checkbox"/>	<input type="checkbox"/>
r. Motor vehicle theft	<input type="checkbox"/>	<input type="checkbox"/>
s. Burglary	<input type="checkbox"/>	<input type="checkbox"/>
t. Other property crimes	<input type="checkbox"/>	<input type="checkbox"/>
u. Other violent crimes	<input type="checkbox"/>	<input type="checkbox"/>
v. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION H Staffing

The following questions concern staff dedicated to working with victims of crime during past calendar/fiscal year. Provide your answer based on the past fiscal year or the past calendar year depending on how your organization operates as answered in Question G1.

Current Staff

H1

Thinking about your organization's specific program(s) or staff dedicated to working with victims, how many paid staff **currently** work at your organization as **full-time** (35 hours or more/week)? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

H2

Thinking about your organization's specific program(s) or staff dedicated to working with victims, how many paid staff **currently** work at your organization as **part-time** (less than 35 hours/week)? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

H3

Does your organization use volunteers to provide direct services to victims?

- Yes
 No

Staff at the beginning of the most recent fiscal year

H4

Thinking about your organization's specific program(s) or staff dedicated to working with victims, how many paid **full-time** staff worked at your organization at the **beginning of the past calendar/fiscal year**? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

H5

Thinking about your organization's specific program(s) or staff dedicated to working with victims, how many paid **part-time** staff worked at your organization at the **beginning of the past calendar/fiscal year**? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

New staff since the beginning of the most recent fiscal year

H6 Thinking about your organization's specific program(s) or staff dedicated to working with victims, how many paid full-time staff dedicated to working with victims did you hire in the past calendar/fiscal year, whether to fill new positions or to fill vacancies? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. *Estimates are acceptable.*

Check box if estimate

H7 Thinking about your organization's specific program(s) or staff dedicated to working with victims, how many paid part-time staff dedicated to working with victims did you hire in the past calendar/fiscal year, whether to fill new positions or to fill vacancies? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. *Estimates are acceptable.*

Check box if estimate

**SECTION I
Funding**

I1 Thinking about your organization's specific program(s) or staff dedicated to working with crime victims, how much total funding did your organization receive for victim-related programming and services (including direct services, prevention, outreach, training, and education efforts) during the past calendar/fiscal year? Please include direct services, prevention, outreach, training and education efforts. *Estimates are acceptable.*

Check box if estimate

I2 Thinking about your organization's specific program(s) or staff dedicated to working with crime victims, how much funding did your organization receive from each of the following sources during the past calendar/fiscal year? *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 item I1.*

Check box if information on amount of funding by source is not available

a. Victims of Crime Act Assistance Grant (VOCA) \$

Check box if estimate

b. Other Office on Victims of Crime (OVC) \$

Check box if estimate

c. Services, Training, Officers, and Prosecutors (STOP) \$

Check box if estimate

d. Sexual Assault Services Program (SASP) \$

Check box if estimate

e. Other Office on Violence against Women (OVW) \$

Check box if estimate

f. Family Violence Prevention Services Act (FVPSA) \$

Check box if estimate

g. Other federal funding, please specify

\$

Check box if estimate

h. State government funding (NOT state disbursement of federal grant) \$

Check box if estimate

i. Local government funding \$

Check box if estimate

j. Tribal government funding \$

Check box if estimate

k. Source of funds unknown \$

Check box if estimate

l. Other funding sources (e.g., foundations, corporate funding, individual donations, insurance reimbursements, etc.) \$

Check box if estimate

I3

Thinking about your organization's specific program(s) or staff dedicated to working with crime victims, did your organization receive any federal funding for victim programming or services 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

SECTION J Record Keeping

J1

Does your organization use an electronic records system to maintain case files?

- Yes
- No → Skip to Section K

J2

Does your electronic records system track individual cases?

- Yes
- No

SECTION K Current Issues of Concern to Victim Service Providers

K1

How concerned are you about your organization's ability to retain staff?

- Very concerned
- Somewhat concerned
- A little concerned
- Not concerned at all

K2

How concerned are you about the amount of victim service funding that your organization received in the past year?

- Very concerned
- Somewhat concerned
- A little concerned
- Not concerned at all

K3

How concerned are you about the predictability of future funding for your program?

- Very concerned
- Somewhat concerned
- A little concerned
- Not concerned at all

K4

How concerned are you about the burden of grant reporting?

- Very concerned
- Somewhat concerned
- A little concerned
- Not concerned at all

K5

How concerned are you about your organization's ability to access technology?

- Very concerned
- Somewhat concerned
- A little concerned
- Not concerned at all

Thank you for your participation.

Mailing Instructions

Please place the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

National Survey of Victim Service Providers
 NORC at the University of Chicago
 1 North State Street - 16th Floor
 Chicago, IL 60602

If you have any questions, please call NORC toll free at 1-XXX-XXX-XXXX or email XXXX@norc.org.

National Survey of Victim Service Providers

A study by the U.S. Bureau of Justice Statistics to better understand the range of services available for and provided to different types of crime victims.



NATIONAL SURVEY OF VICTIM SERVICE PROVIDERS

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 30 minutes 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.

National Survey of Victim Service Providers

Survey Instructions

Please mark your response with an "X" using blue or black ink, as in the examples below.

Example:



Example:

Other, specify:

Victim Services

Survey Purpose and Sponsors

The National Survey of Victim Service Providers (NSVSP) is designed to fill existing gaps in knowledge and information on the variety of organizations that provide services to victims 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 NSVSP 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. This survey will provide 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. Your organization has been randomly selected to participate in a small pilot test of the larger NSVSP data collection effort.

Information obtained from this initial pilot test will inform efforts to conduct a census of the over 21,000 service providers in our current database. Ultimately, through the census and additional survey efforts the NSVSP 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 compare themselves with other 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 or juvenile 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 and other abuse. This includes those who are directly harmed or threatened by such crimes, but also their...
 - a) Family or household members,
 - b) Legal representatives, or
 - c) Survivors (if deceased)
- 3) **SERVICE** - Efforts that (1) respond to the 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; or (4) provide victims of crime with measures of safety and security.

General Instructions

Your organization is receiving this survey because it has been identified as providing at least some 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. To help you prepare to take the survey, we will be asking for information about the number and types of services your organization provided to victims in the past year, the types of crimes for which victims sought your services in the past year, the number of staff providing victim services at your organization, and your victim services budget. The survey should take about 30 minutes to complete. Please respond to all items.

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.

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 30 minutes 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.

S1

Before you begin, please complete the following pieces of information for your program.

Agency Name: _____

Address: _____

Address: _____

City, State, ZIP: _____

Main business phone number: _____

Director, Victim Services: _____

Email address: _____

S2

Did you provide services to victims of crime or abuse in the past month?

Yes → Go to A1

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

Please see mailing instructions after page 8.

SECTION A

A1

Which of the following best describes how your organization is structured to provide services to victims of crime or abuse?

The primary function of the organization is to provide services or programming for victims of crime.

→ Skip to A2

Victim services or programming are one component of the larger organization (e.g., a hospital, university, community center, law enforcement agency or prosecutors' office)

→ Proceed to A1a

→ A1a. Does your organization have a specific program(s) or staff that are dedicated to working with crime victims?

Yes No

A2

Which of the following best describes your organization? Select one response.

a. Tribal government or other tribal organization or entity → Go to Section B [Tribal], page 4

b. Campus organization or other educational institution (public or private) → Go to Section C [Campus], page 4

c. Hospital, medical, or emergency facility (public or private) → Go to Section G [Services for Victims], page 5

d. Government agency → Go to Section D [Government], page 4

e. Nonprofit or faith-based entity (501c3 status) → Go to Section E [Nonprofit or faith based], page 4

f. For profit entity → Go to Section F [For profit], page 5

g. Informal entity (e.g., some other type of program or group, not formally a part of an agency, registered nonprofit, or business; Independent survivor advocacy and support groups; volunteer, grassroots, or survivor network) → Go to Section G [Services for Victims], page 5

SECTION B

Tribal Agencies and Organizations Only

B1

Which designation **best** describes your tribal agency or organization? *Select one response.*

- Law enforcement
- Prosecutor
- Court
- Juvenile justice
- Offender custody and supervision
- Advocacy program
- Other justice-based agency *(please specify)*

- Other agency that is NOT justice-based (e.g., *human services, health, education, etc.*) *(please specify)*

- Coalition

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION C

Campus Organizations Only

C1

Which designation **best** describes your campus organization? *Select one response.*

- Law enforcement/campus security
- Campus disciplinary body or student conduct body
- Physical or mental health service program
- Victim services or advocacy group
- Other campus-based program *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION D

Government Agencies Only

D1

Which designation **best** describes your government agency? *Select one response.*

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

D2

In what service area/jurisdiction does your agency operate in terms of victims served or services delivered? *Select one response.*

- Nationwide
- Statewide
- Regional/Multi-county/Multi-city
- County wide only
- City wide only
- Specific neighborhood only
- Other *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION E

Non-Profit or Faith-Based Organizations Only

E1

Which designation **best** describes your non-profit organization? *Select one response.*

- Coalition (e.g., *State Domestic Violence or Sexual Assault Coalition*)
- A single entity *(may or may not have multiple physical locations)*
- Other *(please specify)*

E2

In what service area/jurisdiction does your non-profit organization operate? *Select one response.*

- Nationwide
- Statewide
- Regional/Multi-county/Multi-city
- County wide only
- City wide only
- Specific neighborhood only
- Other *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION F For-Profit Organizations Only

F1 What designation best describes your for-profit organization? *Select one response.*

- Private legal office/law firm
- Private counseling service or other mental health care provider
- Funeral home
- Other commercial or professional entity *(please specify)*

All responses → Go to section G [SERVICES FOR VICTIMS], page 5

SECTION G Services for Victims

G1 Does your organization operate/report data on a calendar year or fiscal year?

- Calendar year → skip to G2
- Fiscal year → proceed to G1.1
- Both → proceed to G1.1

→ **G1.1.** What is the date of the beginning of the fiscal year at your organization?

	/		/	
MM		DD		YY

For the remainder of the questionnaire, unless indicated otherwise, provide your answers based on the past fiscal year or the past calendar year depending on how your organization operates as answered in Question G1.

The following questions concern services you provided to victims of crime or abuse during past calendar/fiscal year.

For the remaining questions, please think about staff members and other resources within your organization who regularly work with victims of crime and abuse and about the victims who received services during the past calendar/fiscal year. From here on out, if we ask about your organization, we mean just those staff members and resources.

Did you provide any of the following services to victims within the past calendar/fiscal year?

We recognize that victim service organizations provide a wide array of services to victims. For the purposes of this survey, we are asking about general categories of services you provided to victims, which may not capture your victim service offerings in detail. Do your best to place the services you provided within the general categories below.

Information and referral services

	Yes	No
G2 Does your organization provide (...)		
a. Justice related information and referrals? <i>(e.g., information about the justice system and the victim's role; notification of events and proceedings; justice referrals; etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Service or victimization information and referrals? <i>(e.g., information about crime and victimization; medical referrals; legal referrals; financial counseling referrals; other referrals; etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Financial and material assistance services

	Yes	No
G3 Does your organization provide (...)		
a. Monetary assistance? <i>(e.g., providing funds or offering assistance in seeking victim compensation; public benefits assistance; other emergency funds assistance; etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Material assistance? <i>(e.g., emergency or transitional shelter; food; clothing; utility assistance; employment assistance; etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Emotional support and safety

- G4** Does your organization provide (...) Yes No
- a. **Mental health services?** (e.g., individual; group counseling support groups; other therapy; social programming for children; etc.) Yes No
- b. **Crisis Counseling** Yes No
- c. **Safety services?** (Safety planning; witness protection; address confidentiality; self-defense; etc.) (Does NOT include protective orders) Yes No

Medical and health assistance

- G5** Does your organization provide (...) Yes No
- a. **Emergency medical care or accompaniment?** Yes No
- b. **Medical forensic exam or accompaniment?** Yes No
- c. **STD/HIV testing?** Yes No

Legal and victims' rights assistance

- G6** Does your organization provide (...) Yes No
- a. **Criminal/juvenile/military/tribal justice related assistance?** (e.g., representation; advocacy; accompaniment; assistance in exercising victims' rights; etc.) Yes No
- b. **Civil justice related assistance?** (e.g., protective or restraining order; assistance with family law matters; assistance with landlord/tenant matters; etc.) Yes No
- c. **Immigration assistance?** (e.g., assistance seeking special visas; continued presence applications; other immigration relief; etc.) Yes No

Other services

- G7** Does your organization provide (...) Yes No
- a. **Case management?** Yes No
- b. **Supervised child visitation?** Yes No
- c. **On-scene coordinated response?** Yes No
- d. **Education classes for survivors regarding victimization dynamics?** Yes No
- e. **Culturally and ethnically specific services?** Yes No
- f. **Specialized services for specific settings?** (e.g., military; school; college/university; etc.) Yes No

G8 Did your organization operate a hotline/helpline or crisis line at any time during the past calendar/fiscal year?

- Yes → proceed to H9
 No → skip to H10

G9 How many calls did you receive from victims/survivors in the past calendar/fiscal year? *Estimates are acceptable.*

Check box if estimate

G10 Excluding hotline/helpline or crisis line calls, how many unique victims received direct services from your organization/program during the past calendar/fiscal year? *Estimates are acceptable.* (Exclude services provided through a hotline/helpline or crisis line and victims who only received information through the mail)

Check box if estimate

G11

During the past calendar/fiscal year did victims of the following crime types seek services from your organization?

Crime type for which victims sought services

	Yes	No
a. Adults molested as children	<input type="checkbox"/>	<input type="checkbox"/>
b. Child sexual abuse/sexual assault	<input type="checkbox"/>	<input type="checkbox"/>
c. Rape/sexual assault (other than sexual victimizations against children)	<input type="checkbox"/>	<input type="checkbox"/>
d. Stalking	<input type="checkbox"/>	<input type="checkbox"/>
e. Child witness of violence	<input type="checkbox"/>	<input type="checkbox"/>
f. Child physical abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>
g. Elder physical abuse	<input type="checkbox"/>	<input type="checkbox"/>
h. Domestic violence/dating violence	<input type="checkbox"/>	<input type="checkbox"/>
i. Assault (Other than domestic/dating violence or child/elder abuse)	<input type="checkbox"/>	<input type="checkbox"/>
j. Robbery	<input type="checkbox"/>	<input type="checkbox"/>
k. Human trafficking (Labor)	<input type="checkbox"/>	<input type="checkbox"/>
l. Human trafficking: (Sex)	<input type="checkbox"/>	<input type="checkbox"/>
m. Survivors of homicide victims	<input type="checkbox"/>	<input type="checkbox"/>
n. Victim witness intimidation	<input type="checkbox"/>	<input type="checkbox"/>
o. DUI/DWI crashes	<input type="checkbox"/>	<input type="checkbox"/>
p. Identity theft	<input type="checkbox"/>	<input type="checkbox"/>
q. Financial fraud and exploitation (Other than identity theft)	<input type="checkbox"/>	<input type="checkbox"/>
r. Motor vehicle theft	<input type="checkbox"/>	<input type="checkbox"/>
s. Burglary	<input type="checkbox"/>	<input type="checkbox"/>
t. Other property crimes	<input type="checkbox"/>	<input type="checkbox"/>
u. Other violent crimes	<input type="checkbox"/>	<input type="checkbox"/>
v. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION H Staffing

The following questions concern staff dedicated to working with victims of crime during past calendar/fiscal year. Provide your answer based on the past fiscal year or the past calendar year depending on how your organization operates as answered in Question G1.

Current Staff

H1

Thinking about your organization's paid staff responsible for working with victims, how many paid staff **currently** work at your organization as **full-time** (35 hours or more/week)? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

H2

Thinking about your organization's paid staff responsible for working with victims, how many paid staff **currently** work at your organization as **part-time** (less than 35 hours/week)? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

H3

Does your organization use volunteers to provide direct services to victims?

- Yes
 No

Staff at the beginning of the most recent fiscal year

H4

Thinking about your organization's paid staff responsible for working with victims, how many paid **full-time** staff worked at your organization at the **beginning of the past calendar/fiscal year**? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

H5

Thinking about your organization's paid staff responsible for working with victims, how many paid **part-time** staff worked at your organization at the **beginning of the past calendar/fiscal year**? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.**

Check box if estimate

New staff since the beginning of the most recent fiscal year

H6 Thinking about your organization's specific program(s) or staff responsible for working with victims, how many paid full-time staff dedicated to working with victims did you hire in the past calendar/fiscal year, whether to fill new positions or to fill vacancies? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. *Estimates are acceptable.*

Check box if estimate

H7 Thinking about your organization's specific program(s) or staff responsible for working with victims, how many paid part-time staff dedicated to working with victims did you hire in the past calendar/fiscal year, whether to fill new positions or to fill vacancies? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. *Estimates are acceptable.*

Check box if estimate

**SECTION I
Funding**

I1 Thinking about your organization's specific program(s) or staff responsible for working with crime victims, how much total funding did your organization receive for victim-related programming and services (including direct services, prevention, outreach, training, and education efforts) during the past calendar/fiscal year? Please include direct services, prevention, outreach, training and education efforts. *Estimates are acceptable.*

Check box if estimate

I2 How much funding allocated for providing services to victims did your organization receive from each of the following sources during the past calendar/fiscal year? *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 item I1.*

Check box if information on amount of funding by source is not available

a. Victims of Crime Act Assistance Grant (VOCA) \$

Check box if estimate

b. Other Office on Victims of Crime (OVC) \$

Check box if estimate

c. Services, Training, Officers, and Prosecutors (STOP) \$

Check box if estimate

d. Sexual Assault Services Program (SASP) \$

Check box if estimate

e. Other Office on Violence against Women (OVW) \$

Check box if estimate

f. Family Violence Prevention Services Act (FVPSA) \$

Check box if estimate

g. Other federal funding, please specify \$

Check box if estimate

h. State government funding (NOT state disbursement of federal grant) \$

Check box if estimate

i. Local government funding \$

Check box if estimate

j. Tribal government funding \$

Check box if estimate

k. Source of funds unknown \$

Check box if estimate

l. Other funding sources (e.g., foundations, corporate funding, individual donations, insurance reimbursements, etc.) \$

Check box if estimate

I3

Thinking about your organization's specific program(s) or staff dedicated to working with crime victims, did your organization receive any federal funding for victim programming or services 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

SECTION J Record Keeping

J1

Does your organization use an electronic records system to maintain case files?

- Yes
- No → Skip to Section K

J2

Does your electronic records system track individual cases?

- Yes
- No

SECTION K Current Issues of Concern to Victim Service Providers

K1

How concerned are you about your organization's ability to retain staff?

- Very concerned
- Somewhat concerned
- A little concerned
- Not concerned at all

K2

How concerned are you about the amount of victim service funding that your organization received in the past year?

- Very concerned
- Somewhat concerned
- A little concerned
- Not concerned at all

K3

How concerned are you about the predictability of future funding for your program?

- Very concerned
- Somewhat concerned
- A little concerned
- Not concerned at all

K4

How concerned are you about the burden of grant reporting?

- Very concerned
- Somewhat concerned
- A little concerned
- Not concerned at all

K5

How concerned are you about your organization's ability to access technology?

- Very concerned
- Somewhat concerned
- A little concerned
- Not concerned at all

Thank you for your participation.

Mailing Instructions

Please place the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

National Survey of Victim Service Providers
 NORC at the University of Chicago
 1 North State Street - 16th Floor
 Chicago, IL 60602

If you have any questions, please call NORC toll free at 1-XXX-XXX-XXXX or email XXXX@norc.org.

Attachment 6. Cognitive Testing Report

COGNITIVE TESTING REPORT

To conduct an initial test the National Survey of Victim Service Provider (NSVSP) instruments, we administered two rounds of cognitive interviews with a sample of Victim Service Providers (VSPs). Because VSPs encompass a wide array of organization types, we made an effort to recruit various providers within each of the three broad category types -- primary providers (e.g., domestic violence shelters, rape crisis centers, homicide survivor groups, etc.), secondary providers (e.g., prosecutor-based providers, hospital-based providers, campus providers, etc.), and tertiary providers (e.g., homeless shelters that provide services to victims but do not have specific programs or staff dedicated to working with crime victims). Table 1 provides a summary of the number of VSPs within each VSP category that participated in the cognitive interviews.

Table 1: Number of Cognitive Interview VSP's by Category

Cognitive Interview	Primary VSP	Secondary VSP	Tertiary VSP	Total
Round One	3	5	1	8
Round Two	4	3	0	7
Total	7	8	1	15

Most participants' cognitive interview feedback resulted in minor edits to question wording or tweaks to particular response items. However, some cognitive interview feedback resulted in more substantial edits to particular questions and the addition of a few new items. During the first round of cognitive testing, many cognitive interview participants reported taking an hour or more to complete the survey in its entirety. Therefore, we also made edits to the instrument following the first round of cognitive testing in an effort to shorten sections while preserving as much meaningful data as possible (participants during the subsequent round of cognitive testing were able to complete the edited instrument in 30 minutes or less). Below, we summarize major substantive changes to existing questions and describe new items that were added to the instrument based upon both rounds of cognitive testing.

Edits to existing items

Section G: Services for Victims

Because the first round of the cognitive testing revealed most participants were taking an hour or more to complete the instrument, we edited the services provided question to create a shorter list response options. The condensed services list still encompasses the bulk of services provided but is easier for providers to complete.

In addition, some respondents reported confusion when responding to the questions asking about the types of crime victims receiving services. Respondents were unsure whether to report all crime types experienced by victims or only report the presenting crimes types for which victims initially sought services. While both pieces of information are potentially of importance, one of the main purposes of the full survey is to obtain a better picture of the victim services field. While there are many variations

Attachment 6. Cognitive Testing Report

in VSPs, a principle distinguishing feature is their victimization focus. To be able to compare answers by groups of providers with differing victim-focuses, we edited the victim type question to ask about crime types for which victims sought services.

Section H: Staffing

Respondents reported a significant amount of burden and confusion when asked to classify staff according to position type. Since we primarily plan to use staffing levels to classify organizations by size, we edited questions under Section H to solely ask about the total number of full-time and part-time paid staff, dropping counts of volunteers and breakouts by position type.

Section I: Funding

Cognitive interview results indicated that funding questions asking about a provider's total budget for direct services to crime victims was difficult for respondents to answer, even for providers whose sole purpose is centered around victimization. Activities for which providers are funded may also include prevention, outreach, public education, policy advocacy, and networking. Therefore, we edited funding questions to ask more broadly about victim-related programming, including direct services, prevention, outreach and education efforts.

Section J: Record Keeping

Some respondents reported confusion when answering questions about the type of electronic management systems they use to track individual cases. To reduce confusion, we edited the question to simply ask respondents whether their organization uses an electronic management system to maintain case files. If respondents answer affirmatively, they are then asked whether the system tracks all individual cases.

Additional items

Section G: Services for Victims

Cognitive interview participants reported some difficulty answering questions according to the reference period of the prior 12 months, as different organizations operate on different schedules. To avoid potentially high levels of missing item responses due to confusion/difficulty with the time period requirement, we added a question to the instrument at the beginning of Section G that asks, "Does your organization operate/report data on a calendar year or fiscal year?" If the respondent reports, "fiscal year" a follow-up question then asks the date of the beginning of the fiscal year. All subsequent questions then ask about the most recent calendar/fiscal year, depending on which option the respondent selected.

Section H: Staffing

To reduce respondent burden, we no longer ask for counts of volunteers in the staffing question. To still be able to provide some information about providers' use of volunteers, we add a separate question to Section H that simply asks whether the organization uses volunteers to provide services to victims.

Attachment 6. Cognitive Testing Report

Section K: Current Issues of Concern to Victim Service Providers

To provide VSPs the opportunity to report on areas of concern, we added Section K which includes a series of questions asking respondents to indicate their organization's level of concern about issues relevant to the operation of victim service programming. Respondents are asked to rate their level of concern about their organization's ability to retain staff, the amount of victim services funding their organization received in the past year, the predictability of future funding, the burden of grant reporting, and their organization's ability to access technology.