

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.



NATIONAL CENSUS OF VICTIM SERVICE PROVIDERS

Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 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). Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

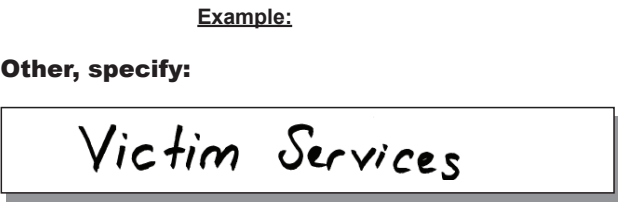
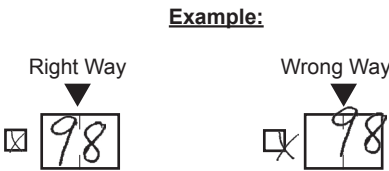
OMB Number: 1121-XXXX

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.



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 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

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 not 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

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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.

A1

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

- ☐ The primary function of the organization is to provide services or programming for victims of crime.
→ Skip to A2
- ☐ Victim services or programming are one component of the larger organization (e.g., a hospital, university, community center, law enforcement agency or prosecutors’ office)
→ Proceed to A1a
- A1a. Does your organization have a specific program(s) or staff that are dedicated to working with crime victims?
☐ Yes ☐ No

A2

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

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

B1

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

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C1

- ☐ 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*)

D1

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

	9	9	9	11	1	27

D2

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

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E1

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

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E2

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

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4

F1

☐ Private legal office/law firm

☐ Private counseling service or other mental health care provider

☐ Funeral home

☐ Other commercial or professional entity (*please specify*)

G1

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

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.)	☐	☐

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.)	☐	☐

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.

H6

New staff since the beginning of the most recent fiscal year

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

☐ Check box if estimate

H7

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

☐ Check box if estimate

SECTION I
Funding

I1

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

☐ Check box if estimate

I2

How much funding allocated for providing services to victims did your organization receive from each of the following sources during the past calendar/fiscal year? *Estimates are acceptable.* Enter ‘0’ if you did not receive funding from the source. The total amount across all sources should equal the amount provided in item I1.

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

a. Victims of Crime Act Assistance Grant (VOCA)

\$

☐ Check box if estimate

b. Other Office 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

Thinking about your organization’s specific program(s) or staff dedicated to working with crime victims, did your organization receive any federal funding for victim programming or services in the past 5 years? This could include funding from VOCA, OVC, OVW, a STOP or SASP grant, or some other funding coming from a federal agency.

☐ Yes

☐ No

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 J
Record Keeping

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

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