# National Census of Victim Service Providers

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




**OMB Number: 1121-XXXX**
**Approval expires _____**

# National Census of Victim Service Providers

## Survey Instructions

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

**Example:**

Right Way ☒ 98

Wrong Way ☒ 98

**Example:**

**Other, specify:**

Victim Services

### Survey Purpose and Sponsors

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

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

### Important Definitions

1) **CRIME** - An act which if done by a competent adult or juvenile would be a criminal offense.
2) **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 threated 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

Your organization is receiving this survey because it has been identified as providing at least some services or assistance to victims of crime. The survey should be completed by the person(s) in your organization with knowledge of and access to information on the provision of these services. To help you prepare to take the survey, we will be asking for information about the number and types of services your organization provided to victims in the past year, the types of crimes for which victims sought your services in the past year, the number of staff providing victim services at your organization, and your victim services budget. The survey should take about 20 minutes to complete. Please respond to all questions.

### Confidentiality Assurances

This survey does <u>not</u> ask you to provide information about individual staff or victims, or any personally identifying information. This survey will only ask you basic information about your organization, for example where it is based (e.g., government, campus, medical facility), types of victims served, and types of services offered. The information you provide will be publicly available. This study is voluntary, you may discontinue participation at any time and decline to answer any questions.

### Burden Statement

Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531. The Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3732), authorizes this information collection. This request for information is in accordance with the clearance requirement of the Paperwork Reduction Act of 1980, as amended (44 U.S.C. 3507). <u>Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.</u>



**S1** **Before you begin, please complete the following pieces of information for your program.**

Agency Name: _____

Address: _____

Address: _____

City, State, ZIP: _____

Main business phone number: _____

Director, Victim Services: _____

Email address: _____

**S2** **Did you provide services to victims of crime or abuse in the past six months?** *By 'service to victims of crime or abuse' we mean direct assistance, including - but not limited to - referrals, counseling, notices of court proceedings, legal assistance, shelter, medical response, etc. Please remember that if victim assistance is just one part of your agency's or organization's activities, we are interested in collecting information on those victim assistance efforts.*

☐ Yes → **Go to A1**
☐ No → **Proceed to S2a**

**S2a** **Which of the following best describes your organization?** *Select one response.*

a. **Tribal government or other tribal organization or entity** ☐
b. **Campus organization or other educational institution** *(public or private)* ☐
c. **Hospital, medical, or emergency facility** *(public or private)* ☐
d. **Government agency** ☐
e. **Nonprofit or faith-based entity** *(501c3 status)* ☐
f. **For profit entity** ☐
g. **Informal entity** *(e.g., some other type of program or group, not formally a part of an agency, registered nonprofit, or business; Independent survivor advocacy and support groups; volunteer, grassroots, or survivor network)* ☐

**Thank you! You do not need to complete the rest of this survey. <End of Survey>**

**Please see mailing instructions after page 8.**

## SECTION A

**A1** **Which of the following best describes how your organization is structured to provide services to victims of crime or abuse?**

☐ The primary function of the organization is to provide services or programming for victims of crime.
→ **Skip to A2**

☐ Victim services or programming are one component of the larger organization (e.g., a hospital, university, community center, law enforcement agency or prosecutors' office)
→ **Proceed to A1a**

→ **A1a. Does your organization have a specific program(s) or staff that are dedicated to working with crime victims?**
☐ Yes ☐ No

**A2** **Which of the following <u>best</u> describes your organization?** *Select one response.*

a. **Tribal government or other tribal organization or entity** ☐ → **Go to Section B** [Tribal], *page 4*
b. **Campus organization or other educational institution** *(public or private)* ☐ → **Go to Section C** [Campus], *page 4*
c. **Hospital, medical, or emergency facility** *(public or private)* ☐ → **Go to Section G** [Services for Victims], *page 5*
d. **Government agency** ☐ → **Go to Section D** [Government], *page 4*
e. **Nonprofit or faith-based entity** *(501c3 status)* ☐ → **Go to Section E** [Nonprofit or faith based], *page 4*
f. **For profit entity** ☐ → **Go to Section F** [For profit], *page 5*
g. **Informal entity** *(e.g., some other type of program or group, not formally a part of an agency, registered nonprofit, or business; Independent survivor advocacy and support groups; volunteer, grassroots, or survivor network)* ☐ → **Go to Section G** [Services for Victims], *page 5*

## SECTION B
## Tribal Agencies and Organizations Only

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

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

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

  ☐ _____

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

## SECTION C
## Campus Organizations Only

**C1** **Which designation <u>best</u> describes your campus organization?** *Select one response.*

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

  ☐ _____

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

## SECTION D
## Government Agencies Only

**D1** **Which designation <u>best</u> describes your government agency?** *Select one response.*

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

  ☐ _____

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

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

  ☐ _____

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

## SECTION E
## Non-Profit or Faith-Based Organizations Only

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

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

  ☐ _____

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

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

  ☐ _____

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



## SECTION F
## For-Profit Organizations Only

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

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

  ☐ _____

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

## SECTION G
## Services for Victims

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

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

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

MM / DD

*For the remainder of the survey, unless indicated otherwise, provide your answers based on the most recent 12 months of data – calendar year or fiscal year, depending on how your organization operates as answered in Question G1.*

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

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

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

### Information and referral services

| **G2** Did your organization provide (…) | Yes | No |
|---|---|---|
| **a. Justice related information and referrals?** *(e.g., information about the justice system and the victim's role; notification of events and proceedings; justice referrals; etc.)* | ☐ | ☐ |
| **b. Service or victimization information and referrals?** *(e.g., information about crime and victimization; medical referrals; legal referrals; financial counseling referrals; other referrals; etc.)* | ☐ | ☐ |

### Financial and material assistance services

| **G3** Did your organization provide (…) | Yes | No |
|---|---|---|
| **a. Monetary assistance?** *(e.g., providing funds or offering assistance in seeking victim compensation; public benefits assistance; other emergency funds assistance; etc.)* | ☐ | ☐ |
| **b. Material assistance?** *(e.g., emergency or transitional shelter; food; clothing; utility assistance; employment assistance; etc.)* | ☐ | ☐ |

### Emotional support and safety

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

### Medical and health assistance

**G5** Did your organization provide (…)

| | Yes | No |
|---|---|---|
| a. Emergency medical care or accompaniment? | ☐ | ☐ |
| b. Medical forensic exam or accompaniment? | ☐ | ☐ |
| c. STD/HIV testing? | ☐ | ☐ |

### Legal and victims' rights assistance

**G6** Did your organization provide (…)

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

### Other services

**G7** Did your organization provide (…)

| | Yes | No |
|---|---|---|
| a. Case management? | ☐ | ☐ |
| b. Supervised child visitation? | ☐ | ☐ |
| c. On-scene coordinated response? | ☐ | ☐ |
| d. Education classes for survivors regarding victimization dynamics? | ☐ | ☐ |
| e. Culturally and ethnically specific services? | ☐ | ☐ |
| f. Specialized services for specific settings? *(e.g., military; school; college/ university; etc.)* | ☐ | ☐ |
| g. Culturally competent services for the lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) community? | ☐ | ☐ |

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

☐ Yes → **proceed to G9**
☐ No → **skip to G10**

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

☐ Check box if estimate

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

☐ Check box if estimate

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

| Crime type for which victims sought services | Yes | No |
|---|---|---|
| a. Adults molested as children | ☐ | ☐ |
| b. Child sexual abuse/sexual assault | ☐ | ☐ |
| c. Rape/sexual assault *(Other than sexual victimizations against children)* | ☐ | ☐ |
| d. Stalking | ☐ | ☐ |
| e. Child witness of violence | ☐ | ☐ |
| f. Child physical abuse or neglect | ☐ | ☐ |
| g. Elder physical abuse | ☐ | ☐ |
| h. Domestic violence/dating violence | ☐ | ☐ |
| i. Assault *(Other than domestic/dating violence or child/elder abuse)* | ☐ | ☐ |
| j. Robbery | ☐ | ☐ |
| k. Human trafficking *(Labor)* | ☐ | ☐ |
| l. Human trafficking *(Sex)* | ☐ | ☐ |
| m. Survivors of homicide victims | ☐ | ☐ |
| n. Victim witness intimidation | ☐ | ☐ |
| o. DUI/DWI crashes | ☐ | ☐ |
| p. Identity theft | ☐ | ☐ |
| q. Financial fraud and exploitation *(Other than identity theft)* | ☐ | ☐ |
| r. Motor vehicle theft | ☐ | ☐ |
| s. Burglary | ☐ | ☐ |
| t. Other property crimes | ☐ | ☐ |
| u. Hate crimes | ☐ | ☐ |
| v. Forced marriage | ☐ | ☐ |
| w. Honor related violance *(honor-related domestic violence, including that perpetrated by family members, other honor-related violence, female genital mutilation.)* Specify: | ☐ | ☐ |
| x. Other violent crimes | ☐ | ☐ |
| y. Other *(specify)* | ☐ | ☐ |



## SECTION H
## Staffing

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

### Current Staff

**H1** How many paid staff dedicated to working with victims **currently** work at your organization **full-time (35 hours or more/week)?** *Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts.* ***Estimates are acceptable.***

☐ Check box if estimate

**H2** How many paid staff dedicated to working with victims **currently** work at your organization **part-time (less than 35 hours/week)?** *Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts.* ***Estimates are acceptable.***

☐ Check box if estimate

**H3** Does your organization use volunteers to provide direct services to victims?

☐ Yes
☐ No

### Staff at the beginning of the most recent fiscal year

**H4** How many paid **full-time** staff dedicated to working with victims worked at your organization at the **beginning of the past calendar/fiscal year?** *Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts.* ***Estimates are acceptable.***

☐ Check box if estimate

**H5** How many paid **part-time** staff dedicated to working with victims worked at your organization at the **beginning of the past calendar/fiscal year?** *Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts.* ***Estimates are acceptable.***

☐ Check box if estimate

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

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

☐ Check box if estimate

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

☐ Check box if estimate

## SECTION I
## Funding

**I1** How much total funding did your organization receive for victim-related programming and services (including direct services, prevention, outreach, training, and education efforts) during the past calendar/fiscal year? *Please include direct services, prevention, outreach, training and education efforts.* ***Estimates are acceptable.***

☐ Check box if estimate

**I2** **How much funding did your organization receive from each of the following sources during the past calendar/fiscal year?** *Enter '0' if you did not receive funding from the source. The total amount across all sources should equal the amount provided in Q.I1.* ***Estimates are acceptable.***

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

| | | |
|---|---|---|
| **a. Victims of Crime Act Assistance Grant (VOCA)** | $ | ☐ Check box if estimate |
| **b. Other Office for Victims of Crime (OVC)** | $ | ☐ Check box if estimate |
| **c. Services, Training, Officers, and Prosecutors (STOP)** | $ | ☐ Check box if estimate |
| **d. Sexual Assault Services Program (SASP)** | $ | ☐ Check box if estimate |
| **e. Other Office on Violence against Women (OVW)** | $ | ☐ Check box if estimate |
| **f. Family Violence Prevention Services Act (FVPSA)** | $ | ☐ Check box if estimate |
| **g. Other federal funding** *(please specify)* _____ | $ | ☐ Check box if estimate |
| **h. State government funding** *(NOT state disbursement of federal grant)* | $ | ☐ Check box if estimate |
| **i. Local government funding** | $ | ☐ Check box if estimate |
| **j. Tribal government funding** | $ | ☐ Check box if estimate |
| **k. Source of funds unknown** | $ | ☐ Check box if estimate |
| **l. Other funding sources** *(e.g., foundations, corporate funding, individual donations, insurance reimbursements, etc.)* | $ | ☐ Check box if estimate |

**I3** **Did your organization receive any federal funding <u>for victim programming or services</u> within the *<u>past 5 years</u>*?** *This could include funding from VOCA, OVC, OVW, a STOP or SASP grant, or some other funding coming from a federal agency.*

☐ Yes
☐ No

## SECTION J
## Record Keeping

**J1** **Does your organization use an electronic records system to maintain case files?**

☐ Yes
☐ No → **Skip to Section K**

**J2** **Does your electronic records system track individual cases?**

☐ Yes
☐ No

## SECTION K
## Current Issues of Concern to Victim Service Providers

**K1** **How concerned are you about your organization's ability to retain staff?**

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

**K2** **How concerned are you about the amount of victim service funding that your organization received in the past year?**

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

**K3** **How concerned are you about the predictability of future funding for your program?**

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

**K4** **How concerned are you about the burden of grant reporting?**

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

**K5** **How concerned are you about your organization's ability to access technology?**

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



## Thank you for your participation.

# Mailing Instructions

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

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

**If you have any questions, please call NORC toll free at 1-877-504-1086 or email NCVSP@norc.org**