

OMB Request for Generic Clearance

Cognitive Testing the National Survey of Victim Service Providers (NSVSP) Instrument

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Attachment A:

Telephone Recruitment Script

Hello, my name is XX, and I am calling today in regards to a victim services survey which is being funded by the Bureau of Justice Statistics and the Office for Victims of Crime to develop a survey of victim service organizations. [Name of expert panel member or other NSVSP contact] recommended I contact you to ask if you might help us test the survey instrument. Do you have a few minutes to hear more about the survey? Yes no

(If no, ask when might be a good time to call back, record time/date: _____)

If yes: The purpose of this survey, The National Survey of Victim Service Providers, is to gather detailed information from the variety of organizations that provide services to victims of crime, including the types and characteristics of victims served and services provided, staffing and resources available for the provision of services.

Before fielding this survey, we are conducting a test of the instrument with a small number of victim service providers. The purpose of this test is to make sure that the survey questions make sense, can be easily answered, and that the burden to responding organizations is limited. Given your experience in addressing the needs of crime victims, it would be extremely valuable to receive your input on the survey instrument questions and possible responses.

If you choose to participate, we will send you a word document of the instrument. You don't need to complete the survey on your own. Instead, we will schedule a 60 minute interview in which we will walk you through the survey and ask you about how you would go about answering the questions, and your understanding of the questions' wording, instructions.

The answers you give to both the survey questions and to the follow-up questions about the survey design will be confidential and all the findings will be reported anonymously and in aggregated form. So that we do not have to make a lot of notes during the interview, we will record the interviews. These recordings will be erased once we have had the opportunity to summarize answers during the discussion.

Of course, your participation is completely voluntary and you should feel free to decline participation now or to cease participation at any point during the survey or interview. During the survey and interview you are free to decline to answer any questions you do not feel comfortable answering.

Do you have any questions?

Are you able to participate in this test of the survey?

[If no] - Thank you very much for your time.

[If yes] - Great. Can I get an email address to send you a word document of the survey?

[Write down email address]

Following this conversation, I will email you a word document of the survey. When would you have time to participate in a 60 minute interview?

Ok, great. So to reiterate – I will be sending a word document of the survey and the number to call for our scheduled interview to [repeat email address]. You do not need to complete the survey on your own, though feel free to look through the survey items beforehand. Then on [date of scheduled interview], you will call the number I send you and we will conduct the 60 minute interview.

Should you think of any other questions or have any concerns, please do not hesitate to contact me at xx or xx.

Thank you for agreeing to participate! Your responses will provide us with valuable information to further shape the content and wording of the questionnaire to ensure that the final data collected are valid, useful, and reliable.

Attachment B:

NSVSP instrument for VSPs serving victims as their primary function (Primary VSPs)

Dear XX:

Thank you for agreeing to assist us in testing the National Survey of Victim Service Providers (NSVSP) survey instrument. This packet contains a paper copy of the questionnaire. We have already arranged a time to conduct a 60 minute interview with you about this survey. **You do not need to complete the survey before our interview.** During our scheduled interview we will go through the survey items with you and ask you how you would go about completing each of the items and your impressions of the item -- for example, how you interpret survey questions, if are any definitions or instructions you find unclear, and the burden you estimate would be involved in answering the questions. Your responses will help us further shape the content and wording of the questionnaire to ensure that the final data collected are valid, useful, and reliable.

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

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

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

National Survey of Victim Service Providers (NSVSP)

Survey Instructions

The National Survey of Victim Service Providers (NSVSP) will collect data from a sample of VSPs across the country to gather detailed information about VSPs and the victims they serve, including the number and characteristics of victims served, the types of crimes victims experienced, details about types of services provided, and staffing and funding levels.

This survey is sponsored by the U.S. Department of Justice's Bureau of Justice Statistics and 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) **ABUSE**—Includes physical, sexual, emotional, psychological, or economic actions or threats to control another.
- 2) **VICTIM**—Any person who comes to the attention of your organization because of concerns over past, on-going, or potential future crimes and other abuse(s). This includes victims/survivors who are directly harmed or threatened by such crimes and abuse(s), but also their...a) Family or household members, b) Legal representatives, or c) Surviving family members, if deceased
- 3) **SERVICE**—Efforts that...a) Assist victims with their safety and security; b) Assist victims to understand and participate in the criminal justice or other legal process; c) Assist victims in recovering from victimization and stabilizing their lives; or d) Respond to other needs of victims

General Instructions (Including who should complete this survey)

Your organization is receiving this survey because it has been identified as providing at least some services or assistance to victims of crime or abuse. If your organization or a program within your organization does not provide services to victims of crime or abuse, you will be able to report this near the beginning of this survey.

- **This survey is best completed by someone with knowledge about the available services for victims of crime or abuse, number and characteristics of victims served, and staffing and funding for victim services within your organization.** Some organizations have specific programs or staff dedicated to working with victims of crime or abuse. In these instances, the survey is best completed by someone with direct knowledge of these programs or activities.

Confidentiality Assurances

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

Burden Statement

On average, it will take 45 minutes to complete this survey, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This study is voluntary; you may discontinue participation at any time and decline to answer any questions.

Send comments regarding any 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. Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

VICTIMS SERVED

Throughout this survey, please think about the component of your organization that serves 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.

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

- Yes
- No

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

Unique Victims # _____

VICTIM CHARACTERISTICS

Thinking about the victims of crime or abuse served by your organization, please complete the following tables on the demographic characteristics of these victims. Estimates are acceptable. Enter "0" if you did not serve any victims in a particular category.

3a. Describe the victims your organization served during the last calendar/fiscal year by race and ethnicity.

Race/Ethnicity	Number of victims
<input type="checkbox"/> If race and ethnicity were not tracked → skip to 3b.	
American Indian or Alaska Native, non-Hispanic.....	_____
Asian, Native Hawaiian or other Pacific Islander, non-Hispanic	_____
Black or African American, non-Hispanic.....	_____
Hispanic or Latino.....	_____
White, non-Hispanic.....	_____
2 or more races (excluding Hispanic/Latino).....	_____
Other.....	_____

3b. Describe the victims your organization served during the last calendar/fiscal year by gender:

Gender	Number of victims
<input type="checkbox"/> If gender was not tracked → skip to 3c.	
Female.....	_____
Male.....	_____
Transgender.....	_____
Not reported.....	_____

3c. Describe the victims your organization served during the last calendar/fiscal year by sexual orientation:

Sexual Orientation	Number of victims
<input type="checkbox"/> If sexual orientation was not tracked → Skip to 3d.	
Straight.....	_____
Lesbian.....	_____
Gay.....	_____
Bisexual.....	_____
Other.....	_____
Not reported.....	_____

3d. Describe the victims your organization served during the last calendar/fiscal year by age category:

Age	Number of victims
<input type="checkbox"/> If age was not tracked → skip to 4.	
0-11.....	_____
12-17.....	_____
18-24.....	_____
25-59.....	_____

Age	Number of victims
60+.....	_____
	—
Not reported.....	_____
	—

4. Thinking about victims of crime or abuse served by your organization during the last calendar/fiscal year, what were the initial crimes for which the victims sought services?
Please enter '0' if no victims sought services for that crime type.

Initial crime type for which victim sought services	Number of victims served
<input type="checkbox"/> If crime type was not tracked → skip to 6.	
Adults molested as children.....	_____
Assault, physical (other than domestic/dating violence)	_____
Child physical abuse.....	_____
Child sexual abuse.....	_____
DUI/DWI crashes.....	_____
Domestic/dating violence.....	_____
Elder abuse.....	_____
Fraud/ID theft.....	_____
Human trafficking (<i>labor</i>)	_____
Human trafficking (<i>sex</i>)	_____
Rape/sexual assault.....	_____
Stalking.....	_____
Survivors of homicide victims.....	_____
Other	_____
Not Reported.....	_____

SERVICES FOR VICTIMS

The questions in this section pertain to the types of services your organization provided to victims of crime or abuse in the past calendar/fiscal year.

5. Did your organization provide the following direct services during the past calendar/fiscal year?

Type of Direct Service Provided	Yes	No
INFORMATION AND REFERRALS		
<i>Service or victimization-related</i>		
Telephone line or program referral		
General information about crime and victimization, prevention, or risk reduction		
<i>Justice-related information</i>		
Notification of legal rights		
Notification of case events or proceedings		
Case status update (investigation, etc., not tied to court proceeding)		
Notification of offender release/status change		
Assistance with reentry and/or terms and conditions of probation for victims with a criminal history		
Assistance with expungement of criminal record for with a criminal history		
FINANCIAL AND MATERIAL ASSISTANCE SERVICES		
<i>Compensation/Monetary</i>		
Assistance in filing for victim compensation		
Restitution claim assistance		
Restitution collection assistance		
Emergency financial assistance (includes emergency loans, petty cash, payment for items such as food clothing, etc.)		
<i>Material or Financial Advocacy/Support</i>		
Emergency, transitional, or relocation housing (shelter, hotel, safe house, etc.)		
Long-term/stable housing		
Rental assistance		
Assistance meeting other basic needs (e.g., clothing, food, etc.)		
Intervention with employer, creditor, landlord, or academic institution		
Employment or educational counseling/Job training		
Transportation assistance		
Child care assistance		
Public benefits assistance (TANF/Welfare, housing, social services, etc.)		
Assistance with return of personal property/effects		
Assistance with obtaining or replacing documents (e.g., birth certificate, Driver's license, SSN card, identification card)		

EMOTIONAL SUPPORT AND SAFETY		
<i>Safety</i>		
Conduct or coordinate risk assessments		
Conflict resolution, mediation, negotiation		
Crime/Violence de-escalation support (e.g., calming the victim, family members, or witnesses down on scene or during intervention, preventing retaliation)		
Immediate or emergency safety planning		
Safety planning		
<i>Treatment or support services</i>		
Hotline, helpline, or crisis line intervention or counseling		
Support groups		
Peer, family, or group counseling		
Individual counseling		
Therapy other than counseling (e.g. traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)		
Social/recreational activities for victims/witnesses		
Substance abuse services (prevention or treatment)		
MEDICAL AND PHYSICAL HEALTH ASSISTANCE		
<i>Medical/hospital/clinic treatment</i>		
Conduct forensic exams or collection of evidence		
Conduct HIV/STD testing		
Treatment of injuries		
<i>Health advocacy services</i>		
Victim advocacy/accompaniment to medical forensic exam		
Victim advocacy/accompaniment during medical care		
LEGAL AND VICTIMS' RIGHTS ASSISTANCE		
Legal/victim rights implementation or enforcement assistance		
Civil legal services (including with family law issues such as custody, visitation, or support)		
Civil legal advocacy/court accompaniment		
Criminal legal services		
Criminal justice advocacy/court accompaniment		
Victim/witness preparation		
Law enforcement interview accompaniment /advocacy		
Victim impact statement assistance		
Crime victim compensation legal assistance (including filing and appealing claims)		
Immigration Assistance (including Continued Presence, U and T visas, etc.)		
OTHER SERVICES		
On-scene coordinated response		
Supervised child visitation		
Language services (including interpretation and translation services)		
Culturally or ethnically specific services (not including language services)		
Education classes for survivors regarding victimization dynamics		

6. In addition to any other services you offer, do you have specialized programming or outreach for any of the following populations? Check all that apply. These are broad categories which may not reflect the detailed focus of some organizations. Please do your best to fit your organization within the general categories provided.

Populations	Yes	No
Child victims		
Adolescent/teen victims		
Elder victims		
Female victims, generally		
Female victims of color		
Male victims, generally		
Male victims of color		
Indigenous victims, including tribal		
Immigrant/refugee/limited English proficiency victims		
LGBTQ victims		
Victims with disabilities		
Deaf or hard-of-hearing victims		
Formerly incarcerated victims		
Currently incarcerated victims		
Other <i>Specify:</i>		

7. What were the top three most common types of direct victim services your organization provided in the past calendar/fiscal year? Check 3: (Show list based on how respondent answered items in #5.)

8. Does your organization provide comprehensive case management? (i.e., working with victims on an individual basis to identify their specific needs, linking them to those services, advocating for them with programs, helping them navigate different services and systems, etc.)

- Yes
- No

9. Does your organization, internally or with external entities, participate in routine coordination meetings for the victims you serve?

- Yes
- No (→ Skip to 10.)

9a. Do these meetings involve multiple agencies?

- Yes
- No

10. Do staff in your organization travel to provide services:

Service	Yes	No
On site of the victimization		
In victims' homes		
In police departments		
In hospitals or community-based health clinics		
Court-related settings (e.g., DA office, public defender's office)		
In prison or jail		
a. If no, does your organization offer online, phone, or texting services to victims in prison or jail? Yes or No		

11. In the past year, what percent of victims received continuous services for:

Less than 1 month.....	_____ %
1 to 2 months.....	_____ %
3 to 6 months.....	_____ %
More than 6 months.....	_____ %
	100%

12. Are staff available 24 hours a day to respond to victims in crisis?

- Yes
- No

13. Does your agency have a written referral source list?

- Yes
- No (→ Skip to 14)

13a. If yes, is the referral list updated at least one time per year?

- Yes
- No

14. In the past year, how many different entities did your organization/program have a working relationship with in order to provide victims with services? _____

15. In the past year, has your organization's referral network:

- Decreased
- Stayed about the same
- Increased
- Don't know

16. Does your organization have a policy to vet the agencies where you refer victims?

- Yes
- No
- Don't know

17. Thinking about the victims served by your organization in past calendar/fiscal year, how many victims were:

- If referrals were not tracked → Skip to 18.

Self-referred (i.e. victim connected directly or through family/friends)..... _____

Referred from another organization or program..... _____

7a. What 3 types of organizations did you receive the most referrals from in in the past calendar/fiscal year? Check all that apply.

- Corrections (*i.e.*, probation, parole, or correctional facility staff)
- Court
- Law enforcement agency (e.g., police or sheriff's department)
- Prosecutor's office
- Legal services agency
- Educational institution/organization
- Faith-based organization
- Healthcare/mental healthcare provider
- State victim service agency
- Community-based victim service provider/organization
- Other, specify _____

18. Are there services that are not available or challenging for your community to provide?

- Yes
- No (→ Skip to 20)

19. What are the top 3 service gaps in your community? CHECK 3: (Note: Let participant know on the online survey they would check options from the list of services above; show the list of services again)

19a. For each of the top 3 service gaps, which of the following best captures why this is a service gap in the community:

- These services do not exist in our area;
- Services exist but wait lists are long;
- Victims we serve tend not to be eligible for these services;
- Other, specify _____

20. Does your organization measure client outcomes or the impact of your service?

- Yes
- No (→ Skip to 21)

20a. Which of the following approaches do you use?: (check all that apply)

- Pre/post tests of clients
- Client satisfaction survey
- Client exit survey
- External program evaluation
- Follow-up surveys or interviews of clients (e.g., 3 months after services)
- Other _____

21. How does your organization/agency keep track of client and/or service data?

- An internal database (e.g. Microsoft Access)
- An internal spreadsheet (e.g. Microsoft Excel)
- Data management software program (e.g. Alice)
- Web-based data management (e.g. InfoNet)
- Paper systems or paper tracking
- Other _____

22. Does your organization use an electronic case management system (CMS) for individual cases?

- Yes
- No (→ Skip to 23)

22a. Please indicate whether your CMS includes any of the following features (Check all that apply.)

- Ability to output the data needed for grant reporting
- Double-entry recognition (such as entering the victim's name, or crime type, or something in more than one place).
- Ability to export data to Excel or other spreadsheet program?
- Compatibility with at least some other organizational software (e.g., accounting software, Project management software, and/or outlook or other email/calendar system)
- Mobile-friendly
- Ability to enter or review CMS data from their smart phone

HUMAN RESOURCES

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

Job classification	Full-Time Staff (35 hour or more/week)	Part-Time Staff (Less than 35 hours/week)	Active Volunteers
Executive/Managerial Positions (e.g., Director, CFO, program director, outreach coordinator, etc.; Do not include volunteer board members in your counts).....	_____	_____	_____
Administrative Positions (e.g., IT, bookkeeping, secretarial, facilities, other support, etc.).....	_____	_____	_____
Direct Service Positions (e.g., counselor, advocate, attorney, etc.).....	_____	_____	_____
Total	_____	_____	_____

Direct Service Positions

For the next three items, consider only **Direct Service Positions** within your organization.

24. How many direct service staff (e.g., counselor, advocate, attorney, etc.) worked at your organization at the beginning of the past <calendar/fiscal year>? Count each person only once. Enter '0' if there were no staff in that position. Include contractual workers in your counts.

Full-time staff (35 hours or more/week)..... _____

Part-time staff (Less than 35 hours/week)..... _____

Full-time staff (35 hours or more/week)..... _____

Part-time staff (Less than 35 hours/week)..... _____

25. How many direct service positions were vacated in the past <calendar/fiscal year> Count each person only once. Enter '0' if there were no staff released from that position. Include contractual workers in your counts.

Full-time staff (35 hours or more/week)..... _____

Part-time staff (Less than 35 hours/week).....

26. How many new direct service positions were filled at your organization in the past <calendar/fiscal year>? Count each person only once. Enter '0' if there are no new staff in that position. Include contractual workers in your counts.

Full-time staff (35 hours or more/week).....

Part-time staff (Less than 35 hours/week).....

Highest Executive or Management Position

Please think about the person in the highest executive or management position at your organization (e.g., Director of your organization) when answering Questions 27-35. Remember all information you provide will be used to generate aggregate statistics, and your organizations name will not be linked to the information you provide.

27. What is this person's current position title?

28. What month and year did this person begin working at your organization?

Month _____ Year _____

Check box if information not available

29. How many years of relevant job experience does this person currently have (including experience gained through your organization and though previous employment)?

Check box if information not available

30. What is the highest level of education attained by this person?

Less than a high school degree

High school or equivalent degree

Some college

College degree

Some post graduate

- Graduate degree (e.g., M.A., M.S., J.D.)
- Unknown

31. What is the age of this person?

- Less than 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- Greater than 64

32. Is this person employed full time (i.e., 35 hours or more per week) or part time (i.e., less than 35 hours per week)?

- Full time
- Part time

33. Still thinking about the person in the highest executive or management position, approximately what proportion of time did that person spend performing each of the following job functions in YYYY? Estimates are acceptable. Enter '0' if the employee did not serve the listed function.

Job Function	% of Executive's time
Administrative functions (including budget and grant management, report writing/paperwork, etc.).....	_____ %
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____ %
Direct Service functions (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____ %
Outreach functions (including community activities, community awareness, etc.)	_____ %
Fundraising and grant writing.....	_____ %

Job Function	% of Executive's time
Research/program evaluation.....	_____ %
Other functions.....	_____ %
(specify) _____	
TOTAL.....	100%

34. What is the current salary of this person?

- <\$30,000 per year
- \$30,000-\$49,999 per year
- \$50,000-79,999 per year
- \$80,000-\$99,999 per year
- \$100,000-\$149,999 per year
- Greater than \$150,000 per year
- Check box if information is not available

35. Does this employee receive or were they offered health insurance benefits?

- Yes
- No (→ Skip to 35b)

35a. Do these health benefits include mental health benefits?

- Yes
- No

35b. Does this employee receive or were they offered any of the following additional benefits?

Benefit type	Yes	No	Unknown
Ten days or more paid sick leave?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ten days or more paid vacation days?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/retirement contribution?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most Recent Direct Service Position Hire

Thinking about your organization's specific program(s) or staff dedicated to working with crime victims, please think about the person most recently hired for a direct service position at your organization when answering Questions 36 through 46. This person must be a paid employee (full time or part time). Remember all information you provide will be used to generate aggregate statistics, and your organizations name will not be linked to the information you provide.

36. What is this employee's current position title?

37. What month and year did this employee begin working at your organization?

Month _____ Year _____

Check box if information not available

38. How many years of relevant job experience does this employee currently have (including experience gained through your organization and though previous employment)?

Check box if information not available

39. Is this person a full-time or a part-time employee?

Full-time employee (35 hours per week or more)

Part-time employee (less than 35 hours per week)

Unknown

40. What is the highest level of education attained by this employee?

Less than a high school degree

High school or equivalent degree

Some college

College degree

Some post graduate

Graduate degree (e.g., M.A., M.S., J.D.)

Unknown

41. Still thinking about the most recent direct service person you hired, approximately what proportion of time did that employee spend performing each of the following job functions in YYYY? Estimates are acceptable. Enter '0' if the employee did not serve the listed function.

Job Function	% of selected direct service employee's time
Direct Service Activities (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____%
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____%
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____%
Outreach functions (including community activities, community awareness, etc.)...	_____%
Fundraising and grant writing.....	_____%
Research/program evaluation.....	_____%
Other functions.....	_____%
(specify)_____	
TOTAL.....	100%

42. What is the current salary of most recent direct service person you hired?

- <\$30,000 per year
- \$30,000-\$49,999 per year
- \$50,000-79,999 per year
- \$80,000-\$99,999 per year
- \$100,000-\$149,999 per year
- Greater than \$150,000 per year

43. Does this direct service person receive or were they offered health insurance benefits?

- Yes
- No ((→Skip to 44)

43a. Do these health benefits include mental health benefits?

- Yes
- No

43b. Does this direct service person receive or were they offered any of the following additional benefits?

Benefit type	Yes	No	Unknown
Ten days or more paid sick leave?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ten days or more paid vacation days?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/retirement contribution?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Still thinking about the last direct service person you hired, did you require this employee to have a minimum number of hours of pre-service training?

- Yes
- No (→ Skip to 45)
- Unknown (→ Skip to 45)

44a. How many hours of pre-service training were required?

_____ hours

45. Did you require this employee to complete a specified number of hours of training within the first calendar year of service at your organization?

- Yes
- No (→ Skip to 46)
- Unknown (→ Skip to 46)

45a. How many hours of training were required in the first year of service?

_____ hours

46. Do you require this employee to have a minimum number of hours of ongoing professional development during each calendar year of service at your organization?

- Yes
- No (→ Skip to 47)
- Unknown (→ Skip to 47)

46a. How many hours of professional development are required each year?

_____ hours

All Active Volunteers

47. Now thinking about the job functions performed by your organization’s work force, for each function, what proportion of the work was carried out by active volunteers (as opposed to paid employees)? Estimates are acceptable. Enter ‘0’ if the function was not performed by volunteers and 100% if the function was only performed by volunteers.

Job Function	% of work performed by volunteers
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____ %
Direct Service Activities (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____ %
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____ %
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____ %
Outreach functions (including community activities, community awareness, etc.)	_____ %
Fundraising and grant writing.....	_____ %
Research and program evaluation.....	_____ %
Other functions.....	_____ %
(specify) _____	

End of Survey Questions

Attachment C:

NSVSP instrument for VSPs serving victims through dedicated staff or programs (Secondary VSPs)

Dear XX:

Thank you for agreeing to assist us in testing the National Survey of Victim Service Providers (NSVSP) survey instrument. This packet contains a paper copy of the questionnaire. We have already arranged a time to conduct a 60 minute interview with you about this survey. **You do not need to complete the survey before our interview.** During our scheduled interview we will go through the survey items with you and ask you how you would go about completing each of the items and your impressions of the item -- for example, how you interpret survey questions, if are any definitions or instructions you find unclear, the burden you estimate would be involved in answering the questions, etc. Your responses will help us further shape the content and wording of the questionnaire to ensure that the final data collected are valid, useful, and reliable.

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

National Survey of Victim Service Providers (NSVSP)

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This survey is sponsored by the U.S. Department of Justice's Bureau of Justice Statistics and 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) **ABUSE**—Includes physical, sexual, emotional, psychological, or economic actions or threats to control another.
- 2) **VICTIM**—Any person who comes to the attention of your organization because of concerns over past, on-going, or potential future crimes and other abuse(s). This includes victims/survivors who are directly harmed or threatened by such crimes and abuse(s), but also their...a) Family or household members, b) Legal representatives, or c) Surviving family members, if deceased
- 3) **SERVICE**—Efforts that...a) Assist victims with their safety and security; b) Assist victims to understand and participate in the criminal justice or other legal process; c) Assist victims in recovering from victimization and stabilizing their lives; or d) Respond to other needs of victims

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

Burden Statement

On average, it will take 45 minutes to complete this survey, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Send comments regarding any 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. Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

VICTIMS SERVED

Throughout this survey, please think about the component of your organization that serves 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.

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

- Yes
- No

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

VICTIM CHARACTERISTICS

Thinking about the victims of crime or abuse served by your organization, please complete the following tables on the demographic characteristics of these victims. Enter "0" if you did not serve any victims in a particular category. Estimates are acceptable.

3a. Describe the victims your organization served during the last calendar/fiscal year by race and ethnicity:

Race/Ethnicity	Number of victims
<input type="checkbox"/> If race and ethnicity were not tracked → skip to 3b.	
American Indian or Alaska Native, non-Hispanic.....	_____
Asian, Native Hawaiian or other Pacific Islander, non-Hispanic. .	_____
Black or African American, non-Hispanic.....	_____
Hispanic or Latino.....	_____
White, non-Hispanic.....	_____
2 or more races (excluding Hispanic/Latino).....	_____
Other.....	_____

3b. Describe the victims your organization served during the last calendar/fiscal year by gender:

Gender	Number of victims
<input type="checkbox"/> If gender was not tracked → skip to 3c.	
Female.....	_____
Male.....	_____
Transgender.....	_____
Not reported.....	_____

3c. Describe the victims your organization served during the last calendar/fiscal year by sexual orientation:

Sexual Orientation	Number of victims
<input type="checkbox"/> If orientation was not tracked → skip to 3d.	
Straight.....	_____
Lesbian.....	_____
Gay.....	_____
Bisexual.....	_____
Other.....	_____
Not reported.....	_____

3d. Describe the victims your organization served during the last calendar/fiscal year by age category:

Age	Number of victims
<input type="checkbox"/> If age was not tracked → skip to 3e.	
0-11.....	_____
12-17.....	_____
18-24.....	_____
25-59.....	_____
60+.....	_____
Not reported.....	_____

4. Thinking about victims of crime or abuse served by your organization during the last calendar/fiscal year, what were the initial crimes for which the victims sought services? Please enter '0' if no victims sought services for that crime type.

Initial crime type for which victim sought services	Number of victims served
<input type="checkbox"/> If crimes were not tracked → skip to 5.	_____
Adults molested as children.....	_____
Assault, physical (other than domestic/dating violence).....	_____
Child physical abuse.....	_____
Child sexual abuse.....	_____
DUI/DWI crashes.....	_____
Domestic/dating violence.....	_____
Elder abuse.....	_____
Fraud/ID theft.....	_____
Human trafficking (<i>labor</i>)	_____
Human trafficking (<i>sex</i>)	_____
Rape/sexual assault.....	_____
Stalking.....	_____
Survivors of homicide victims.....	_____
Other	_____
Not Reported.....	_____

SERVICES FOR VICTIMS

The questions in this section pertain to the types of services your organization provided to victims of crime or abuse in the past calendar/fiscal year.

5. Thinking about your organization's specific program(s) or staff dedicated to working with crime victims, did your organization provide the following direct services during the past calendar/fiscal year?

Type of Direct Service Provided	Yes	No
INFORMATION AND REFERRALS		
<i>Service or victimization-related</i>		
Telephone line or program referral		
General information about crime and victimization, prevention, or risk reduction		
<i>Justice-related information</i>		
Notification of legal rights		
Notification of case events or proceedings		
Case status update (investigation, etc., not tied to court proceeding)		
Notification of offender release/status change		
Assistance with reentry and/or terms and conditions of probation for victims with a criminal history		
Assistance with expungement of criminal record for with a criminal history		
FINANCIAL AND MATERIAL ASSISTANCE SERVICES		
<i>Compensation/Monetary</i>		
Assistance in filing for victim compensation		
Restitution claim assistance		
Restitution collection assistance		
Emergency financial assistance (includes emergency loans, petty cash, payment for items such as food clothing, etc.)		
<i>Material or Financial Advocacy/Support</i>		
Emergency, transitional, or relocation housing (shelter, hotel, safe house, etc.)		
Long-term/stable housing		
Rental assistance		
Assistance meeting other basic needs (e.g., clothing, food, etc.)		
Intervention with employer, creditor, landlord, or academic institution		
Employment or educational counseling/Job training		
Transportation assistance		
Child care assistance		
Public benefits assistance (TANF/Welfare, housing, social services, etc.)		
Assistance with return of personal property/effects		
Assistance with obtaining or replacing documents (e.g., birth certificate, Driver's license, SSN card, identification card)		
EMOTIONAL SUPPORT AND SAFETY		
<i>Safety</i>		
Conduct or coordinate risk assessments		
Conflict resolution, mediation, negotiation		
Crime/Violence de-escalation support (e.g., calming the victim, family members, or witnesses down on scene or during intervention, preventing retaliation)		

Immediate or emergency safety planning		
Safety planning		
<i>Treatment or support services</i>		
Hotline, helpline, or crisis line intervention or counseling		
Support groups		
Peer, family, or group counseling		
Individual counseling		
Therapy other than counseling (e.g. traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)		
Social/recreational activities for victims/witnesses		
Substance abuse services (prevention or treatment)		
MEDICAL AND PHYSICAL HEALTH ASSISTANCE		
<i>Medical/hospital/clinic treatment</i>		
Conduct forensic exams or collection of evidence		
Conduct HIV/STD testing		
Treatment of injuries		
<i>Health advocacy services</i>		
Victim advocacy/accompaniment to medical forensic exam		
Victim advocacy/accompaniment during medical care		
LEGAL AND VICTIMS' RIGHTS ASSISTANCE		
Legal/Victim rights implementation or enforcement assistance		
Civil legal services (including with family law issues such as custody, visitation, or support)		
Civil legal advocacy/court accompaniment		
Criminal legal services		
Criminal justice advocacy/court accompaniment		
Victim/witness preparation		
Law enforcement interview accompaniment /advocacy		
Victim impact statement assistance		
Crime victim compensation legal assistance (including filing and appealing claims)		
Immigration Assistance (including Continued Presence, U and T visas, etc.)		
OTHER SERVICES		
On-scene coordinated response		
Supervised child visitation		
Language services (including interpretation and translation services)		
Culturally or ethnically specific services (<i>not including language services</i>)		
Education classes for survivors regarding victimization dynamics		

6. In addition to any other services you offer, do you have specialized programming or outreach for any of the following populations? *These are broad categories which may not reflect the detailed focus of some organizations. Please do your best to fit your organization within the general categories provided.) Check all that apply*

Populations	Yes	No
Child victims		
Adolescent/teen victims		
Elder victims		
Female victims		
Male victims of color		
Male victims, Generally		

Victims of color		
Indigenous victims, including tribal		
Immigrant/refugee/limited English proficiency victims		
LGBTQ victims		
Victims with disabilities		
Deaf or hard-of-hearing victims		
Formerly incarcerated victims		
Currently incarcerated victims		
Other <i>Specify:</i>		

7. What were the top three most common types of direct victim services your organization provided in the past calendar/fiscal year? Check 3:

(Interviewer: Describe to participant that this question will be populated only with the direct services a respondent indicated providing in the past year, with an "other, specify" category)

8. Does your organization provide comprehensive case management? (i.e., working with victims on an individual basis to identify their specific needs, linking them to those services, advocating for them with programs, helping them navigate different services and systems, etc.)

- Yes
- No

9. Does your organization, internally or with external entities, participate in routine coordination meetings for the victims you serve?

- Yes
- No (→ Skip to 10.)

9a. Do these meetings involve multiple agencies?

- Yes
- No

10. Do staff in your organization travel to provide services:

Service	Yes	No
On site of the victimization		
In victims' homes		
In police departments		
In hospitals or community-based health clinics		
Court-related settings (e.g., DA office, public defender's office)		
In prison or jail		
a. If no, does your organization offer online, phone, or texting services to victims in prison or jail? Yes or No		

11. In the past year, what percent of victims received continuous services for:

Less than 1 month.....	_____%
1 to 2 months.....	_____%
3 to 6 months.....	_____%
More than 6 months.....	_____%
	100%

12. Are staff available 24 hours a day to respond to victims in crisis?

- Yes
- No

13. Does your agency have a written referral source list?

- Yes
- No (→ Skip to 14.)

13a. If yes, is the referral list updated at least one time per year?

- Yes
- No

14. In the past year, how many different entities did your organization/program have a working relationship with in order to provide victims with services? _____

15. In the past year, has your organization's referral network:

- Decreased
- Stayed about the same
- Increased
- Don't know

16. Does your organization have a policy to vet the agencies where you refer victims?

- Yes
- No
- Don't know

17. Thinking about the victims served by your organization in the past calendar/fiscal year, how many victims were

- If referrals were not tracked → Skip to 18.

Self-referred (i.e. victim connected directly or through family/friends).....	_____
Referred from another organization or program.....	_____

17a. What 3 types of organizations did you receive the most referrals from in in the past calendar/fiscal year? Check all that apply.

- Corrections ((i.e., probation, parole, or correctional facility staff)
- Court
- Law enforcement agency (e.g., police or sheriff's department)
- Prosecutor's office
- Legal services agency
- Educational institution/organization
- Faith-based organization
- Healthcare/mental healthcare provider
- State victim service agency
- Community-based victim service provider/organization
- Other, specify _____

18. Are there services that are not available or challenging for your community to provide?

- Yes
- No (→ Skip to 20)

19. What are the top 3 service gaps in your community? CHECK 3: (Note: Let participant know on the on-line survey they would check options from the list of services above; show the list of services again)

19a. For each of the top 3 service gaps, which of the following best captures why this is a service gap in the community:

- These services do not exist in our area;
- Services exist but wait lists are long;
- Victims we serve tend not to be eligible for these services;
- Other, specify _____

20. Does your organization measure client outcomes or the impact of your service?

- Yes
- No (→ Skip to 21)

20a. Which of the following approaches do you use? (check all that apply)

- Pre/post tests of clients
- Client satisfaction survey
- Client exit survey
- External program evaluation
- Follow-up surveys or interviews of clients (e.g., 3 months after services)
- Other _____

21. How does your organization/agency keep track of client and/or service data?

- An internal database (e.g. Microsoft Access)
- An internal spreadsheet (e.g. Microsoft Excel)

- Data management software program (e.g. Alice)
- Web-based data management (e.g. InfoNet)
- Paper systems or paper tracking
- Other _____

22. Does your organization use an electronic case management system (CMS) for individual cases?

- Yes
- No (→ Skip to 23)

22a. Please indicate whether your CMS includes any of the following features (Check all that apply)

- Ability to output the data needed for grant reporting
- Double-entry recognition (such as entering the victim’s name, or crime type, or something in more than one place).
- Ability to export data to Excel or other spreadsheet program?
- Compatibility with at least some other organizational software (e.g., accounting software, Project management software, and/or outlook or other email/calendar system)
- Mobile-friendly
- Ability to enter or review CMS data from their smart phone

HUMAN RESOURCES

23. Thinking about your organization’s specific program(s) or staff dedicated to working with crime victims, how many staff currently work at your organization? Count each person only once. If a person fills more than one position, assign him/her to the position to which they devote the most time. Enter ‘0’ if there are no staff in that position. Include contractual workers in your counts.

Job classification	Full-Time Staff (35 hour or more/week)	Part-Time Staff (Less than 35 hours/week)	Active Volunteers
Executive/Managerial Positions (e.g., Director, CFO, program director, outreach coordinator, etc.; Do not include volunteer board members in your counts).....	_____	_____	_____
Administrative Positions (e.g., IT, bookkeeping, secretarial, facilities, other support, etc.).....	_____	_____	_____
Direct Service Positions (e.g., counselor, advocate, attorney, etc.)..	_____	_____	_____
Total	_____	_____	_____

Direct Service Positions

For the next three items, consider only **Direct Service Positions** within your organization.

24. Thinking about your organization’s specific program(s) or staff dedicated to working with crime victims, how many direct service staff (e.g., counselor, advocate, attorney, etc.) worked at your organization at the beginning of the past <calendar/fiscal year>? Count each person only once. Enter ‘0’ if there were no staff in that position. Include contractual workers in your counts.

Full-time staff (35 hours or more/week)..... _____
Part-time staff (Less than 35 hours/week)..... _____

25. Thinking about your organization’s specific program(s) or staff dedicated to working with crime victims, how many direct service positions were vacated in the past <calendar/fiscal year> Count each person only once. Enter ‘0’ if there were no staff released from that position. Include contractual workers in your counts.

Full-time staff (35 hours or more/week)..... _____
Part-time staff (Less than 35 hours/week)..... _____

26. Thinking about your organization’s specific program(s) or staff dedicated to working with crime victims, how many new direct service positions were filled at your organization in the past <calendar/fiscal year>? Count each person only once. Enter ‘0’ if there are no new staff in that position. Include contractual workers in your counts.

Full-time staff (35 hours or more/week)..... _____
Part-time staff (Less than 35 hours/week)..... _____

Highest Executive or Management Position

Thinking about your organization’s specific program(s) or staff dedicated to working with crime victims, please think about the person in the highest executive or management position at your organization (e.g., Director of your organization) when answering Questions 27-35. Remember all information you provide will be used to generate aggregate statistics, and your organizations name will not be linked to the information you provide.

27. What is this person’s current position title?

28. What month and year did this person begin working at your organization?

Month _____ Year _____

Check box if information not available

29. How many years of relevant job experience does this person currently have (including experience gained through your organization and through previous employment)?

Check box if information not available

30. What is the highest level of education attained by this person?

- Less than a high school degree
- High school or equivalent degree
- Some college
- College degree
- Some post graduate
- Graduate degree (e.g., M.A., M.S., J.D.)
- Unknown

31. What is the age of this person?

- Less than 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- Greater than 64

32. Is this person employed full time (i.e., 35 hours or more per week) or part time (i.e., less than 35 hours per week)?

- Full time
- Part time

33. Still thinking about the person in the highest executive or management position, approximately what proportion of time did that person spend performing each of the following job functions in YYYY? *Estimates are acceptable. Enter '0' if the employee did not serve the listed function.*

Job Function	% of Executive's time
Administrative functions (including budget and grant management, report writing/paperwork, etc.).....	_____ %
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____ %

Job Function	% of Executive's time
Direct Service functions (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat).....	_____ %
Outreach functions (including community activities, community awareness, etc.)	_____ %
Fundraising and grant writing.....	_____ %
Research/program evaluation.....	_____ %
Other functions.....	_____ %
TOTAL.....	100%

34. What is the current salary of this person?

- <\$30,000 per year
- \$30,000-\$49,999 per year
- \$50,000-79,999 per year
- \$80,000-\$99,999 per year
- \$100,000-\$149,999 per year
- Greater than \$150,000 per year
- Check box if information not available

35. Does this employee receive or were they offered health insurance benefits?

- Yes
- No (→ Skip to 36b)

35a. Do these health benefits include mental health benefits?

- Yes
- No

35b. Does this employee receive or were they offered any of the following additional benefits?

Benefit type	Yes	No	Unknown
Ten days or more paid sick leave?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ten days or more paid vacation days?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/retirement contribution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most Recent Direct Service Hire

Thinking about your organization's specific program(s) or staff dedicated to working with crime victims, please think about the person most recently hired for a direct service position at your organization when answering Questions 36 through 46. This person must be a paid employee (full time or part time).

Remember all information you provide will be used to generate aggregate statistics, and your organizations name will not be linked to the information you provide.

36. What is this employee's current position title?

37. What month and year did this employee begin working at your organization?

Month _____ Year _____

Check box if information not available

38. How many years of relevant job experience does this employee currently have (including experience gained through your organization and though previous employment)?

Check box if information not available

39. Is this person a full-time or a part-time employee?

- Full-time employee (35 hours per week or more)
- Part-time employee (less than 35 hours per week)
- Unknown

40. What is the highest level of education attained by this employee?

- Less than a high school degree
- High school or equivalent degree
- Some college
- College degree
- Some post graduate
- Graduate degree (e.g., M.A., M.S., J.D.)
- Unknown

41. Still thinking about the most recent direct service person you hired, approximately what proportion of time did that employee spend performing each of the following job functions in YYYY? Estimates are acceptable. Enter '0' if the employee did not serve the listed function.

Job Function	% of selected direct service employee's time
Direct Service Activities (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____ %
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____ %
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____ %
Outreach functions (including community activities, community awareness, etc.)	_____ %
Fundraising and grant writing.....	_____ %
Research/program evaluation.....	_____ %
Other functions.....	_____ %
TOTAL.....	100%

42. What is the current salary of most recent direct service person you hired?

- <\$30,000 per year
- \$30,000-\$49,999 per year
- \$50,000-79,999 per year
- \$80,000-\$99,999 per year
- \$100,000-\$149,999 per year
- Greater than \$150,000 per year

43. Does this direct service person receive or were they offered health insurance benefits?

- Yes
- No (→ Skip to 43b)

43a. Do these health benefits include mental health benefits?

- Yes
- No

43b. Does this direct service person receive or were they offered any of the following additional benefits?

Benefit type	Yes	No	Unknown
Ten days or more paid sick leave?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ten days or more paid vacation days?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/retirement contribution?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Still thinking about the last direct service person you hired, did you require this employee to have a minimum number of hours of pre-service training?

- Yes
- No (→ Skip to 45)
- Unknown (→ Skip to 45)

44a. How many hours of pre-service training were required?

_____ hours

45. Did you require this employee to complete a specified number of hours of training within the first calendar year of service at your organization?

- Yes
- No (→ Skip to 46)
- Unknown (→ Skip to 46)

45a. How many hours of training were required in the first year of service?

_____ hours

46. Do you require this employee to have a minimum number of hours of ongoing professional development during each calendar year of service at your organization?

- Yes

- No (→ Skip to 47)
- Unknown (→ Skip to 47)

46a. How many hours of professional development are required each year?

_____ hours

All Active Volunteers

47. Now thinking about the job functions performed by your organization’s work force, for each function, what proportion of the work for your organization’s specific program(s) or staff dedicated to working with crime victims, was carried out by active volunteers (as opposed to paid employees)? *Estimates are acceptable. Enter ‘0’ if the function was not performed by volunteers and 100% if the function was only performed by volunteers.*

Job Function	% of work performed by volunteers
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____ %
Direct Service Activities (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____ %
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____ %
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____ %
Outreach functions (including community activities, community awareness, etc.)	_____ %
Fundraising and grant writing.....	_____ %
Research and program evaluation.....	_____ %
Other functions.....	_____ %
(specify) _____	

End of Survey Questions

Attachment D:

NSVSP instrument and cognitive interviewing script for VSPs serving victims as their primary function (Primary VSPs)

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INTRODUCTION TO COGNITIVE TESTING

- *Introduce yourself, any colleagues.*
- *Thank you for participating. The RAND Corporation is a non-profit research institute based in Santa Monica, California. RAND is doing this study on behalf of the Bureau of Justice Statistics, with funding from the Office for Victims of Crime, for the purpose of collecting data about services to victims with a new survey of victim services providers. Because we want to limit the burden for responding organizations, it is extremely important to talk to people like you who are experienced in addressing the needs of crime victims and find out if the survey questions make sense and can be easily answered.*
- *Today, we will go over the survey items on the instrument. I will then be asking you to tell me how you would go about generating an answer to the questions and to give me your impressions and reactions to the items -- including wording on the survey questions, the ease with which you estimate you could answer the question and your impressions of the possible responses to each question.*
- *While we will be going over a paper copy of the survey, the main mode for completing the final NSVSP will be on-line. Where applicable, we will explain to you how an item would be different once it is finalized as an on-line question.*
- *The final NSVSP will include some questions that are the same or similar to the questions from the Census- or NCVSP- that your organization completed this past year (for example, whether the organization operates on a calendar or fiscal year). In the interests of time, we are mainly focused on testing items that are new to the survey.*
- *For the purposes of cognitive testing we are mainly interested in what you understand the questions to mean, the thought processes by which you would arrive at an answer to the question, and the amount of work it would take you to complete the question (e.g., would you need to look up the information in your records or respond without looking in records).*
- *The answers you give are confidential; all the findings will be reported anonymously and in aggregated form. [Make sure they understand this].*
- *I will be recording the interview so that I don't have to make lots of notes during the interview. Is this ok with you? My recording of this interview will be erased once I have had the opportunity to summarize your answers after our discussion.*
- *Do you have any questions before we start?*

VICTIMS SERVED

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

- Yes
- No

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

Unique Victims # _____

Interviewer:

- A. *Explain that they will be asked to report on the past year, as defined within their organization- calendar or fiscal. We've just excluded the item asking about their calendar year because we have it in the NCVSP.*
- B. *Can you walk me through how you would go about answering this question? – (how would you go about generating the number of unique victims for your answer?)*
 - i. *Do you have this on record or would you need you estimate it? [if estimate] Can you walk us through your thought process in estimating this number?*
- C. *Are you clear on which type of services to count and which to exclude? Can you talk us through which, if any, services you would decide to exclude?*

VICTIM CHARACTERISTICS

Interviewer: *In 3a-3d we are asking participants to report the number of victims served in the past calendar/fiscal year by race, gender, sexual orientation, and age. Please take a look through the categories below. I will then ask you some questions about answering these questions.*

Thinking about the victims of crime or abuse served by your organization, please complete the following tables on the demographic characteristics of these victims. Estimates are acceptable. Enter "0" if you did not serve any victims in a particular category.

3a. Describe the victims your organization served during the last calendar/fiscal year by race and ethnicity.

Race/Ethnicity	Number of victims
<input type="checkbox"/> If race and ethnicity were not tracked → skip to 3b.	
American Indian or Alaska Native, non-Hispanic.....	_____
Asian, Native Hawaiian or other Pacific Islander, non-Hispanic.....	_____
Black or African American, non-Hispanic.....	_____
Hispanic or Latino.....	_____
White, non-Hispanic.....	_____
2 or more races (excluding Hispanic/Latino).....	_____
Other.....	_____
.....	_____

3b. Describe the victims your organization served during the last calendar/fiscal year by gender:

Gender	Number of victims
<input type="checkbox"/> If gender was not tracked → skip to 3c.	
Female.....	_____
Male.....	_____
Transgender.....	_____
Not reported.....	_____

3c. Describe the victims your organization served during the last calendar/fiscal year by sexual orientation:

Sexual Orientation	Number of victims
<input type="checkbox"/> If sexual orientation was not tracked → Skip to 3d.	
Straight.....	_____
Lesbian.....	_____
Gay.....	_____
Bisexual.....	_____
Other.....	_____
Not reported.....	_____

3d. Describe the victims your organization served during the last calendar/fiscal year by age category:

Age	Number of victims
<input type="checkbox"/> If age was not tracked → skip to 4.	
0-11.....	_____
12-17.....	_____
18-24.....	_____
25-59.....	_____
60+.....	_____
Not reported.....	_____

Interviewer:

- A. *If answering these questions, how would you arrive at answers for the number of victims served by these categories – race, gender, sexual orientation and age?*
 - i. *Do you have all of these categories on record or would you need to estimate for any of them? [if need to estimate] Can you walk us through your thought process in estimating this number? [If yes for record – do your records break out in ways that fit with the categories on this question?]*
- B. *How long do you think it would take you to generate an answer to this question?*
- C. *Are you required to collect information on number of victims served by these categories as part of reporting requirements for one or more funders? If so, which*

funders and how are their reporting requirements similar or different to these questions?

4. Thinking about victims of crime or abuse served by your organization during the last calendar/fiscal year, what were the initial crimes for which the victims sought services? Please enter '0' if no victims sought services for that crime type.

Initial crime type for which victim sought services	Number of victims served
<input type="checkbox"/> If crime type was not tracked → skip to 6.	
Adults molested as children.....	_____
Assault, physical (other than domestic/dating violence)	_____
Child physical abuse.....	_____
Child sexual abuse.....	_____
DUI/DWI crashes.....	_____
Domestic/dating violence.....	_____
Elder abuse.....	_____
Fraud/ID theft.....	_____
Human trafficking (labor)	_____
Human trafficking (sex)	_____
Rape/sexual assault.....	_____
Stalking.....	_____
Survivors of homicide victims.....	_____
Other	_____
Not Reported.....	_____

Interviewer:

- A. Can you walk me through how you would go about answering this question?
- B. How easy do you think it would be to answer this question?
- C. How would you have records of initial crime types for which victims sought services
 - would you report all initial crime types for each unique victim?

- D. When answering this question would you think of referrals as services or would you think only about direct services provided?
- E. Are you unclear of the meaning of any crime types?

SERVICES FOR VICTIMS

The questions in this section pertain to the types of services your organization provided to victims of crime or abuse in the past calendar/fiscal year.

5. Did your organization provide the following direct services during the past calendar/fiscal year?

Type of Direct Service Provided	Yes	No
INFORMATION AND REFERRALS		
<i>Service or victimization-related</i>		
Telephone line or program referral		
General information about crime and victimization, prevention, or risk reduction		
<i>Justice-related information</i>		
Notification of legal rights		
Notification of case events or proceedings		
Case status update (investigation, etc., not tied to court proceeding)		
Notification of offender release/status change		
Assistance with reentry and/or terms and conditions of probation for victims with a criminal history		
Assistance with expungement of criminal record for with a criminal history		
FINANCIAL AND MATERIAL ASSISTANCE SERVICES		
<i>Compensation/Monetary</i>		
Assistance in filing for victim compensation		
Restitution claim assistance		
Restitution collection assistance		
Emergency financial assistance (includes emergency loans, petty cash, payment for items such as food clothing, etc.)		
<i>Material or Financial Advocacy/Support</i>		
Emergency, transitional, or relocation housing (shelter, hotel, safe house, etc.)		
Long-term/stable housing		
Rental assistance		
Assistance meeting other basic needs (e.g., clothing, food, etc.)		
Intervention with employer, creditor, landlord, or academic institution		
Employment or educational counseling/Job training		
Transportation assistance		
Child care assistance		
Public benefits assistance (TANF/Welfare, housing, social services, etc.)		
Assistance with return of personal property/effects		
Assistance with obtaining or replacing documents (e.g., birth certificate, Driver's		

license, SSN card, identification card)		
EMOTIONAL SUPPORT AND SAFETY		
<i>Safety</i>		
Conduct or coordinate risk assessments		
Conflict resolution, mediation, negotiation		
Crime/Violence de-escalation support (e.g., calming the victim, family members, or witnesses down on scene or during intervention, preventing retaliation)		
Immediate or emergency safety planning		
Safety planning		
<i>Treatment or support services</i>		
Hotline, helpline, or crisis line intervention or counseling		
Support groups		
Peer, family, or group counseling		
Individual counseling		
Therapy other than counseling (e.g. traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)		
Social/recreational activities for victims/witnesses		
Substance abuse services (prevention or treatment)		
MEDICAL AND PHYSICAL HEALTH ASSISTANCE		
<i>Medical/hospital/clinic treatment</i>		
Conduct forensic exams or collection of evidence		
Conduct HIV/STD testing		
Treatment of injuries		
<i>Health advocacy services</i>		
Victim advocacy/accompaniment to medical forensic exam		
Victim advocacy/accompaniment during medical care		
LEGAL AND VICTIMS' RIGHTS ASSISTANCE		
Legal/victim rights implementation or enforcement assistance		
Civil legal services (including with family law issues such as custody, visitation, or support)		
Civil legal advocacy/court accompaniment		
Criminal legal services		
Criminal justice advocacy/court accompaniment		
Victim/witness preparation		
Law enforcement interview accompaniment /advocacy		
Victim impact statement assistance		
Crime victim compensation legal assistance (including filing and appealing claims)		
Immigration Assistance (including Continued Presence, U and T visas, etc.)		
OTHER SERVICES		
On-scene coordinated response		
Supervised child visitation		
Language services (including interpretation and translation services)		
Culturally or ethnically specific services (<i>not including language services</i>)		

Education classes for survivors regarding victimization dynamics		
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Interviewer:

- A. Take a minute to look through the categories
 - a. How well do you feel these categories describe your victim service offerings?
 - b. Are you confused about the meaning of any categories?
 - c. Are any categories for which you are unsure about whether or not you provided the services described?
 - d. Are there categories you believe should be added to this list?
 - e. About how many of these categories would you answer yes to for your organization?
- B. How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?

6. In addition to any other services you offer, do you have specialized programming or outreach for any of the following populations? Check all that apply. These are broad categories which may not reflect the detailed focus of some organizations. Please do your best to fit your organization within the general categories provided.

Populations	Yes	No
Child victims		
Adolescent/teen victims		
Elder victims		
Female victims, generally		
Female victims of color		
Male victims, generally		
Male victims of color		
Indigenous victims, including tribal		
Immigrant/refugee/limited English proficiency victims		
LGBTQ victims		
Victims with disabilities		
Deaf or hard-of-hearing victims		
Formerly incarcerated victims		

Currently incarcerated victims		
Other Specify:		

Interviewer:

- A. Take a minute to look through the categories:
 - i. Can you walk me through how you would go about answering this question? Are there any categories you would choose? If so, could you describe the specialized programming or outreach you provided?
 - ii. How do you interpret “specialized programming or outreach”?
- B. Are you confused about the meaning of any categories?
- C. Are there categories you believe should be added to this list?
- D. Do you think you would feel pressure to indicate that your organization offered specialized programming for one of these categories?
 - i. How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?

7. What were the top three most common types of direct victim services your organization provided in the past calendar/fiscal year? Check 3:

(Interviewer: Describe to participant that this question will be populated only with the direct services a respondent indicated providing in the past year, with an “other, specify” category)

Interviewer:

- A. How easy would it be to identify the most common types of direct services your organization provided (with a drop down box that listed all the categories you provided)? Looking again at the categories above, are the top 3 most common services you provide options on our list? If not, explain.
- B. How do you define “common?”

8. Does your organization provide comprehensive case management? (i.e., working with victims on an individual basis to identify their specific needs, linking them to those services, advocating for them with programs, helping them navigate different services and systems, etc.)

- Yes
- No

Interviewer:

- A. Would you answer yes or no to this question?

- i. *If yes: what does case management mean to you, what does it look like in your organization?*
- B. *Does our definition of comprehensive care management make sense to you?*
- C. *How easy would it be to answer this question?*

9. Does your organization, internally or with external entities, participate in routine coordination meetings for the victims you serve?

- Yes
- No (→ Skip to 10.)

9a. Do these meetings involve multiple agencies?

- Yes
- No

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy would it be to answer this question? Does yes or no make sense as a response option for this question?*
- C. *How do you define routine coordination meetings?*

10. Do staff in your organization travel to provide services:

Service	Yes	No
On site of the victimization		
In victims' homes		
In police departments		
In hospitals or community-based health clinics		
Court-related settings (e.g., DA office, public defender's office)		
In prison or jail		
b. <i>If no, does your organization offer online, phone, or texting services to victims in prison or jail? Yes or No</i>		

Interviewer:

- A. *How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?*
- B. *Do these categories cover all the possible locations your staff might travel to provide services?*
 - i. *Are there categories you believe should be added to this list?*

11. In the past year, what percent of victims received continuous services for:

Less than 1 month.....	_____ %
1 to 2 months.....	_____ %
3 to 6 months.....	_____ %
More than 6 months.....	_____ %
	<u>100%</u>

Interviewer:

- A. *How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?*
- B. *How do you define “continuous services”? Do the possible periods of time work?*

12. Are staff available 24 hours a day to respond to victims in crisis?

- Yes
- No

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy would it be to answer this question?*
- C. *How do you interpret this question [What do you think we mean by “available”, “respond”, etc.*

13. Does your agency have a written referral source list?

- Yes
- No (→ Skip to 14)

13a. If yes, is the referral list updated at least one time per year?

- Yes
- No

Interviewer:

- A. *How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?*

B. How do you interpret “written referral source list?” What would you count as updating a list?

14. In the past year, how many different entities did your organization/program have a working relationship with in order to provide victims with services? _____

Interviewer:

- A. Can you provide some examples of the types of organization you would count in your answer and why?
- B. How do you interpret “working relationship”?
- C. How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?

15. In the past year, has your organization’s referral network:

- Decreased
- Stayed about the same
- Increased
- Don’t know

Interviewer:

- A. How easy do you think it would be to answer this question?
- B. How do you interpret “referral network”?

16. Does your organization have a policy to vet the agencies where you refer victims?

- Yes
- No
- Don’t know

Interviewer:

- A. How easy would it be to answer this question?
- B. How do you interpret “vetting agencies”?
- C. What do you think “a policy to vet” means? Would you read this as it needs to be a formal, written policy?

17. Thinking about the victims served by your organization in past calendar/fiscal year, how many victims were:

If referrals were not tracked → Skip to 18.
Self-referred (i.e. victim connected directly or through family/friends)..... _____

Referred from another organization or program.....

17a. What 3 types of organizations did you receive the most referrals from in the past calendar/fiscal year? Check all that apply.

- Corrections ((i.e., probation, parole, or correctional facility staff)
- Court
- Law enforcement agency (e.g., police or sheriff's department)
- Prosecutor's office
- Legal services agency
- Educational institution/organization
- Faith-based organization
- Healthcare/mental healthcare provider
- State victim service agency
- Community-based victim service provider/organization
- Other, specify _____

Interviewer:

- A. *Can you walk me through how you would go about answering this question? (How would you go about coming up with a number of self-referred victims and victims referred from other organization)*
- B. *Is there any confusion about what we mean by "self-referred"?*
- C. *How easy do you think it would be to answer this question?*
- D. *Are you unclear of the meaning of any referral sources?*
- E. *Are any agencies that commonly refer victims missing from this list?*

18. Are there services that are not available or challenging for your community to provide?

- Yes
- No (→ Skip to 20)

19. What are the top 3 service gaps in your community? CHECK 3: (Note: Let participant know on the online survey they would check options from the list of services above; show the list of services again)

19a. For each of the top 3 service gaps, which of the following best captures why this is a service gap in the community:

- These services do not exist in our area;
- Services exist but wait lists are long;
- Victims we serve tend not to be eligible for these services;

Other, specify _____

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy do you think it would be choose the top three service gaps in your community, based on seeing the list of services? If difficult- what makes it difficult (e.g., the length of the service list, or the level of detail present or missing in the services listed, the fact that we ask about type of service rather than gaps for specific populations of victims, or something else)?*
- C. *Take a look at the reasons for service gaps. Do these categories make sense to you? Are any reasons missing?*

20. Does your organization measure client outcomes or the impact of your service?

- Yes
- No (→ Skip to 21)

20a. Which of the following approaches do you use?: (check all that apply)

- Pre/post tests of clients
- Client satisfaction survey
- Client exit survey
- External program evaluation
- Follow-up surveys or interviews of clients (e.g., 3 months after services)
- Other _____

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy would it be to answer this question?*
- C. *How do you interpret “measure client outcomes or impact” ?*
- D. *Are you unsure about the meaning of any of the listed approaches?*
- E. *Any major approaches that you think are missing from the list?*
- F. *Should the response option be check all or check one that applies?*

21. How does your organization/agency keep track of client and/or service data?

- An internal database (e.g. Microsoft Access)

- An internal spreadsheet (e.g. Microsoft Excel)
- Data management software program (e.g. Alice)
- Web-based data management (e.g. InfoNet)
- Paper systems or paper tracking
- Other _____

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *Are you unsure about the meaning of any of the listed tracking methods?*
- C. *Any major tracking methods that you think are missing from the list?*

22. Does your organization use an electronic case management system (CMS) for individual cases?

- Yes
- No (→ **Skip to 23**)

22a. Please indicate whether your CMS includes any of the following features (Check all that apply.)

- Ability to output the data needed for grant reporting
- Double-entry recognition (such as entering the victim's name, or crime type, or something in more than one place).
- Ability to export data to Excel or other spreadsheet program?
- Compatibility with at least some other organizational software (e.g., accounting software, Project management software, and/or outlook or other email/calendar system)
- Mobile-friendly
- Ability to enter or review CMS data from their smart phone

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy do you think it would be to answer this question?*
- C. *Are you unsure about the meaning of any of the listed features?*
- D. *Any major features that you think are missing from the list?*

HUMAN RESOURCES

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

Job classification	Full-Time Staff (35 hour or more/week)	Part-Time Staff (Less than 35 hours/week)	Active Volunteers
Executive/Managerial Positions (e.g., Director, CFO, program director, outreach coordinator, etc.; Do not include volunteer board members in your counts).....	_____	_____	_____
Administrative Positions (e.g., IT, bookkeeping, secretarial, facilities, other support, etc.).....	_____	_____	_____
Direct Service Positions (e.g., counselor, advocate, attorney, etc.).....	_____	_____	_____
Total	_____	_____	_____

Interviewer:

- A. Can you walk me through how you would go about answering this question?
- B. How easy or difficult do you estimate this question would be to answer?
- C. Do the three broad job classifications make sense to you? Would you have difficulties placing staff in one of these categories?
- D. Does the instruction, "If a person fills more than one position, assign him/her to the position to which they devote the most time" make sense to you? Do you foresee any difficulties following this instruction?
- E. How easy would it be to distinguish between "full-time staff," and "part-time staff"?
- F. Are there any concerns about confidentiality and completing this items?
- G. For those with dedicated staff or programs: Would you answer this question for your entire organization or a specific program or subsection of it? Why?

Direct Service Positions

For the next three items, consider only **Direct Service Positions** within your organization.

24. How many direct service staff (e.g., counselor, advocate, attorney, etc.) worked at your organization at the beginning of the past <calendar/fiscal year>? Count each person only once. Enter '0' if there were no staff in that position. Include contractual workers in your counts.

Full-time staff (35 hours or more/week).....	_____
Part-time staff (Less than 35 hours/week).....	_____
Full-time staff (35 hours or more/week).....	_____
Part-time staff (Less than 35 hours/week).....	_____

Interviewer:

- A. Can you walk me through how you would go about answering this question?
- B. How easy do you anticipate this question would be to answer?
- C. Would you need records to answer the question?
 - i. If you needed records to answer this question, does your organization keep historical staffing records that allowed you to identify the number of staff in the past calendar/fiscal year?
- D. How easy would it be to distinguish between "full-time staff," and "part-time staff"
- E. Did you answer this question for your entire organization or a specific program or subsection of it? Can you describe your thinking for this choice?

25. How many direct service positions were vacated in the past <calendar/fiscal year> Count each person only once. Enter '0' if there were no staff released from that position. Include contractual workers in your counts.

Full-time staff (35 hours or more/week).....	_____
Part-time staff (Less than 35 hours/week).....	_____

Interviewer:

- A. Can you walk me through how you would go about answering this question?
- B. How easy do you anticipate this question would be to answer?
- C. Would you need records to answer the question?
- D. How easy would it be to distinguish between "full-time staff," and "part-time staff"

- E. For those with dedicated staff or programs: *Did you answer this question for your entire organization or a specific program or subsection of it? Can you describe your thinking for this choice?*

26. How many new direct service positions were filled at your organization in the past <calendar/fiscal year>? Count each person only once. Enter '0' if there are no new staff in that position. Include contractual workers in your counts.

Full-time staff (35 hours or more/week).....
Part-time staff (Less than 35 hours/week).....

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy do you anticipate this question would be to answer?*
- C. *Would you need records to answer the question?*
- D. *How easy would it be to distinguish between "full-time staff," and "part-time staff"*
- E. *Did you answer this question for your entire organization or a specific program or subsection of it? Can you describe your thinking for this choice?*

Highest Executive or Management Position

Please think about the person in the highest executive or management position at your organization (e.g., Director of your organization) when answering Questions 27-35. Remember all information you provide will be used to generate aggregate statistics, and your organizations name will not be linked to the information you provide.

27. What is this person's current position title?

28. What month and year did this person begin working at your organization?

Month _____ Year _____

Check box if information not available

29. How many years of relevant job experience does this person currently have (including experience gained through your organization and through previous employment)?

Check box if information not available

30. What is the highest level of education attained by this person?

- Less than a high school degree
- High school or equivalent degree
- Some college
- College degree
- Some post graduate
- Graduate degree (e.g., M.A., M.S., J.D.)
- Unknown

31. What is the age of this person?

- Less than 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- Greater than 64

32. Is this person employed full time (i.e., 35 hours or more per week) or part time (i.e., less than 35 hours per week)?

- Full time
- Part time

Interviewer:

A. How easy do you anticipate these questions regarding the highest executives background would be to answer? Any issues with any of the Questions (28-33)?

B. *Would you have any hesitation providing this basic background information? Why or why not?*

33. Still thinking about the person in the highest executive or management position, approximately what proportion of time did that person spend performing each of the following job functions in YYYY? Estimates are acceptable. Enter '0' if the employee did not serve the listed function.

Job Function	% of Executive's time
Administrative functions (including budget and grant management, report writing/paperwork, etc.).....	_____%
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____%
Direct Service functions (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____%
Outreach functions (including community activities, community awareness, etc.)	_____%
Fundraising and grant writing.....	_____%
Research/program evaluation.....	_____%
Other functions.....	_____%
<i>(specify)</i> _____	
TOTAL	100%

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy do you think this question would be to answer?*
- C. *Take a look through the job function categories*
 - i. *Do they make sense to you? Do you think you could group most of the executive's time within these categories?*
 - ii. *Are there any major job functions you think are missing?*

34. What is the current salary of this person?

- <\$30,000 per year
- \$30,000-\$49,999 per year
- \$50,000-79,999 per year
- \$80,000-\$99,999 per year
- \$100,000-\$149,999 per year
- Greater than \$150,000 per year
- Check box if information is not available

Interviewer:

- A. How easy do you anticipate it would be to answer this question?
- B. Would you have any hesitation answering with these salary ranges?

35. Does this employee receive or were they offered health insurance benefits?

- Yes
- No (→ Skip to 35b)

35a. Do these health benefits include mental health benefits?

- Yes
- No

35b. Does this employee receive or were they offered any of the following additional benefits?

Benefit type	Yes	No	Unknown
Ten days or more paid sick leave?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ten days or more paid vacation days?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/retirement contribution?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer:

- A. Can you walk me through how you would go about answering these questions about employee benefits?
- B. How easy do you anticipate this question would be to answer?
- C. Do the listed benefit type categories make sense to you?

Most Recent Direct Service Position Hire

Thinking about your organization's specific program(s) or staff dedicated to working with crime victims, please think about the person most recently hired for a direct service position at your organization when answering Questions 36 through 46. This person must be a paid employee (full time or part time). Remember all information you provide will be used to generate aggregate statistics, and your organizations name will not be linked to the information you provide.

36. What is this employee's current position title?

37. What month and year did this employee begin working at your organization?

Month _____ Year _____

Check box if information not available

38. How many years of relevant job experience does this employee currently have (including experience gained through your organization and though previous employment)?

Check box if information not available

39. Is this person a full-time or a part-time employee?

Full-time employee (35 hours per week or more)

Part-time employee (less than 35 hours per week)

Unknown

40. What is the highest level of education attained by this employee?

Less than a high school degree

High school or equivalent degree

Some college

College degree

Some post graduate

Graduate degree (e.g., M.A., M.S., J.D.)

Unknown

41. Still thinking about the most recent direct service person you hired, approximately what proportion of time did that employee spend performing each of the following job functions in YYYY? Estimates are acceptable. Enter '0' if the employee did not serve the listed function.

Job Function	% of selected direct service employee's time
Direct Service Activities (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____ %
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____ %
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____ %
Outreach functions (including community activities, community awareness, etc.)...	_____ %
Fundraising and grant writing.....	_____ %
Research/program evaluation.....	_____ %
Other functions.....	_____ %
(specify) _____	
TOTAL.....	100%

Interviewer:

- A. Can you walk me through how you would go about answering this question?
- B. How easy do you think this question would be to answer?
- C. Take a look through the job function categories
 - i. Do they make sense to you? Do you think you could group most of the direct service person's time within these categories?
 - ii. Are there any major job functions you think are missing?

42. What is the current salary of most recent direct service person you hired?

- <\$30,000 per year
- \$30,000-\$49,999 per year
- \$50,000-79,999 per year
- \$80,000-\$99,999 per year
- \$100,000-\$149,999 per year
- Greater than \$150,000 per year

43. Does this direct service person receive or were they offered health insurance benefits?

- Yes
- No ((→Skip to 44))

43a. Do these health benefits include mental health benefits?

- Yes
- No

43b. Does this direct service person receive or were they offered any of the following additional benefits?

Benefit type	Yes	No	Unknown
Ten days or more paid sick leave?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ten days or more paid vacation days?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/retirement contribution?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy do you think this question would be to answer?*
- C. *Take a look through the job function categories*
 - i. *Do they make sense to you? Do you think you could group most of the executive's time within these categories?*
 - ii. *Are there any major job functions you think are missing?*

44. Still thinking about the last direct service person you hired, did you require this employee to have a minimum number of hours of pre-service training?

- Yes
- No (→ Skip to 45)
- Unknown (→ Skip to 45)

44a. How many hours of pre-service training were required?

_____ hours

Interviewer:

- A. *How easy do you think this question would be to answer?*
- B. *How do you interpret “pre-service training”? Can you provide some examples of the types of trainings you would count here?*

45. Did you require this employee to complete a specified number of hours of training within the first calendar year of service at your organization?

- Yes
- No (→ Skip to 46)
- Unknown (→ Skip to 46)

45a. How many hours of training were required in the first year of service?

_____ hours

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy do you think this question would be to answer?*

46. Do you require this employee to have a minimum number of hours of ongoing professional development during each calendar year of service at your organization?

- Yes
- No (→ Skip to 47)
- Unknown (→ Skip to 47)

46a. How many hours of professional development are required each year?

_____ hours

Interviewer:

- A. Can you walk me through how you would go about answering this question?
- B. How easy do you think this question would be to answer?
- C. How do you interpret “ongoing professional development”? Can you provide some examples of the types of activities you would count here?

All Active Volunteers

47. Now thinking about the job functions performed by your organization’s work force, for each function, what proportion of the work was carried out by active volunteers (as opposed to paid employees)? Estimates are acceptable. Enter ‘0’ if the function was not performed by volunteers and 100% if the function was only performed by volunteers.

Job Function	% of work performed by volunteers
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____ %
Direct Service Activities (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____ %
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____ %
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____ %
Outreach functions (including community activities, community awareness, etc.)	_____ %
Fundraising and grant writing.....	_____ %
Research and program evaluation.....	_____ %
Other functions.....	_____ %
(specify) _____	

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy do you think this question would be to answer?*
- C. *Take a look through the job function categories*
 - i. *Do they make sense for active volunteers? Do you think estimate the percentage of work done by active volunteers?*
 - ii. *Are there any major job functions you think are missing?*

End of Survey Questions

Interviewer:

- A. *Do you think you would need to ask other people in your organization to assist in completing this survey? If so, how many and what are their roles?*
- B. *If you were to receive a request for this survey, how likely would you be to complete it? Anything that make you more (or less) likely to complete?*
- C. *Any additional comments you would like to provide about the instrument?*

Attachment E:

NSVSP cognitive interview script for VSPs serving victims through dedicated staff or programs (Secondary VSPs)

Dear XX:

Thank you for agreeing to assist us in testing the National Survey of Victim Service Providers (NSVSP) survey instrument. This packet contains a paper copy of the questionnaire. We have already arranged a time to conduct a 60 minute interview with you about this survey. **You do not need to complete the survey before our interview.** During our scheduled interview we will go through the survey items with you and ask you how you would go about completing each of the items and your impressions of the item -- for example, how you interpret survey questions, if are any definitions or instructions you find unclear, the burden you estimate would be involved in answering the questions, etc. Your responses will help us further shape the content and wording of the questionnaire to ensure that the final data collected are valid, useful, and reliable.

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

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

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

National Survey of Victim Service Providers (NSVSP)

Survey Instructions

The National Survey of Victim Service Providers (NSVSP) will collect data from a sample of VSPs across the country to gather detailed information about VSPs and the victims they serve, including the number and characteristics of victims served, the types of crimes victims experienced, details about types of services provided, and staffing and funding levels.

This survey is sponsored by the U.S. Department of Justice's Bureau of Justice Statistics and 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) **ABUSE**—Includes physical, sexual, emotional, psychological, or economic actions or threats to control another.
- 2) **VICTIM**—Any person who comes to the attention of your organization because of concerns over past, on-going, or potential future crimes and other abuse(s). This includes victims/survivors who are directly harmed or threatened by such crimes and abuse(s), but also their...a) Family or household members, b) Legal representatives, or c) Surviving family members, if deceased
- 3) **SERVICE**—Efforts that...a) Assist victims with their safety and security; b) Assist victims to understand and participate in the criminal justice or other legal process; c) Assist victims in recovering from victimization and stabilizing their lives; or d) Respond to other needs of victims

General Instructions (Including who should complete this survey)

Your organization is receiving this survey because it has been identified as providing at least some services or assistance to victims of crime or abuse. If your organization or a program within your organization does not provide services to victims of crime or abuse, you will be able to report this near the beginning of this survey.

- **This survey is best completed by someone with knowledge about the available services for victims of crime or abuse, number and characteristics of victims served, and staffing and funding for victim services within your organization.** Some organizations have specific programs or staff dedicated to working with victims of crime or abuse. In these instances, the survey is best completed by someone with direct knowledge of these programs or activities.

Confidentiality Assurances

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

Burden Statement

On average, it will take 45 minutes to complete this survey, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This study is voluntary; you may discontinue participation at any time and decline to answer any questions.

Send comments regarding any 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. Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

INTRODUCTION TO COGNITIVE TESTING

- *Introduce yourself, any colleagues.*
- *Thank you for participating. The RAND Corporation is a non-profit research institute based in Santa Monica, California. RAND is doing this study on behalf of the Bureau of Justice Statistics, with funding from the Office for Victims of Crime, for the purpose of collecting data about services to victims with a new survey of victim services providers. Because we want to limit the burden for responding organizations, it is extremely important to talk to people like you who are experienced in addressing the needs of crime victims and find out if the survey questions make sense and can be easily answered.*
- *Today, we will go over the survey items on the instrument. I will then be asking you to tell me how you would go about generating an answer to the questions and to give me your impressions and reactions to the items -- including wording on the survey questions, the ease with which you estimate you could answer the question and your impressions of the possible responses to each question.*
- *While we will be going over a paper copy of the survey, the main mode for completing the final NSVSP will be on-line. Where applicable, we will explain to you how an item would be different once it is finalized as an on-line question.*
- *The final NSVSP will include some questions that are the same or similar to the questions from the Census- or NCVSP- that your organization completed this past year (for example, whether the organization operates on a calendar or fiscal year). In the interests of time, we are mainly focused on testing items that are new to the survey.*
- *For the purposes of cognitive testing we are mainly interested in what you understand the questions to mean, the thought processes by which you would arrive at an answer to the question, and the amount of work it would take you to complete the question (e.g., would you need to look up the information in your records or respond without looking in records).*
- *The answers you give are confidential; all the findings will be reported anonymously and in aggregated form. [Make sure they understand this].*
- *I will be recording the interview so that I don't have to make lots of notes during the interview. Is this ok with you? My recording of this interview will be erased once I have had the opportunity to summarize your answers after our discussion.*
- *Do you have any questions before we start?*

VICTIMS SERVED

Throughout this survey, please think about the component of your organization that serves 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.

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

- Yes
- No

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

Interviewer:

- A. Explain that they will be asked to report on the past year, as defined within their organization- calendar or fiscal. We've just excluded the item asking about their calendar year because we have it in the NCVSP.
- B. Can you walk me through how you would go about answering this question? - (how would you go about generating the number of unique victims for your answer?)
 - i. Do you have this on record or would you need you estimate it? [if estimate] Can you walk us through your thought process in estimating this number?
- C. Are you clear on which type of services to count and which to exclude? Can you talk us through which, if any, services you would decide to exclude?
 - ii. How would you determine which clients to include as victims receiving services?

VICTIM CHARACTERISTICS

Interviewer: In 3a-3d we are asking participants to report the number of victims served in the past calendar/fiscal year by race, gender, sexual orientation, and age. Please take a look through the categories below. I will then ask you some questions about answering these questions.

Thinking about the victims of crime or abuse served by your organization, please complete the following tables on the demographic characteristics of these victims. Enter "0" if you did not serve any victims in a particular category. Estimates are acceptable.

3a. Describe the victims your organization served during the last calendar/fiscal year by race and ethnicity:

Race/Ethnicity	Number of victims
<input type="checkbox"/> If race/ethnicity was not tracked → skip to 3b.	
American Indian or Alaska Native, non-Hispanic.....	_____
Asian, Native Hawaiian or other Pacific Islander , non-Hispanic.....	_____
Black or African American, non-Hispanic.....	_____
Hispanic or Latino.....	_____
White, non-Hispanic.....	_____
2 or more races (excluding Hispanic/Latino).....	_____
Other.....	_____
.....	

3b. Describe the victims your organization served during the last calendar/fiscal year by gender:

Gender	Number of victims
<input type="checkbox"/> If gender was not tracked → skip to 3c.	
Female.....	_____
	—
Male.....	_____
	—
Transgender.....	_____
	—

Gender	Number of victims
Not reported.....	_____

3c. Describe the victims your organization served during the last calendar/fiscal year by sexual orientation:

Sexual Orientation	Number of victims
<input type="checkbox"/> If orientation was not tracked → skip to 3d.	
Straight.....	_____
Lesbian.....	_____
Gay.....	_____
Bisexual.....	_____
Other.....	_____
Not reported.....	_____

3d. Describe the victims your organization served during the last calendar/fiscal year by age category:

Age	Number of victims
<input type="checkbox"/> If age was not tracked → skip to 3e.	
0-11.....	_____
12-17.....	-
18-24.....	-
25-59.....	-
60+.....	-
Not reported.....	-

Interviewer:

A. *If answering these questions, how would you arrive at answers for the number of victims served by these categories – race, gender, sexual orientation and age?*

- i. Do you have all of these categories on record or would you need to estimate for any of them? [if need to estimate] Can you walk us through your thought process in estimating this number? [If yes for record – do your records break out in ways that fit with the categories on this question?]
- B. How long do you think it would take you to generate an answer to this question?
- C. Are you required to collect information on number of victims served by these categories as part of reporting requirements for one or more funders? If so, which funders and how are their reporting requirements similar or different to these questions?

4. Thinking about victims of crime or abuse served by your organization during the last calendar/fiscal year, what were the initial crimes for which the victims sought services?
Please enter '0' if no victims sought services for that crime type.

Initial crime type for which victim sought services	Number of victims served
<input type="checkbox"/> If crimes were not tracked → skip to 5.	
Adults molested as children.....	_____
Assault, physical (other than domestic/dating violence).....	_____
Child physical abuse.....	_____
Child sexual abuse.....	_____
DUI/DWI crashes.....	_____
Domestic/dating violence.....	_____
Elder abuse.....	_____
Fraud/ID theft.....	_____
Human trafficking (labor)	_____
Human trafficking (sex)	_____
Rape/sexual assault.....	_____
Stalking.....	_____
Survivors of homicide victims.....	_____
Other	_____
Not Reported.....	_____

Interviewer:

- A. Can you walk me through how you would go about answering this question?

- B. How easy do you think it would be to answer this question?
- C. How would you have records of initial crime types for which victims sought services -- would you report all initial crime types for each unique victim?
- D. When answering this question would you think of referrals as services or would you think only about direct services provided?
- E. Are you unclear of the meaning of any crime types?

SERVICES FOR VICTIMS

The questions in this section pertain to the types of services your organization provided to victims of crime or abuse in the past calendar/fiscal year.

5. Thinking about your organization’s specific program(s) or staff dedicated to working with crime victims, did your organization provide the following direct services during the past calendar/fiscal year?

Type of Direct Service Provided	Yes	No
INFORMATION AND REFERRALS		
<i>Service or victimization-related</i>		
Telephone line or program referral		
General information about crime and victimization, prevention, or risk reduction		
<i>Justice-related information</i>		
Notification of legal rights		
Notification of case events or proceedings		
Case status update (investigation, etc., not tied to court proceeding)		
Notification of offender release/status change		
Assistance with reentry and/or terms and conditions of probation for victims with a criminal history		
Assistance with expungement of criminal record for with a criminal history		
FINANCIAL AND MATERIAL ASSISTANCE SERVICES		
<i>Compensation/Monetary</i>		
Assistance in filing for victim compensation		
Restitution claim assistance		
Restitution collection assistance		
Emergency financial assistance (includes emergency loans, petty cash, payment for items such as food clothing, etc.)		
<i>Material or Financial Advocacy/Support</i>		
Emergency, transitional, or relocation housing (shelter, hotel, safe house, etc.)		
Long-term/stable housing		
Rental assistance		
Assistance meeting other basic needs (e.g., clothing, food, etc.)		
Intervention with employer, creditor, landlord, or academic institution		
Employment or educational counseling/Job training		

Transportation assistance		
Child care assistance		
Public benefits assistance (TANF/Welfare, housing, social services, etc.)		
Assistance with return of personal property/effects		
Assistance with obtaining or replacing documents (e.g., birth certificate, Driver's license, SSN card, identification card)		
EMOTIONAL SUPPORT AND SAFETY		
<i>Safety</i>		
Conduct or coordinate risk assessments		
Conflict resolution, mediation, negotiation		
Crime/Violence de-escalation support (e.g., calming the victim, family members, or witnesses down on scene or during intervention, preventing retaliation)		
Immediate or emergency safety planning		
Safety planning		
<i>Treatment or support services</i>		
Hotline, helpline, or crisis line intervention or counseling		
Support groups		
Peer, family, or group counseling		
Individual counseling		
Therapy other than counseling (e.g. traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)		
Social/recreational activities for victims/witnesses		
Substance abuse services (prevention or treatment)		
MEDICAL AND PHYSICAL HEALTH ASSISTANCE		
<i>Medical/hospital/clinic treatment</i>		
Conduct forensic exams or collection of evidence		
Conduct HIV/STD testing		
Treatment of injuries		
<i>Health advocacy services</i>		
Victim advocacy/accompaniment to medical forensic exam		
Victim advocacy/accompaniment during medical care		
LEGAL AND VICTIMS' RIGHTS ASSISTANCE		
Legal/Victim rights implementation or enforcement assistance		
Civil legal services (including with family law issues such as custody, visitation, or support)		
Civil legal advocacy/court accompaniment		
Criminal legal services		
Criminal justice advocacy/court accompaniment		
Victim/witness preparation		
Law enforcement interview accompaniment /advocacy		
Victim impact statement assistance		
Crime victim compensation legal assistance (including filing and appealing claims)		
Immigration Assistance (including Continued Presence, U and T visas, etc.)		
OTHER SERVICES		

On-scene coordinated response		
Supervised child visitation		
Language services (including interpretation and translation services)		
Culturally or ethnically specific services (<i>not including language services</i>)		
Education classes for survivors regarding victimization dynamics		

Interviewer:

A. Take a minute to look through the categories:

- i. How well do you feel these categories describe your victim service offerings?
- ii. Are you confused about the meaning of any categories?
- iii. Are any categories for which you are unsure about whether or not you provided the services described?
- iv. Are there categories you believe should be added to this list?
- v. About how many of these categories would you answer yes to for your organization?

B. How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?

6. In addition to any other services you offer, do you have **specialized programming or outreach** for any of the following populations? *These are broad categories which may not reflect the detailed focus of some organizations. Please do your best to fit your organization within the general categories provided.) Check all that apply*

Populations	Yes	No
Child victims		
Adolescent/teen victims		
Elder victims		
Female victims		
Male victims of color		
Male victims, Generally		
Victims of color		
Indigenous victims, including tribal		
Immigrant/refugee/limited English proficiency victims		
LGBTQ victims		
Victims with disabilities		
Deaf or hard-of-hearing victims		
Formerly incarcerated victims		

Currently incarcerated victims		
Other <i>Specify</i> :		

Interviewer:

- A. Take a minute to look through the categories:
 - i. Can you walk me through how you would go about answering this question? Are there any categories you would choose? If so, could you describe the specialized programming or outreach you provided?
 - ii. How do you interpret “specialized programming or outreach”?
- B. Are you confused about the meaning of any categories?
- C. Are there categories you believe should be added to this list?
- D. Do you think you would feel pressure to indicate that your organization offered specialized programming for one of these categories?
- E. How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?

7. What were the top three most common types of direct victim services your organization provided in the past calendar/fiscal year? Check 3:

(Interviewer: Describe to participant that this question will be populated only with the direct services a respondent indicated providing in the past year, with an “other, specify” category)

Interviewer:

- A. How easy would it be to identify the most common types of direct services your organization provided (with a drop down box that listed all the categories you provided)? Looking again at the categories above, are the top 3 most common services you provide options on our list? If not, explain.
- B. How do you define “common”?

8. Does your organization provide comprehensive case management? (i.e., working with victims on an individual basis to identify their specific needs, linking them to those services, advocating for them with programs, helping them navigate different services and systems, etc.)

Yes

No

Interviewer:

- A. *Would you answer yes or no to this question?*
 - i. *If yes: what does case management mean to you, what does it look like in your organization?*
- B. *Does our definition of comprehensive care management make sense to you?*
- C. *How easy would it be to answer this question?*

9. Does your organization, internally or with external entities, participate in routine coordination meetings for the victims you serve?

- Yes
- No (→ Skip to 10.)

9a. Do these meetings involve multiple agencies?

- Yes
- No

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy would it be to answer this question? Does yes or no make sense as a response option for this question?*
- C. *How do you define routine coordination meetings?*

10. Do staff in your organization travel to provide services:

Service	Yes	No
On site of the victimization		
In victims' homes		
In police departments		
In hospitals or community-based health clinics		
Court-related settings (e.g., DA office, public defender's office)		
In prison or jail		
b. If no, does your organization offer online, phone, or texting services to victims in prison or jail? Yes or No		

Interviewer:

- A. *How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?*
- B. *Do these categories cover all the possible locations your staff might travel to provide services?*
 - i. *Are there categories you believe should be added to this list?*

11. In the past year, what percent of victims received continuous services for:

Less than 1 month.....	_____ %
1 to 2 months.....	_____ %
3 to 6 months.....	_____ %
More than 6 months.....	_____ %
	100%

Interviewer:

- A. *How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?*
- B. *How do you define “continuous services”?*
- C. *Do the possible periods of time work?*

12. Are staff available 24 hours a day to respond to victims in crisis?

- Yes
- No

Interviewer:

- A. *Can you walk me through how you would go about answering this question? How easy would it be to answer this question?*
- B. *How do you interpret this question [What do you think we mean by “available”, “respond”, etc.*

13. Does your agency have a written referral source list?

- Yes
- No (→ Skip to 14.)

13a. If yes, is the referral list updated at least one time per year?

- Yes
- No

Interviewer:

- A. *How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?*
- B. *How do you interpret “written referral source list?” What would you count as updating a list?*

14. In the past year, how many different entities did your organization/program have a working relationship with in order to provide victims with services? _____

Interviewer:

- A. Can you provide some examples of the types of organization you would count in your answer and why?
- B. How do you interpret "working relationship"?
- C. How easy would it be to answer this question? Would you be able to answer this question without pulling up any records?

15. In the past year, has your organization's referral network:

- Decreased
- Stayed about the same
- Increased
- Don't know

Interviewer:

- A. How easy do you think it would be to answer this question?
- B. How do you interpret "referral network"?

16. Does your organization have a policy to vet the agencies where you refer victims?

- Yes
- No
- Don't know

Interviewer:

- A. How easy would it be to answer this question?
- B. How do you interpret "vetting agencies"?
- C. What do you think "a policy to vet" means? Would you read this as it needs to be a formal, written policy?

17. Thinking about the victims served by your organization in the past calendar/fiscal year, how many victims were

- If referrals were not tracked → Skip to 18.

Self-referred (i.e. victim connected directly or through family/friends).....

Referred from another organization or program.....

17a. What 3 types of organizations did you receive the most referrals from in in the past calendar/fiscal year? Check all that apply.

- Corrections ((i.e., probation, parole, or correctional facility staff)
- Court
- Law enforcement agency (e.g., police or sheriff's department)
- Prosecutor's office
- Legal services agency
- Educational institution/organization
- Faith-based organization
- Healthcare/mental healthcare provider
- State victim service agency
- Community-based victim service provider/organization
- Other, specify _____

Interviewer:

- A. *Can you walk me through how you would go about answering this question? (How would you go about coming up with a number of self-referred victims and victims referred from other organization)*
- B. *Is there any confusion about what we mean by "self-referred"?*
- C. *How easy do you think it would be to answer this question?*
- D. *Are you unclear of the meaning of any referral sources?*
- E. *Are any agencies that commonly refer victims missing from this list?*

18. Are there services that are not available or challenging for your community to provide?

- Yes
- No (→ Skip to 20)

19. What are the top 3 service gaps in your community? CHECK 3: (Note: Let participant know on the on-line survey they would check options from the list of services above; show the list of services again)

19a. For each of the top 3 service gaps, which of the following best captures why this is a service gap in the community:

- These services do not exist in our area;
- Services exist but wait lists are long;

- Victims we serve tend not to be eligible for these services;
- Other, specify _____

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy do you think it would be choose the top three service gaps in your community, based on seeing the list of services? If difficult- what makes it difficult (e.g., the length of the service list, or the level of detail present or missing in the services listed, the fact that we ask about type of service rather than gaps for specific populations of victims, or something else)?*
- C. *Take a look at the reasons for service gaps – do these categories make sense to you? Any reasons that are missing?*

20. Does your organization measure client outcomes or the impact of your service?

- Yes
- No (→ Skip to 21)

20a. Which of the following approaches do you use? (check all that apply)

- Pre/post tests of clients
- Client satisfaction survey
- Client exit survey
- External program evaluation
- Follow-up surveys or interviews of clients (e.g., 3 months after services)
- Other _____

Interviewer

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy would it be to answer this question?*
- C. *How do you interpret “measure client outcomes or impact” ?*
- D. *Are you unsure about the meaning of any of the listed approaches?*
- E. *Any major approaches that you think are missing from the list?*

21. How does your organization/agency keep track of client and/or service data?

- An internal database (e.g. Microsoft Access)
- An internal spreadsheet (e.g. Microsoft Excel)
- Data management software program (e.g. Alice)
- Web-based data management (e.g. InfoNet)
- Paper systems or paper tracking

Other _____

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *Are you unsure about the meaning of any of the listed tracking methods?*
- C. *Any major tracking methods that you think are missing from the list?*
- D. *Should the response option be check all or check one that applies?*

22. Does your organization use an electronic case management system (CMS) for individual cases?

- Yes
- No (→ Skip to 23)

22a. Please indicate whether your CMS includes any of the following features (Check all that apply)

- Ability to output the data needed for grant reporting
- Double-entry recognition (such as entering the victim's name, or crime type, or something in more than one place).
- Ability to export data to Excel or other spreadsheet program?
- Compatibility with at least some other organizational software (e.g., accounting software, Project management software, and/or outlook or other email/calendar system)
- Mobile-friendly
- Ability to enter or review CMS data from their smart phone

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy do you think it would be to answer this question?*
- C. *Are you unsure about the meaning of any of the listed features?*
- D. *Any major features that you think are missing from the list?*

HUMAN RESOURCES

23. Thinking about your organization’s specific program(s) or staff dedicated to working with crime victims, how many staff currently work at your organization? Count each person only once. If a person fills more than one position, assign him/her to the position to which they devote the most time. Enter ‘0’ if there are no staff in that position. Include contractual workers in your counts.

Job classification	Full-Time Staff (35 hour or more/week)	Part-Time Staff (Less than 35 hours/week)	Active Volunteers
Executive/Managerial Positions (e.g., Director, CFO, program director, outreach coordinator, etc.; Do not include volunteer board members in your counts).....	_____	_____	_____
Administrative Positions (e.g., IT, bookkeeping, secretarial, facilities, other support, etc.).....	_____	_____	_____
Direct Service Positions (e.g., counselor, advocate, attorney, etc.).....	_____	_____	_____
Total	_____	_____	_____

Interviewer:

- A. Can you walk me through how you would go about answering this question?
- B. How easy or difficult do you estimate this question would be to answer?
- C. Do the three broad job classifications make sense to you? Would you have difficulties placing staff in one of these categories?
- D. Does the instruction, “If a person fills more than one position, assign him/her to the position to which they devote the most time” make sense to you? Do you foresee any difficulties following this instruction?
- E. How easy would it be to distinguish between “full-time staff,” and “part-time staff”
- F. For those with dedicated staff or programs: Would you answer this question for your entire organization or a specific program or subsection of it? Why?

Direct Service Positions

For the next three items, consider only **Direct Service Positions** within your organization.

30. What is the highest level of education attained by this person?

- Less than a high school degree
- High school or equivalent degree
- Some college
- College degree
- Some post graduate
- Graduate degree (e.g., M.A., M.S., J.D.)
- Unknown

31. What is the age of this person?

- Less than 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- Greater than 64

32. Is this person employed full time (i.e., 35 hours or more per week) or part time (i.e., less than 35 hours per week)?

- Full time
- Part time

Interviewer:

- A. *How easy do you anticipate these questions regarding the highest executives background would be to answer? Any issues with any of the Questions (28-33)?*
- B. *Would you have any hesitation providing this basic background information? Why or why not?*

33. Still thinking about the person in the highest executive or management position, approximately what proportion of time did that person spend performing each of the following job functions in YYYY? Estimates are acceptable. Enter '0' if the employee did not serve the listed function.

Job Function	% of Executive's time
Administrative functions (including budget and grant management, report writing/paperwork, etc.).....	_____ %
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____ %
Direct Service functions (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat).....	_____ %
Outreach functions (including community activities, community awareness, etc.)	_____ %
Fundraising and grant writing.....	_____ %
Research/program evaluation.....	_____ %
Other functions.....	_____ %
TOTAL.....	100%

Interviewer:

- A. Can you walk me through how you would go about answering this question?
- B. How easy do you think this question would be to answer?
- C. Take a look through the job function categories
 - I. Do they make sense to you? Do you think you could group most of the executive's time within these categories?
 - II. Are there any major job functions you think are missing?

34. What is the current salary of this person?

- <\$30,000 per year
- \$30,000-\$49,999 per year
- \$50,000-79,999 per year
- \$80,000-\$99,999 per year
- \$100,000-\$149,999 per year
- Greater than \$150,000 per year
- Check box if information not available

Interviewer:

- A. *How easy do you anticipate it would be to answer this question?*
- B. *Would you have any hesitation answering with these salary ranges?*

35. Does this employee receive or were they offered health insurance benefits?

- Yes
- No (→ Skip to 36b)

35a. Do these health benefits include mental health benefits?

- Yes
- No

35b. Does this employee receive or were they offered any of the following additional benefits?

Benefit type	Yes	No	Unknown
Ten days or more paid sick leave?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ten days or more paid vacation days?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/retirement contribution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer:

- A. *Can you walk me through how you would go about answering these questions about employee benefits?*
- B. *How easy do you anticipate this question would be to answer?*

C. Do the listed benefit type categories make sense to you?

Most Recent Direct Service Hire

Thinking about your organization's specific program(s) or staff dedicated to working with crime victims, please think about the person most recently hired for a direct service position at your organization when answering Questions 36 through 46. This person must be a paid employee (full time or part time). Remember all information you provide will be used to generate aggregate statistics, and your organizations name will not be linked to the information you provide.

36. What is this employee's current position title?

37. What month and year did this employee begin working at your organization?

Month _____ Year _____

Check box if information not available

38. How many years of relevant job experience does this employee currently have (including experience gained through your organization and though previous employment)?

Check box if information not available

39. Is this person a full-time or a part-time employee?

Full-time employee (35 hours per week or more)

Part-time employee (less than 35 hours per week)

Unknown

40. What is the highest level of education attained by this employee?

Less than a high school degree

High school or equivalent degree

Some college

- College degree
- Some post graduate
- Graduate degree (e.g., M.A., M.S., J.D.)
- Unknown

41. Still thinking about the most recent direct service person you hired, approximately what proportion of time did that employee spend performing each of the following job functions in YYYY? Estimates are acceptable. Enter '0' if the employee did not serve the listed function.

Job Function	% of selected direct service employee's time
Direct Service Activities (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____ %
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____ %
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____ %
Outreach functions (including community activities, community awareness, etc.)	_____ %
Fundraising and grant writing.....	_____ %
Research/program evaluation.....	_____ %
Other functions.....	_____ %
TOTAL.....	100%

Interviewer:

- A. Can you walk me through how you would go about answering this question?
- B. How easy do you think this question would be to answer?
- C. Take a look through the job function categories
 - I. Do they make sense to you? Do you think you could group most of the direct service person's time within these categories?
 - II. Are there any major job functions you think are missing?

42. What is the current salary of most recent direct service person you hired?

- <\$30,000 per year
- \$30,000-\$49,999 per year
- \$50,000-79,999 per year
- \$80,000-\$99,999 per year
- \$100,000-\$149,999 per year
- Greater than \$150,000 per year

43. Does this direct service person receive or were they offered health insurance benefits?

- Yes
- No (→ Skip to 43b)

43a. Do these health benefits include mental health benefits?

- Yes
- No

43b. Does this direct service person receive or were they offered any of the following additional benefits?

Benefit type	Yes	No	Unknown
Ten days or more paid sick leave?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ten days or more paid vacation days?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/retirement contribution?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer:

- A. Can you walk me through how you would go about answering this question?
- B. How easy do you think this question would be to answer?
- C. Take a look through the job function categories
 - a. Do they make sense to you? Do you think you could group most of the executive's time within these categories?
 - b. Are there any major job functions you think are missing?

44. Still thinking about the last direct service person you hired, did you require this employee to have a minimum number of hours of pre-service training?

- Yes
- No (→ Skip to 45)
- Unknown (→ Skip to 45)

44a. How many hours of pre-service training were required?

_____ hours

Interviewer:

- A. *How easy do you think this question would be to answer?*
- B. *How do you interpret “pre-service training”? Can you provide some examples of the types of trainings you would count here?*

45. Did you require this employee to complete a specified number of hours of training within the first calendar year of service at your organization?

- Yes
- No (→ Skip to 46)
- Unknown (→ Skip to 46)

45a. How many hours of training were required in the first year of service?

_____ hours

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy do you think this question would be to answer?*

46. Do you require this employee to have a minimum number of hours of ongoing professional development during each calendar year of service at your organization?

- Yes
- No (→ Skip to 47)
- Unknown (→ Skip to 47)

46a. How many hours of professional development are required each year?

_____ hours

Interviewer:

- A. Can you walk me through how you would go about answering this question?
- B. How easy do you think this question would be to answer?
- C. How do you interpret “ongoing professional development”? Can you provide some examples of the types of activities you would count here?

All Active Volunteers

47. Now thinking about the job functions performed by your organization’s work force, for each function, what proportion of the work for your organization’s specific program(s) or staff dedicated to working with crime victims, was carried out by active volunteers (as opposed to paid employees)? *Estimates are acceptable. Enter ‘0’ if the function was not performed by volunteers and 100% if the function was only performed by volunteers.*

Job Function	% of work performed by volunteers
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____ %
Direct Service Activities (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____ %
Administrative functions (including budget and grant management, report writing/paperwork, etc.),.....	_____ %
Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.)	_____ %
Outreach functions (including community activities, community awareness, etc.)	_____ %
Fundraising and grant writing.....	_____ %
Research and program evaluation.....	_____ %

Job Function	% of work performed by volunteers
Other functions.....%

Interviewer:

- A. *Can you walk me through how you would go about answering this question?*
- B. *How easy do you think this question would be to answer?*
- C. *Take a look through the job function categories*
 - I. *Do they make sense for active volunteers? Do you think estimate the percentage of work done by active volunteers?*
 - II. *Are there any major job functions you think are missing?*

End of Survey Questions

Interviewer:

- A. *Do you think you would need to ask other people in your organization to assist in completing this survey? If so, how many and what are their roles?*
- B. *If you were to receive a request for this survey, how likely would you be to complete it? Anything that make you more (or less) likely to complete?*
- C. *Any additional comments you would like to provide about the instrument?*