# Cognitive Evaluation of the National Survey of Hospital-Based Victim Services

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## Introduction

The National Survey of Hospital-Based Victim Services (NSHVS) is a healthcare personnel-based survey designed to gather basic information about hospital services provided to victims of crime or abuse. NSHVS is a joint effort between the Bureau of Justice Statistics (BJS) and the National Center for Health Statistics (NCHS). This joint effort builds upon BJS' larger efforts to better understand how victims of crime or abuse access services and the capacity for service-providing agencies to respond to victims' needs. Hospitals are an important sector of the victim services field, and they are often a victim's first point of contact with formal systems after experiencing victimization.

The staff of the NCHS Collaborating Center for Questionnaire Design and Evaluation Research (CCQDER) conducted a cognitive interviewing study to evaluate questions used in the NSHVS. These questions describe the programs, teams, and partnerships that provide victim services within hospitals. The questions also address the ways hospitals may be structured to provide services to victims of crime or abuse, new programs designed to serve victims of crime, and electronic record keeping systems for tracking victim cases.

The overall purpose of the cognitive testing was to inform the development of the NSHVS instrument (see Appendix A). The first objective was to determine the actual phenomena that respondents considered when answering the questions. The second objective was to determine what type of hospital personnel is best-suited for participating in the survey. Specifically, this evaluation aimed to:

- Assess any comprehension issues associated with the questions, including whether respondents interpret questions consistently across hospitals.
- Determine whether the different types of service structure categories that are provided in the instructions, and asked about in questions 1–3, make sense to the hospital staff who would be completing the survey.
- Identify the appropriate person to complete the form.

This report will first describe the methods used to evaluate the survey, including the recruitment process, data collection and data analysis, and then will discuss general findings, followed by a more detailed analysis of findings from each section of the instrument.

## Methods

*Sample*

Cognitive interviews were conducted with a range of health professionals and advocates involved with victim services in hospital settings. A purposive sample of 13 respondents who worked in or with a hospital and were knowledgeable about victim services were recruited for the study between November 2017 and January 2018.

In order to find potential respondents, the recruitment team developed a multilayered recruitment plan. The recruitment process began with supplementing the list of hospitals provided by NCHS' Division of Health Care Statistics. Recruiters used the American Hospital Directory (available from: www.ahd.com/state_statistics) to identify additional small and medium-sized hospitals within the geographic area. Little is known about the dynamics of victim services at small hospitals, therefore, the aim of recruitment was to obtain a sample of mostly small hospitals, as well as medium-sized hospitals.

Once the hospital list was complete, recruiters called every hospital to identify an employee who is knowledgeable about victim services, in order to develop a contact list. Typically, hospital receptionists provided the names of social workers, emergency room nurses, emergency room administrators or directors, or case managers. Recruiters also searched hospital websites for departments or individuals who may be involved in victim services. These included emergency departments (EDs), trauma centers, patient intake units, social service coordinators, and nurses or doctors. Recruiters contacted these individuals via e-mail and telephone. Development of this contact list took approximately two and one-half months.

Once a person was identified, the recruiters sent an invitation letter, and later a support letter, to that person. The invitation letter (see Appendix B) explained that NCHS was looking for paid volunteers to assist in the evaluation of the questionnaire. The letter asked potential respondents to call the recruiter if they were interested in the study. About 1 month after the initial invitation letter was sent, support letters (see Appendix C) were prepared, addressed, and mailed to potential respondents. Like the invitation letter, the support letter asked potential respondents to call the recruiter if they were interested in participating in the study. Of the 13 respondents interviewed, only 3 called the recruiter after receiving the invitation letter. None of the respondents mentioned or referenced the support letters. Recruiters continued to contact potential respondents until all were scheduled.

Because little is known about the dynamics of victim services at small hospitals, the aim of recruitment was to obtain a sample of mostly small hospitals. However, due to geographic limitations, respondents were also recruited from medium-sized and large hospitals. Consequently, the small sample included 13 respondents from 10 small (less than 200 beds), medium-sized (200–499 beds), and large (more than 500 beds) hospitals.

Hospital demographics for the full sample are shown in Table A. This sample included 10 hospitals: 5 small hospitals, 3 medium-sized hospitals, and 2 large hospitals. Nine hospitals were general acute hospitals, with one identifying as a psychiatric hospital. Hospitals were recruited from four states or jurisdictions/cities.

**Table A. Profile of hospitals in cognitive interview sample, by selected characteristics**

| | | ***N* = 10** |
|---|---|---|
| **Size** | | |
| | Small (less than 200 beds) | 5 |
| | Medium (200–499 beds) | 3 |
| | Large (more than 500) | 2 |
| **State** | | |
| | A | 1 |
| | B | 3 |
| | C | 2 |
| | D | 4 |
| **Hospital Description** | General Acute | 9 |
| | Psychiatric | 1 |

Respondent demographics for the full sample of 13 respondents are shown in Table B. The sample was mostly female with a variety of age ranges. Regarding job type, six respondents were administrators or managers, or directors; three were victim advocates or case managers; three were clinicians (two nurses and one fourth-year medical student); and one social worker. In addition, eight respondents were identified as "internal" hospital employees, employed by and paid by the hospital, while five were considered "external," those who worked with or collaborated with the hospital to provide victim services but did not work for and were not paid by the hospital. External employees were paid by outside organizations. Five respondents worked with or for a large hospital, three for a medium-sized hospital, and five for a small hospital.

**Table B. Respondent demographic profile**

| | | ***N* = 13** |
|---|---|---|
| **Sex** | | |
| | Female | 12 |
| | Male | 1 |
| **Age group** | 18–30 | 3 |
| | 31–39 | 3 |
| | 40–49 | 2 |
| | 50–59 | 3 |
| | 60–69 | 2 |
| **Job type** | | |
| | Administrator or manager | 6 |
| | Advocate | 3 |
| | Clinician | 3 |
| | Social worker | 1 |

| | | |
|---|---|---|
| **Employed by** | Internal (within hospital) | 8 |
| | External (outside of hospital) | 5 |
| | Small hospital | 5 |
| | Medium hospital | 3 |
| | Large hospital | 5 |

*Interviewing Procedure and Data Collection*

Interviews were conducted off-site (not in the NCHS Questionnaire Design Research Laboratory) at respondents' location of choice (primarily in their workplace). Prior to the interview, respondents completed several forms, including a consent form to allow audio recording of the interview and a Respondent Data Collection Sheet to record demographic information. Interviews lasted no more than 1 hour, and respondents each received $100 for their participation in the study. As part of the approval package for this study, this amount was increased above the normal remuneration of $40 in order to recruit specific medical facility personnel necessary for the success of the cognitive study.

Interviewers maintained a similar interview protocol throughout the study. All respondents were given the self-administered questionnaire. This questionnaire also included a full page of instructions and definitions preceding the survey questions. Interviewers recorded the amount of time it took respondents to complete the questionnaire and responded to any questions respondents had while completing the form. Additionally, interviewers observed respondents' behavior to determine any confusion or frustration (e.g., flipping back and forth throughout the questionnaire to re-read questions and instructions). On average, respondents completed the questionnaire in approximately 10 minutes. After respondents completed the questionnaire, interviewers used retrospective, intensive verbal probing to collect response process data. Probing focused on the process of how hospital staff facilitate victim services, and the respondent's familiarity with all victim services within the hospital. Interviewers also took extensive interview notes, which were later used for data analyses. Interviewers noted any usability issues with question instructions or term definitions—either reported by the respondents or observed by the interviewers. Similarly, interviewers noted if respondents re-read any questions, flipped back and forth through the questionnaire, changed their answers, or had difficulty choosing an available answer category or difficulty categorizing services.

After completing the interviews, interviewers transcribed their notes and uploaded them into Q-Notes, a software application for data storage and analysis of cognitive interviews. Q-Notes serves as an audit trail tracing each finding to the original source. Q-Notes was used by the research analysts to further assess and compare response data. Three interviewers participated in data collection and analysis. Throughout data collection, the interviewers and the recruiter met regularly to discuss recruitment, interviews, and interview procedures.

*Data Analysis*

Data analysis was informed by Grounded Theory, an inductive reasoning approach, without preconceived theories, that is driven by data to form conclusions about the data (see Glaser and Strauss 1967). Interview notes were analyzed using the constant comparative method, in which analysts continually compare data findings to original data, resulting in data synthesis and reduction (Glaser and Strauss, 1967; Lincoln and Guba 1985; Strauss and Corbin 1990; Suter 2012). Several levels of analysis were performed, per Miller et al. (2014).

First, analysts summarized each interview and developed detailed notes explaining how respondents interpreted the questions and formulated an answer. Through this assessment, the interviewers determined how questions performed and identified any discrepancies, or potential problems, that could have led to response error.

Next, analysts compared summaries across respondents, identifying common themes. At this comparative level of analysis, the research analysts identified respondents' patterns of interpretation and common difficulties of the survey questions.

Finally, analysts compared data across subgroups, specifically by hospital size and job type. Analysts drew conclusions explaining how the question performed within the context of these groups. These groups were compared to assess differences in the way groups of respondents understood and answered questionnaire items. These analytic steps represent simultaneous data reduction and movement toward larger conceptual themes.

## Overall Themes and Findings

One objective of this study was to determine respondents' interpretations of questions and questionnaire concepts. Due to the organizational complexity of victim services at hospitals, and confusion regarding the ways hospitals may be structured to provide services to victims, there were varying interpretations of the various concepts in survey questions. These concepts were outlined on the "Survey instructions" page and included within the questions.

Additionally, respondent knowledge of what services were available and how services were facilitated varied based on jurisdiction, state, or county, as well as respondent job type and responsibilities. This made the second objective of the study—identifying the best employee to serve as a respondent—difficult.

These two major findings are described below.

### (I) Confusing and overlapping terms and concepts describing victim services

Many respondents did not see a big difference between the different ways hospitals can provide services to victims (as outlined on the survey instructions page and described in the three main questions). Services were described as (1) programs or entities, (2) other staff, or (3) interagency partnerships. Respondents had difficult differentiating between these services. Specifically, respondents had most trouble separating programs or entities and other staff. Overall, respondents mentioned that many of the services can fit into any of the three categories.

In addition, the phrases "operated by," "in-house," "co-located within," and "supported by hospital resources," used to describe two of the three services, caused confusion. Interviewers identified confusion and frustration among respondents when they flipped back and forth between questions, asked interviewers about the meaning of questions or service descriptions, and changed their answers while taking the survey or during probing. For more detail, see the question-by-question review below.

### (II) Factors to determine who should complete the questionnaire

**Recruitment:** As described in "Methods," an extensive recruitment plan was undertaken to identify and recruit appropriate respondents. Availability was a major factor in the ability to recruit the appropriate healthcare professionals. The majority of respondents held prominent positions and key titles within the hospitals, making scheduling a time to discuss the study challenging. Many potential respondents worked in two or more different departments on various hospital campuses. This meant respondents could have multiple contact numbers, office locations, or assistants for each location. In addition, many of these potential respondents had gatekeepers, such as assistants or receptionists who answered phones, took messages, and managed their schedules. Typically, recruiters spent 1 to 2 weeks calling, e-mailing, and leaving messages with assistants before making direct contact with the respondent. Once the mailing list was developed (a 2-month process), screening and scheduling for this study took approximately 3 months, beginning in November 2017 and ending in early January 2018.

**Position type:** Knowledge of victim's services varied by job type and job function. This sample included six administrators, managers, or directors; three victim advocates; three clinical staff (one forensic nurse, one ED registered nurse, and one fourth-year ED medical student); and one social worker.

All employees had some level of knowledge of victim services at their hospital. Clinicians and advocates were knowledgeable about their specific programs and other programs or staff they worked with directly. For example, a victim advocate who works with a large hospital was knowledgeable about the services her organization provides to victims of rape, sexual assault, and intimate partner violence, as well as forensic nurse examiners and sexual assault nurse examiners who examine victims after a crime was committed. She knew how services were activated for these victims and what organizations worked with these victims. However, she was not knowledgeable about services for victims of any other crimes. On the other hand, administrators, managers, and directors were more knowledgeable about services for all victims. For example, an administrator who runs the sexual assault center at a medium-sized hospital was knowledgeable about services for victims of sexual assault, as well as services for victims of other crimes, such as community violence, child abuse, and human trafficking.

Some respondents were not confident with their knowledge of hospital programs or partnerships and felt someone "higher up," or in a different position would know this information better. For example, when answering the question about whether the hospital had partnerships, a forensic nurse who works with a large hospital answered "yes" but did not list any organizations. She said she did not know what to list. She added that this is not information she is exposed to and the social worker would know this information. Similarly, a social worker at a small hospital answered "no" the question about hospital partnerships, and explained that she is not privy to this kind of information:

> I had a difficult time answering that because I am not at a level here where I am involved with any of that, so if the hospital is working with someone in the community, the Sherriff's Department or something like that, I wouldn't necessarily have that information… And there may be formal partnerships that are just above me and I don't know about them.

**Internal employees and external employees:** This sample included eight internal employees, who worked in and were paid by the hospital, and five external employees, who worked for and were paid by external organizations that collaborated with the hospitals. Generally, internal employees were more knowledgeable about the services that the hospital had available for victims of crime. While external employees knew a lot about their specific programs and other programs they worked with, they were less knowledgeable about services for victims of other types of crimes. For example, an internal manager at a small hospital discussed the various services available to all patients in the mental health facility that could help victims of a crime. This respondent was also knowledgeable about the variety of hospital partnerships. On the other hand, an external victim advocate who worked with a medium-sized hospital was knowledgeable about external community organizations and groups that worked with victims of crime, but she was not aware of any hospital programs or services.

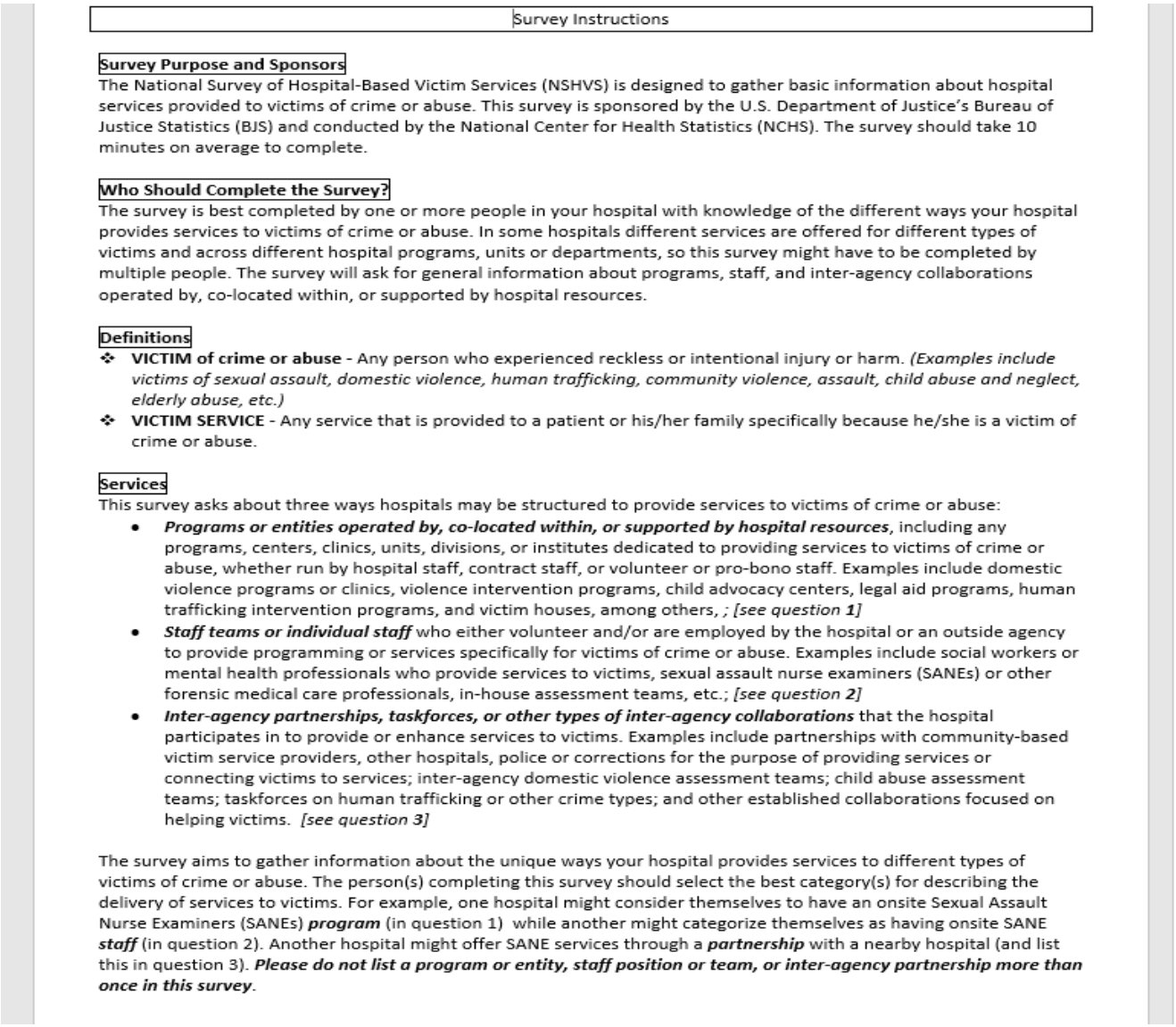
**Hospital size:** One of the objectives of this project was to determine whether respondents from different sized hospitals respond differently to the survey questions, and whether the level of knowledge was different. This sample included two large hospitals, three medium-sized hospitals, and five small hospitals. There was no evidence that hospital size impacted knowledge. Knowledge was more likely to vary by employee job function and whether respondents were internal or external employees.

## Question by Question Review

### Survey instructions:

Sponsors of the National Survey of Hospital-Based Victim Services recognized that the questionnaire includes many concepts, and therefore used the instructions page (first page of questionnaire) to define terms and ways hospitals provide services (see Figure 1). The instructions page is composed of multiple sections that outline the survey purpose, who should complete the survey, definitions of "victim" and "victim services," and descriptions of the three ways hospitals may be structured to provide services to victims of crime or abuse.

**Figure 1. Survey instructions**



Survey Instructions

**Survey Purpose and Sponsors**

The National Survey of Hospital-Based Victim Services (NSHVS) is designed to gather basic information about hospital services provided to victims of crime or abuse. This survey is sponsored by the U.S. Department of Justice's Bureau of Justice Statistics (BJS) and conducted by the National Center for Health Statistics (NCHS). The survey should take 10 minutes on average to complete.

**Who Should Complete the Survey?**

The survey is best completed by one or more people in your hospital with knowledge of the different ways your hospital provides services to victims of crime or abuse. In some hospitals different services are offered for different types of victims and across different hospital programs, units or departments, so this survey might have to be completed by multiple people. The survey will ask for general information about programs, staff, and inter-agency collaborations operated by, co-located within, or supported by hospital resources.

**Definitions**

- **VICTIM of crime or abuse** - Any person who experienced reckless or intentional injury or harm. *(Examples include victims of sexual assault, domestic violence, human trafficking, community violence, assault, child abuse and neglect, elderly abuse, etc.)*
- **VICTIM SERVICE** - Any service that is provided to a patient or his/her family specifically because he/she is a victim of crime or abuse.

**Services**

This survey asks about three ways hospitals may be structured to provide services to victims of crime or abuse:

- ***Programs or entities operated by, co-located within, or supported by hospital resources***, including any programs, centers, clinics, units, divisions, or institutes dedicated to providing services to victims of crime or abuse, whether run by hospital staff, contract staff, or volunteer or pro-bono staff. Examples include domestic violence programs or clinics, violence intervention programs, child advocacy centers, legal aid programs, human trafficking intervention programs, and victim houses, among others, *; [see question **1**]*
- ***Staff teams or individual staff*** who either volunteer and/or are employed by the hospital or an outside agency to provide programming or services specifically for victims of crime or abuse. Examples include social workers or mental health professionals who provide services to victims, sexual assault nurse examiners (SANEs) or other forensic medical care professionals, in-house assessment teams, etc.; *[see question **2**]*
- ***Inter-agency partnerships, taskforces, or other types of inter-agency collaborations*** that the hospital participates in to provide or enhance services to victims. Examples include partnerships with community-based victim service providers, other hospitals, police or corrections for the purpose of providing services or connecting victims to services; inter-agency domestic violence assessment teams; child abuse assessment teams; taskforces on human trafficking or other crime types; and other established collaborations focused on helping victims. *[see question **3**]*

The survey aims to gather information about the unique ways your hospital provides services to different types of victims of crime or abuse. The person(s) completing this survey should select the best category(s) for describing the delivery of services to victims. For example, one hospital might consider themselves to have an onsite Sexual Assault Nurse Examiners (SANEs) ***program*** (in question 1) while another might categorize themselves as having onsite SANE ***staff*** (in question 2). Another hospital might offer SANE services through a ***partnership*** with a nearby hospital (and list this in question 3). ***Please do not list a program or entity, staff position or team, or inter-agency partnership more than once in this survey***.

Most respondents did not read the instructions page entirely. Some respondents skimmed the instructions, while others skipped them completely. Respondents noted that the instructions page was "wordy" or "too long." One respondent suggested using more bullet points. One of the two respondents who skipped the instructions completely incorrectly assumed that it was a statement on research consent. Only four of the respondents seemed to read the instructions carefully.

**Definitions of "victim" and "victim services":** The instructions page listed definitions of "victim" and "victim services." Some respondents who read the instructions page demonstrated an understanding of these terms. These respondents listed programs, such as forensic nurses, sexual assault nurse examiners, community victim advocacy programs, child protective services, adult protective services, and domestic violence or sexual assault centers as examples of victim services. However, other respondents had varying interpretations of what a victim service actually includes and included potentially out-of-scope

services. These included programs or staff that did not have a "mission" to serve victims of crimes, such as the emergency department, social workers, behavioral health staff, and law enforcement.

When asked during retrospective probing, the majority of respondents indicated that they agreed with the definitions of victim and victim services, as they were defined on the instructions page. For example, one respondent, an emergency department registered nurse, said the definitions are "clear" and fit her definition of the terms. However, a program administrator from a medium-sized hospital thought the phrase "reckless or intentional injury or harm" did not fully capture sexual assault. She suggested adding "emotional or psychological abuse or neglect" because the listed definition implies physical abuse and not emotional abuse.

**Hospital structure for providing services:** The instructions page provided descriptions of the three ways hospitals may be structured to provide services to victims of crime or abuse. In general, the instructions page did not help to clarify these ways. A few respondents, who thoroughly read the instruction page, asked the interviewers clarifying questions about these descriptions. Some of these included:

- Should I include our mental health or psych ward as a program?
- Should I list people who come to our hospital from the police department and courts to see victims as staff?
- Should I list forensics and the ED as separate programs, or are they just one program since the forensic nurses' room is within the ED?
- Do I include state level mandatory reporting for child abuse (etc.) as a program?
- Do partnerships need a formal agreement with the hospital?

Overall, respondents did not see a major difference between the different ways hospitals provided services, and they struggled to fit the services offered by their hospitals into one of the three categories. For example, one respondent explained:

> Definitions of victims and services are good. The three types of services: Between the first two [programs and staff], there's a subtle difference. The first bullet [programs] describes any programs that are not specifically run by the hospital, they may happen to be run by the hospital, but they're not necessarily housed within. The second bullet [staff] seems more hospital specific, even though you use the term "outside agency." It's kind of tough to differentiate between the two.

When asked if the example of the SANE (Sexual Assault Nurse Examiners) program and nurses in the last paragraph of the instructions page helped him, the respondent said, "No, I don't think so… (laughs) it actually sort of clouds it a bit." This statement provides further evidence that the service descriptions caused confusion, and the instructions page and definitions did not help reduce that confusion. This is described in more detail below in the descriptions of Question 1, Question 2, and Question 3.

**Programs or entities (Q1):**

The intent of Question 1 (Q1) was unclear due to multiple confusing terms and concepts in the question (see Figure 2). Respondents had various interpretations regarding what this question was asking, including programs that have a physical space and hospital resources and programs that may not have a "mission" to solely serve victims. Respondents listed a variety of programs and services in response to Q1.

**Figure 2. Question 1: Are there any programs or entities operated by, co-located within, or supported by hospital resources that have a mission to provide programming or services to victims of crime or abuse?**

Victim Services Survey

Programs or Entities Serving Victims

1. **Are there any programs or entities operated by, co-located within, or supported by hospital resources that have a mission to provide programming or services to victims of crime or abuse?** Include programs or entities run by hospital staff, contract staff, volunteer, and pro-bono staff. *Examples include child abuse advocacy centers, domestic violence clinics, legal aid programs, violence intervention programs, family justice centers, etc.*
   - ☐ Yes → Proceed to item 1a.
   - ☐ No → Skip to item 2

**1a. In the grid below, please provide contact information for each program or entity:**

| | **Contact information:** | **Crime types for which services are provided (check all that apply):** |
|---|---|---|
| 1) | Program/entity name:<br>Email:<br>Mailing address:<br>Phone number:<br>Position title for point of contact: | __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment<br>__Community violence (including gang violence, peer violence, and gun violence)<br>__ Homicide (including support groups for surviving family)<br>__Elder abuse<br>__Other, specify: _____ |

Many respondents listed most of the services they were aware of in Q1, whether or not they were "in-hospital" programs. However, as they continued to fill out the questionnaire, respondents often realized they may have incorrectly listed programs in the first question, and many changed their answers (as described below). Respondents listed programs, including the forensic nurse examiners program, sexual assault nurse examiners, community advocacy programs, child advocacy centers, child protective services, adult protective services, and domestic violence and sexual assault centers.

**Physical space:** Many respondents thought this question was asking about programs that have a "physical space" in the hospital. For example, a social worker at a small hospital listed the Child Advocacy Center because it has a physical location, an office, in the hospital.

**Hospital resource:** Other respondents thought about "resources" the hospital provides or "hospital administered services." One respondent, the director of the forensic nursing program who works with a large hospital, generally interpreted this question as asking "whether the hospital has specific resources

to support crime victims." This respondent was not thinking about space or location, rather, she thought of any kind of resource the hospital can provide to victims. Similarly, another respondent, a victim advocate who works with a medium-sized hospital, thought the question asked about "resources the hospital can provide." This respondent listed a domestic violence center although it is not a hospital program. She thought this organization fit in this category because it is a resource that can be "called in" by the hospital. In addition, one respondent interpreted this question as asking about "hospital administrated services."

**Broad interpretations:** Some respondents interpreted this question broadly and did not focus solely on programs that have a "mission" to serve victims. For example, an ED nurse manager listed the ED because of the lethality assessment system (LAS). The LAS, which is a partnership between the advocacy center and the courts system, is a list of screening questions used to predict the risk of a victim dying from domestic violence. If the victim is considered "high risk," additional services are offered (e.g., emergency housing). When a nurse files an LAS form, it is sent to the advocacy group and the victim services coordinator at the courthouse. That way, the LAS is part of the "legal courts," or a legal document, in the event the case goes to trial. This system is part of the ED's services and is not available at all hospitals. Therefore, this respondent considered this a victim service and listed the ED in Q1, even though this is not part of the mission of the ED.

On the other hand, some respondents excluded programs and services if a focus on victim services was not part of their overall mission. For example, an administrator from a small mental health facility explained that they do not have services *solely* for victims of crime and abuse. They have services to attend to patients' overall mental health needs, and if there is trauma due to abuse, their treatment plan will include treatments, services, or groups to attend to those needs (such as a coping strategies and skills building groups). Therefore, this respondent answered "no" to the questions asking about programs or staff dedicated to victims of crime or abuse. The respondent explained:

> We're a psych facility…If somebody comes in and they've been a victim of crime, or if they have a history of trauma or history of abuse … our services are geared towards that, but … we don't have anything separate for that… So if somebody comes in and they've been a victim of sexual abuse, if the abuse was going on out there in the community. We would work with them we would provide contact information for when they're ready to be discharged [from the facility]. If someone were assaulted here [at the facility] we would take them up to --- [the hospital] – for a SANE exam. If someone at the facility felt they were a victim of peer-on-peer aggression, they would provide them with the contact # for the non-emergency police… But treatment wise, we have groups that deal with domestic assault, we have groups that deal with risk factors…

In essence, this respondent understood that these questions were specifically asking about programs or staff that are *dedicated* to serving victims of crime. Although some of the services at her facility can assist victims of crime, it is not their main purpose.

**Confusing terms:** Several terms were used in the description of Q1, and each term had various interpretations. Specifically, the phrases "operated by," "co-located within," and "supported by hospital resources" caused confusion. Respondents interpreted these terms in various ways and displayed

frustration and confusion when answering this question. Q1 asks respondents to consider programs or entities that can be:


In particular, the phrase "supported by hospital resources" caused confusion due to the complicated funding mechanisms between hospitals, programs, and partnerships. Also, hospital resources were interpreted in various ways. For example, a victim advocate who works with a large hospital interpreted resources as "funding." When answering Q1, she expressed confusion and flipped through the pages to re-read Q1 and Q2, when trying to decide where to list services.

In addition, a forensic nurse director listed her organization in Q1 (in-hospital program), although she stated it is an external program, and the forensic nurses are not paid by the hospital. The program is supported by external grant funding. When asked about her interpretation of "supported by hospital resources" she explained, "They [the hospital] provide the space…the medical director, and some of the equipment and supplies, and some pro-bono care [from physicians]." This respondent thought the forensic nursing program fit in Q1 as an in-hospital program, although the program is not funded by the hospital and the nurses are not paid by the hospital. However, she considered it an "in-hospital" program because of the various "resources" the hospital provides to the program.

Another respondent, a victim advocate who works with a medium-sized hospital, thought the phrase "supported by hospital resources" meant "resources the hospital can provide." This respondent listed a domestic violence center, although it is not a hospital program. She thought this organization fit in Q1 because it is a resource that can be "called in" by the hospital.

The term "co-located within" also caused confusion among some respondents. This phrase was interpreted as describing programs that are housed in the hospital, or services that take place in the hospital (but may not be *housed* in the hospital). For example, a forensic nurse who works with a large hospital listed her program in Q1 (as an in-hospital program) because the program's services take place in the hospital. This is an external program. She explained they "do all of their work in the hospital." Services are conducted in an examination room in the ED, so this respondent believed this program fit into this category. However, she also mentioned the nurses receive payment through an external organization and not by the hospital.

Furthermore, interpretations of "supported by hospital resources" and "co-located within" often overlapped. Some respondents interpreted using a hospital's location (such as examination rooms) as their program being, in part, supported by hospital resources. The hospital's facilities itself were seen as a resource. For example, an external victim advocate who works with a large hospital explained, "…Supported by hospital resources…obviously they are giving us the location…but we're not funded by the hospital, funding is external."

**Other Staff (Q2):**

Respondents interpreted Q2 (see Figure 3) as an extension of Q1. Many respondents interpreted Q2 as asking about staff or individuals who are associated with the hospital and were trained to provide specific services. Respondents listed staff, including forensic nurse examiners, sexual assault nurse examiners, social workers, behavioral health staff, and staff of community victim advocacy organizations (similar to what was listed in Q1).

**Figure 3. Question 2: Are there any additional staff (salary, contract, volunteer or pro-bono) in-house, co-located within, or supported by hospital resources that are dedicated to serving victims of crime or abuse?**

Other Staff Serving Victims

2. **Are there any additional staff (salary, contract, volunteer or pro-bono) in-house, co-located within, or supported by hospital resources that are dedicated to serving victims of crime or abuse? Do not include staff already accounted for in entities or programs described above.** Examples include a sexual assault nurse examiner (SANE) or other forensic care providers, crisis intervention staff, social worker dedicated to providing services to victims, group counselor or mental health specialist, victim compensation specialists, etc. that are not part of the entities or programs listed above.
   - ☐ Yes → Proceed to item 2a.
   - ☐ No → Go to item 3

**2a. If yes, please provide information about these staff:**

| | **Contact information:** | **Crime types for which services are provided (check all that apply):** |
|---|---|---|
| 1) | Staff position title/staff team name:<br>Email:<br>Mailing address:<br>Phone number: | __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment<br>__Community violence (including gang violence, peer violence, and gun violence)<br>__Homicide (including support groups for surviving family)<br>__Elder abuse<br>__Other, specify: _____ |

However, some respondents did not see the difference between Q1 and Q2. Respondents interpreted both of these questions as asking about victim services provided by or within the hospital. For example, an advocate who works with a medium-sized hospital stated, "I think this is the same question, it's just asking for other staff." Additionally, a forensic nurse director who works with a large hospital was confused with this question. During probing, she re-read the question and flipped back and forth to re-read Q1 and Q2.

On the other hand, other respondents interpreted this question as asking about other hospital staff, as opposed to "programs or entities." An administrator from a small hospital stated this question was asking whether the hospital has "one dedicated staff who actually did something in this realm," while the first question asked about "a whole little program."

**Confusing terms:** Similar to Q1, several terms were used in the description of Q2, and respondents interpreted these terms in various ways and displayed frustration and confusion when answering this question.

Q2 asks respondents to consider staff that can be:


For example, an advocate who works with a large hospital expressed confusion because of the complicated funding of her program. She flipped through the pages to re-read Q1 and Q2. She stated that the question was:

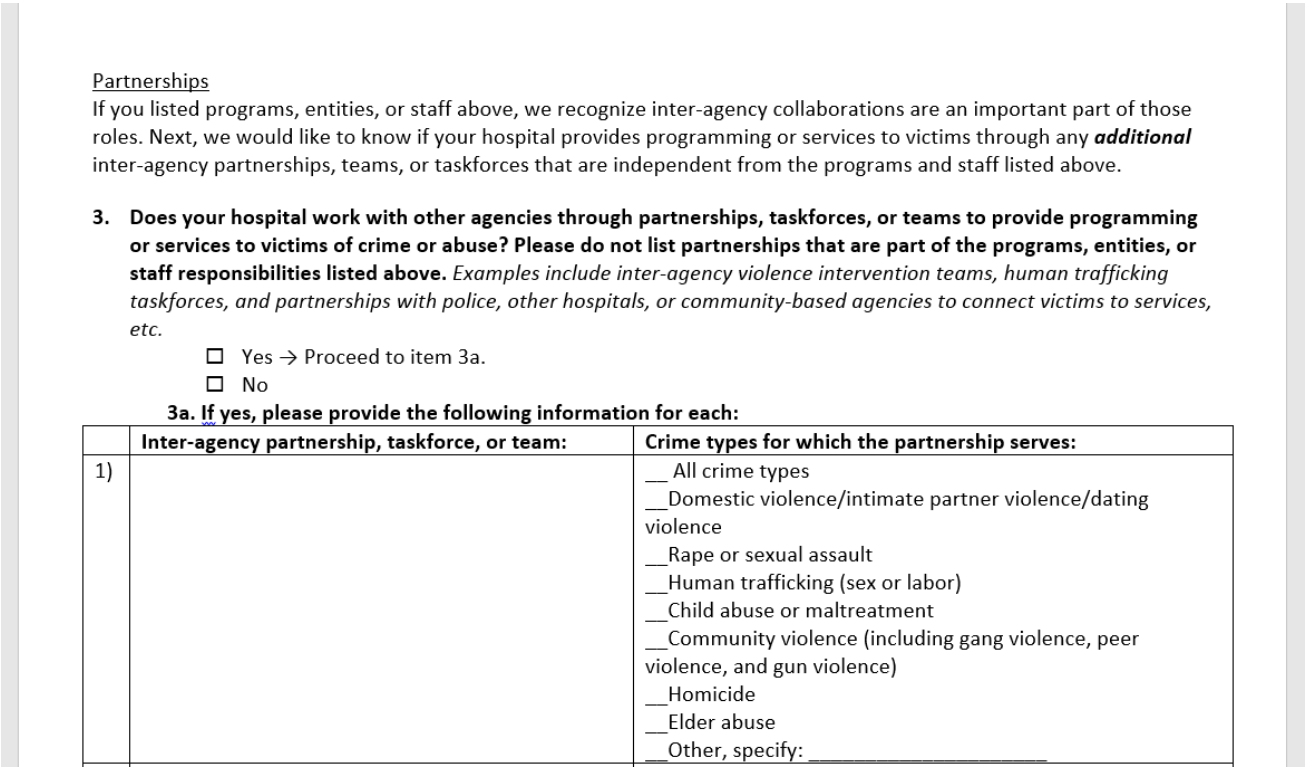
> …not clear because I wasn't sure where I should be listing services…under question 1 or under question 2. [Be]cause I know some of the hospital funds go towards our program, and most of our programs are funded through the office of victim services through the city, which also gives money to the hospital for these programs – so they fall under both.

**Form limitations:** Some respondents mentioned they would have listed more services for Q2 if there were more space. Only two boxes are provided to list services in Q2 and Q3, but four boxes are provided to list services in Q1.

**Partnerships (Q3):**

Respondents understood Q3 was asking about organizations that partner or collaborate with the hospital to provide services to victims of crime (see Figure 4). A nurse manager at a small hospital stated, "Partnerships are people that we work with to work through these services that we need to give to the patient…to report or to provide services…" Another respondent, an ED fourth-year medical student, thought about an "entity" that works with victims but is not "housed" in the hospital, such as law enforcement or victim advocacy groups. Respondents listed partnerships, including the forensic nurse examiners program (also listed in Q1 and Q2), community victim advocacy programs (also listed in Q1 and Q2), adult protective services, a women's shelter, law enforcement, a family justice center, and various task forces.

**Figure 4. Question 3: Does your hospital work with other agencies through partnerships, taskforces, or teams to provide programming or services to victims of crime or abuse?**



Partnerships

If you listed programs, entities, or staff above, we recognize inter-agency collaborations are an important part of those roles. Next, we would like to know if your hospital provides programming or services to victims through any ***additional*** inter-agency partnerships, teams, or taskforces that are independent from the programs and staff listed above.

3. **Does your hospital work with other agencies through partnerships, taskforces, or teams to provide programming or services to victims of crime or abuse? Please do not list partnerships that are part of the programs, entities, or staff responsibilities listed above.** *Examples include inter-agency violence intervention teams, human trafficking taskforces, and partnerships with police, other hospitals, or community-based agencies to connect victims to services, etc.*

☐ Yes → Proceed to item 3a.
☐ No

**3a. If yes, please provide the following information for each:**

| | **Inter-agency partnership, taskforce, or team:** | **Crime types for which the partnership serves:** |
|---|---|---|
| 1) | | __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment<br>__Community violence (including gang violence, peer violence, and gun violence)<br>__Homicide<br>__Elder abuse<br>__Other, specify: _____ |

**Formal versus informal partnerships:** Some respondents thought of these partnerships as formal agreements between organizations and the hospital. For example, a social worker at a small hospital stated, "A partnership is a formal agreement between the hospital and the outside agency to work together…" On the other hand, some respondents interpreted this question as asking about informal partnerships. For example, an administrator from a small hospital explained that her hospital has a partnership with the state and county police. They do not have a formal or written agreement, but they have had meetings and discussed each other's services "…so they know what services the facility provides and what they can provide to the facility…So when we call, they know we are calling for a reason." Furthermore, a social worker at a small hospital explained the relationship with an advocacy group and stated it is not "formal:"

> I feel like we work together to meet the needs of the community and patients within the community and to do that I feel like you have to be partners in this together, but I don't feel like it's a formal partnership.

**Response error**: As respondents continued to answer the questions, many realized that some of the services they listed in Q1 (in-hospital programs or entities), may actually belong in Q2 (other staff) or Q3 (partnerships). Although descriptions of the services are described on the instructions page, evidence showed many did not read the instructions, and many respondents did not realize the difference between the services until they moved through the questionnaire. Thus, when explaining their responses to Q2 (other staff) and Q3 (partnerships), respondents admitted they may have listed programs in the wrong

category. Evidence of this type of response error was most prevalent in Q3 because respondents had already listed their programs in Q1 and Q2.

For example, a nurse manager at a small hospital, initially answered "no" to this question. However, after re-reading the question during probing, this respondent decided that the programs she listed in Q1 (in-hospital programs), actually belong in Q3:

> Now I think the partnerships are CPS [Child Protective Services], APS [Adult Protective Services] and [Community Victim Advocacy Organization]. I think that [the response] should have been "yes" and I should have relocated the first question to this one [Q3].

This respondent realized it was more appropriate to list this information in Q3 because the organizations are not funded by the hospital system. During probing she admitted when she first read the question she saw the word "resources" (as in resources the forensic nurses use) and did not particularly see "hospital resources." To her, hospital resources meant the hospital is funding or staffing the program. She said the community victim advocacy program, as well as CPS/APS, are not funded by the hospital.

Similarly, a victim advocate who works with a large hospital initially answered "no" to Q3. During probing, she realized that the organization she works for, a community victim advocacy organization, is indeed a hospital partner. While filling out the survey, the respondent answered "yes" to Q3 and wrote in "see 1a," referring to where she listed the victim advocacy program (in Q1). Therefore, the respondent indicated that because her organization is indeed a partner, it should have been listed in Q3 and not in Q1.

A forensic nurse director who works with a large hospital answered "yes" to Q3 but admitted the programs she listed in Q1 should be listed in Q3. This included her program, the Forensic Nurses Examiner program. When she initially answered "yes" to Q3, she said she did not know what programs to list. When asked if she thought the forensic nursing program should be listed here (in Q3), she at first hesitated and said no, but then said yes. However, she already listed them in Q1 (in-hospital programs or entities), so she did not list them again. In essence, this respondent thought that she had mis-categorized these services and they should be listed in Q3 and not Q1, but because she already listed them in Q1, she did not list them again in Q3 (the instructions specifically state to only list a program once).

**Form limitations:** Some respondents mentioned they would have listed more services in Q3 if there were more space. Only two boxes are provided to list services in Q2 and Q3, but four boxes are provided to list services in Q1.

**Question 1-3 "Crime types" response categories:**

Questions 1–3 asked respondents to list services and check off the crime type each service addressed. In general, respondents understood the list of crime types shown in Figure 5 and appropriately matched crimes to services. Respondents who listed SANE or forensic nurses or victim advocacy programs checked off "Domestic violence/ intimate partner violence" or "rape or sexual assault," as well as "human trafficking." Respondents who listed trauma prevention programs checked off "community violence" or "homicide." Respondents who listed Child Protective Services checked off "child abuse or maltreatment," and respondents who listed Adult Protective Services checked off "elder abuse" as well as any of the other crime types they felt were appropriate.

**Figure 5. Crime types listed on survey**

| **Crime types for which services are provided (check all that apply):** |
|---|
| __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment<br>__Community violence (including gang violence, peer violence, and gun violence)<br>__ Homicide (including support groups for surviving family)<br>__Elder abuse<br>__Other, specify: _____ |

As seen in Table C below, the main programs listed in Q1, Q2, and Q3 included SANE or forensic nurses and community victim advocacy programs. These services primarily work with victims of rape or sexual assault and domestic violence. Therefore, these crime types were chosen most often.

However, one respondent, a victim advocate who works with a large hospital, wondered if these questions asked about the crime types her entire organization responds to, or the crime types her organization works with the hospital to respond to. She stated, “It was not clear whether or not these crime types are services that are available at the hospital or if the organization offers them. For example, with the exception of children, we work on services for all types of crime but typically not through the hospital. It's for the most part just rape and sexual assault." This respondent checked off all the crime types her organization responds to.

**Table C. Crime types responses**

| **Crime Types** | **Q1** | **Q2** | **Q3** | **Total** |
|---|---|---|---|---|
| All crime types | 2 | 3 | 3 | 8 |
| Domestic violence/intimate partner violence/dating violence | 15 | 6 | 5 | 26 |
| Rape or sexual assault | 14 | 6 | 7 | 27 |
| Human trafficking (sex or labor) | 9 | 4 | 3 | 16 |
| Child abuse or maltreatment | 8 | 3 | 3 | 14 |
| Community violence (including gang violence, peer violence, and gun violence | 3 | 5 | 1 | 9 |
| Homicide (including support groups for surviving family) | 4 | 5 | 1 | 10 |
| Elder abuse | 5 | 4 | 1 | 10 |
| Other, specify | 0 | 4 | 0 | 4 |

**Social workers and law enforcement:** Respondents who listed social workers and law enforcement in Q2, generally checked off “all crime types” or “other” because these professions “deal with everything.” For example, an external forensic nurse who works with a large hospital listed the social worker in Q2 (other staff) and checked off all crime types, including “other.” She explained:

> When someone comes in and they are a victim of a crime, they have social needs. Social workers come to the victim to see them about social needs… A social worker then sees the victim. The social worker explains the services that are available to the victim.

Similarly, an ED registered nurse at a medium-sized hospital listed the social worker in Q2 and checked off "all crime types" because the social worker is aware of all services available to victims of all crimes. In addition, a few respondents, including an administrator at a small hospital and a fourth-year ED medical student, listed law enforcement and checked off "all crime types," including "other," because the police deal with all crimes.

**Question 4: Does your hospital offer any other programming or services for victims of crime or abuse that were not described previously?**

| Answer | Cases |
|---|---|
| Yes | 2 |
| No | 10 |
| No answer | 1 |

Ten respondents answered "no" to this question and two answered "yes." In general, respondents interpreted this question as asking if their hospital offers or provides any other programs or services for victims of crime or abuse. However, many respondents were unaware of any additional services. Many respondents who answered "no" admitted during probing that they "do not know" of any other services. Of importance to note, "do not know" was not a listed answer category. For example, an external victim advocate answered "no" and wrote in an asterisk (*) on her questionnaire. She explained she does not work for the hospital and does not know whether the hospital offers any other programming or services. For this question, "no" can be a misleading answer because the response often meant "I do not know." It may be helpful to add a "do not know" answer category.

**Question 5: In the next year, is your hospital planning to create any new programs or entities, hire new staff, or participate in any new inter-agency partnerships, taskforces, or teams designated to serve victims of crime or abuse?**

| Answer | Cases |
|---|---|
| Yes | 3 |
| No | 1 |
| Do not know | 8 |
| No answer | 1 |

Respondents understood this question was asking about any new programs, staff, or partnerships the hospital is planning to participate in within the next year. Three respondents answered "yes," one answered "no," and eight respondents answered "don't know." The three respondents who answered "yes," two internal hospital administrators and one external victim advocate, named services such as "department social worker," "clinical nurse educator," "public health forensic nurse practitioner," and a partnership with "County Child Advocacy Center." The one respondent who answered "no," an internal ED nurse at a small hospital, actually said "I am not aware." She added that if there were new services

"on the horizon" they would "be coming through me." As the director of the forensic nurses and the ED manager, she would know about new services.

The majority of respondents who answered "do not know," mentioned this kind of information is "above" them or someone in "executive" management would know the answer to this question. For example, a social worker at a small hospital said, "I have no idea…because that would probably be above me," and these plans are made at the "executive level." Similarly, an ED nurse manager said these kinds of developments would be made at the "executive level" and "trickle down" to the staff. Lastly, an external forensic nurse who works with a large hospital, answered "don't know" and said those decisions are made "over" her "head."

**Question 6: When providing victim services, does your hospital use any type of electronic system that maintains and/or tracks individual victim cases?**

| Answer | Cases |
|---|---|
| Yes | 5 |
| No | 7 |
| Unsure | 1 |

Seven respondents answered "no," five answered "yes," and one respondent wrote in "unsure." All respondents understood this question as asking about a record system that is used to keep track of individual cases.

Many respondents thought specifically about electronic medical records (EMR). For example, a social worker at a small hospital who answered "yes" was confident that reports on victims could be pulled from the hospital's electronic medical system. On the other hand, several respondents who answered "no" indicated that the hospital's EMR do not specifically track services due to victimization. For example, an external victim advocate who works with a large hospital said the hospital's electronic records could show if a patient was admitted as a SANE (Sexual Assault Nurse Examiners) patient, but the system does not track victim services. The organization (a community victim advocacy group) keeps their own client records. Similarly, an internal ED nurse manager also mentioned the hospital's electronic medical system but added the forensic nurse files are all on paper, as a "paper legal record."

A single respondent initially focused on the system her external organization uses to track victims, but then shifted her focus to the hospital's EMR system. This respondent, an external forensic nurse examiner director who works with a large hospital, first answered "yes" and described the system forensic nurses use to track victims, the Forensic Electronic Medical Records (FEMR). This respondent then changed her answer to "no" because the FEMR is not part of the hospital's record-keeping system. She explained that the hospital tracks "patients" in their electronic medical system, but she does not think the hospital tracks crime or crime types specifically. For example, the hospital may track injuries such as "gunshots" or "stabbing" but not "sexual assault."

**Uncertainty:** Several respondents who answered "yes" indicated that they were unsure of how the record keeping actually worked. These respondents answered "yes" because they simply assumed that they were able to pull victim cases data from the system. For example, an internal SANE director mentioned the Epic electric health record system used by the entire hospital. She explained that all

patient information is put into this system: “So, we can pull, supposedly, data on just our patients from EPIC.” Similarly, a fourth-year ED medical student who works with a large hospital also mentioned the hospital’s electric medical records. He said he “thinks” forensic nurses use the same system, but he was not sure. One respondent, an external forensic nurse who works with a large hospital, wrote “unsure.” This respondent indicated that all of the information relevant to an individual case *might* be available through the hospital’s electronic system because everything, including type of injury such as sexual assault, is coded into the hospital medical records. This respondent answered “unsure” because there is no “system” specifically to track victim services.

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## Appendix I. The National Survey of Hospital-Based Victim Services

Survey Instructions

**Survey Purpose and Sponsors**

The National Survey of Hospital-Based Victim Services (NSHVS) is designed to gather basic information about hospital services provided to victims of crime or abuse. This survey is sponsored by the U.S. Department of Justice's Bureau of Justice Statistics (BJS) and conducted by the National Center for Health Statistics (NCHS). The survey should take 10 minutes on average to complete.

**Who Should Complete the Survey?**

The survey is best completed by one or more people in your hospital with knowledge of the different ways your hospital provides services to victims of crime or abuse. In some hospitals, different services are offered for different types of victims and across different hospital programs, units or departments, so this survey might have to be completed by multiple people. The survey will ask for general information about programs, staff, and inter-agency collaborations operated by, co-located within, or supported by hospital resources.

**Definitions**

- **VICTIM of crime or abuse** - Any person who experienced reckless or intentional injury or harm. *(Examples include victims of sexual assault, domestic violence, human trafficking, community violence, assault, child abuse and neglect, elderly abuse, etc.)*
- **VICTIM SERVICE** - Any service that is provided to a patient or his/her family specifically because he/she is a victim of crime or abuse.

**Services**

This survey asks about three ways hospitals may be structured to provide services to victims of crime or abuse:

- ***Programs or entities operated by, co-located within, or supported by hospital resources***, including any programs, centers, clinics, units, divisions, or institutes dedicated to providing services to victims of crime or abuse, whether run by hospital staff, contract staff, or volunteer or pro-bono staff. Examples include domestic violence programs or clinics, violence intervention programs, child advocacy centers, legal aid programs, human trafficking intervention programs, and victim houses, among others, *; [see question **1**]*
- ***Staff teams or individual staff*** who either volunteer and/or are employed by the hospital or an outside agency to provide programming or services specifically for victims of crime or abuse. Examples include social workers or mental health professionals who provide services to victims, sexual assault nurse examiners (SANEs) or other forensic medical care professionals, in-house assessment teams, etc.; *[see question **2**]*
- ***Inter-agency partnerships, taskforces, or other types of inter-agency collaborations*** that the hospital participates in to provide or enhance services to victims. Examples include partnerships with community-based victim service providers, other hospitals, police or corrections for the purpose of providing services or connecting victims to services; inter-agency domestic violence assessment teams; child abuse assessment teams; taskforces on human trafficking or other crime types; and other established collaborations focused on helping victims. *[see question **3**]*

The survey aims to gather information about the unique ways your hospital provides services to different types of victims of crime or abuse. The person(s) completing this survey should select the best category(s) for describing the delivery of services to victims. For example, one hospital might consider themselves to have an onsite Sexual Assault Nurse Examiners (SANEs) ***program*** (in question 1) while another might categorize themselves as having onsite SANE ***staff*** (in question 2). Another hospital might offer SANE services through a

***partnership*** with a nearby hospital (and list this in question 3). ***Please do not list a program or entity, staff position or team, or inter-agency partnership more than once in this survey***.

*Before you begin, please complete the following information for your hospital:*

| Hospital Information |
|---|

**Please provide the following information for the point of contact who we may follow-up with regarding this survey.**
Position Title:
Name:
Contact info:

**How many staffed inpatient beds are currently in your hospital?**

- ☐ less than 6 beds
- ☐ 6-49 beds
- ☐ 50-99 beds
- ☐ 100-199 beds
- ☐ 200-299 beds
- ☐ 300-499 beds
- ☐ 500-999 beds
- ☐ 1000 or more beds

**Which of the following best describes your hospital?**

- ☐ General Acute
- ☐ Children
- ☐ Psychiatric
- ☐ Other (Specify): _____

**Does your hospital have an emergency department?**

- ☐ Yes → Proceed to the question below
- ☐ No

**If yes, does it operate 24 hours a day?**

- ☐ Yes
- ☐ No

Victim Services Survey

Programs or Entities Serving Victims

(III.) **Are there any programs or entities operated by, co-located within, or supported by hospital resources that have a mission to provide programming or services to victims of crime or abuse?** Include programs or entities run by hospital staff, contract staff, volunteer, and pro-bono staff. *Examples include child abuse advocacy centers, domestic violence clinics, legal aid programs, violence intervention programs, family justice centers, etc.*

☐ Yes → Proceed to item 1a.

☐ No → Skip to item 2

**1a. In the grid below, please provide contact information for each program or entity:**

| | **Contact information:** | **Crime types for which services are provided (check all that apply):** |
|---|---|---|
| 1) | Program/entity name:<br>Email:<br>Mailing address:<br>Phone number:<br>Position title for point of contact: | __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment<br>__Community violence (including gang violence, peer violence, and gun violence)<br>__ Homicide (including support groups for surviving family)<br>__Elder abuse<br>__Other, specify: _____ |
| | **Contact information:** | **Crime types for which services are provided (check all that apply):** |
| 2) | Program/entity name:<br>Email:<br>Mailing address:<br>Phone number:<br>Position title for point of contact: | __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment<br>__Community violence (including gang violence, peer violence, and gun violence)<br>__ Homicide (including support groups for surviving family)<br>__Elder abuse<br>__Other, specify: _____ |
| | **Contact information:** | **Crime types for which services are provided (check all that apply):** |
| 3) | Program/entity name:<br>Email:<br>Mailing address:<br>Phone number:<br>Position title for point of contact: | __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment |

| | Contact information: | Crime types for which services are provided (check all that apply): |
|---|---|---|
| | | __Community violence (including gang violence, peer violence, and gun violence)<br>__ Homicide (including support groups for surviving family)<br>__Elder abuse<br>__Other, specify: _____ |
| | **Contact information:** | **Crime types for which services are provided (check all that apply):** |
| 4) | Program/entity name:<br>Email:<br>Mailing address:<br>Phone number:<br>Position title for point of contact: | __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment<br>__Community violence (including gang violence, peer violence, and gun violence)<br>__ Homicide (including support groups for surviving family)<br>__Elder abuse<br>__Other, specify: _____ |

Other Staff Serving Victims

**(IV.) Are there any additional staff (salary, contract, volunteer or pro-bono) in-house, co-located within, or supported by hospital resources that are dedicated to serving victims of crime or abuse? Do not include staff already accounted for in entities or programs described above.** Examples include a sexual assault nurse examiner (SANE) or other forensic care providers, crisis intervention staff, social worker dedicated to providing services to victims, group counselor or mental health specialist, victim compensation specialists, etc. that are not part of the entities or programs listed above.

☐ Yes → Proceed to item 2a.
☐ No → Go to item 3

**2a. If yes, please provide information about these staff:**

| | Contact information: | Crime types for which services are provided (check all that apply): |
|---|---|---|
| 1) | Staff position title/staff team name:<br>Email:<br>Mailing address:<br>Phone number: | __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment<br>__Community violence (including gang violence, peer violence, and gun violence)<br>__Homicide (including support groups for surviving family)<br>__Elder abuse<br>__Other, specify: _____ |

| | Contact information: | Crime types for which services are provided (check all that apply): |
|---|---|---|
| 2) | Staff position title/staff team name:<br>Email:<br>Mailing address:<br>Phone number: | __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment<br>__Community violence (including gang violence, peer violence, and gun violence)<br>__Homicide (including support groups for surviving family)<br>__Elder abuse<br>__Other, specify: _____ |

Partnerships

If you listed programs, entities, or staff above, we recognize inter-agency collaborations are an important part of those roles. Next, we would like to know if your hospital provides programming or services to victims through any ***additional*** inter-agency partnerships, teams, or taskforces that are independent from the programs and staff listed above.

**(V.) Does your hospital work with other agencies through partnerships, taskforces, or teams to provide programming or services to victims of crime or abuse? Please do not list partnerships that are part of the programs, entities, or staff responsibilities listed above.** *Examples include inter-agency violence intervention teams, human trafficking taskforces, and partnerships with police, other hospitals, or community-based agencies to connect victims to services, etc.*

☐ Yes → Proceed to item 3a.

☐ No

**3a. If yes, please provide the following information for each:**

| | Inter-agency partnership, taskforce, or team: | Crime types for which the partnership serves: |
|---|---|---|
| 1) | | __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment<br>__Community violence (including gang violence, peer violence, and gun violence)<br>__Homicide<br>__Elder abuse<br>__Other, specify: _____ |

| | Inter-agency partnership, taskforce, or team: | Crime types for which the partnership serves: |
|---|---|---|
| 2) | | __ All crime types<br>__Domestic violence/intimate partner violence/dating violence<br>__Rape or sexual assault<br>__Human trafficking (sex or labor)<br>__Child abuse or maltreatment<br>__Community violence (including gang violence, peer violence, and gun violence)<br>__Homicide<br>__Elder abuse<br>__Other, specify: _____ |

(VI.) **Does your hospital offer <u>any</u> other programming or services for victims of crime or abuse that were not described previously?**

☐ Yes → Proceed to item 4a.

☐ No

**4a. If yes, specify: _____**

<u>Plans for new victim services</u>

**(VII.) In the next year, is your hospital planning to create any new programs or entities, hire new staff, or participate in any new inter-agency partnerships, taskforces, or teams designated to serve victims of crime or abuse?**

☐ Yes → Proceed to item 5a.

☐ No

☐ Do not know

**5a. If yes, specify: _____**

<u>Record Keeping</u>

**(VIII.) When providing victim services, does your hospital use any type of electronic system that maintains and/or tracks individual victim cases?**

☐ Yes → Proceed to item 6a.

☐ No

**6a. If yes, specify: _____**

## Appendix II. Invitation Letter to Participate in Study on the National Survey of Hospital-Based Victim Services

**DEPARTMENT OF HEALTH & HUMAN SERVICES** **Public Health Service**

**Centers for Disease Control and Prevention**

**National Center for Health Statistics**

**3311 Toledo Road**

**Hyattsville, Maryland 20782**

Date

Full name

Street address

City, State, Zip

**What do I do next?**

If you want to schedule an interview or ask questions about

Dear [Fill]:

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) will be conducting preliminary survey research on The National Survey of Hospital-Based Victim Services (NSHVS) before it is fielded.

The survey is best completed by someone with **knowledge of all the different ways your hospital provides services to victims of crime or abuse**. Someone from the National Center for Health Statistics' Center for Questionnaire Design and Evaluation Research will call to ask if you are willing to participate in a research interview.

If you are willing to help us, here is what you need to know:

- In-person interview
- Conducted at your convenience
- No longer than one-hour
- $100 as a token of our appreciation
- Call 301-458-4579 to schedule an appointment

Participation is, of course, voluntary, and you may refuse to answer any question or may stop participating at any time without penalty or loss of benefits. All of the information you provide will be kept confidential.[1]

If you have any questions about your rights as a respondent in this research study, please call the Research Ethics Review Board at the National Center for Health Statistics toll-free at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol #[INSERT # after ERB approval]. Your call will be returned as soon as possible.

We greatly appreciate your interest and your help, and do look forward to working with you on this important topic.

Sincerely,

Charles J. Rothwell
Director, National Center for Health Statistics

[1] This study is authorized by Section 306 of the Public Health Service Act (Title 42, U.S. Code 242k). All information collected as part of this study will be used for statistical purposes only and held in the strictest confidence according to Section 308(d) of the Public Health Service Act (42, U.S. Code 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347).

## Appendix III. Support Letter to Participate in Study on the National Survey of Hospital-Based Victim Services

Dear _____,

This letter is in support of the study that was explained in a previous letter, sent to you on [FILL DATE] from Charles Rothwell, Director, National Center for Health Statistics (NCHS).

As the field of victim assistance evolves, it is important to assess and account for emerging needs and disparities in existing victim services. In 2014, DOJ's Office for Victims of Crime released the Vision 21: Transforming Victim Services report, a comprehensive assessment of the victim assistance field. Vision 21 highlighted the need for research related to the victim services field, to develop a clear understanding of:

- The Victim
- The Perpetrator
- Victim's Needs
- Victim's Access to Services
- Enforcement of Victim's Rights and the Extent (Vision 21, p. 2)[2]

Hospitals are an important sector for victim services. As Mr. Rothwell's letter stated, the U.S. Department of Justice's Bureau of Justice Statistics (BJS) and the Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS) are developing the first hospital-based victim services survey, the National Survey of Hospital-Based Victim Services (NSHVS). **The purpose of this survey is to gain an overall understanding of victim services provided in our Nation's hospitals**.

We kindly ask for your assistance in developing our instrument by participating in a 1 hour cognitive interview for this project. Your participation will aid in the development of an appropriate and accurate instrument and the collection of reliable data that will be used to further meet the needs of the victim service assistance field.

If you are willing to help us, here is what you need to know:

- In-person interview at a location of your choice
- No longer than one-hour
- $100 as a token of our appreciation
- Call [FILL] to schedule an appointment

**If you want to schedule an interview or ask questions about this survey research, please call [FILL NAME], NCHS at 301-458-[FILL NUMBER].**

We appreciate and value your interest in this study. Thank you for your time and consideration!

Sincerely,

Lynn Langton, Ph.D.
Chief, Victimization Statistics
Bureau of Justice Statistics

Carol DeFrances, Ph.D.
Chief, Ambulatory and Hospital Care
National Center for Health Statistics

[2] Office for Victims of Crime, US Dept. of Justice, Office of Justice Programs, & United States of America. (2013). Vision 21: Transforming Victim Services Final Report.