

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 30 minutes per response, which includes 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 (34 USC 10132), 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 USC 3507). Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

OMB Number: 1121-0355

Approval Expires:

National Census of Victim Service Providers

SURVEY INSTRUCTIONS

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 and programs that provide services to victims of crime or abuse, the types of victims served and services provided, and staffing and resources available for the provision of services. This survey is sponsored by the U.S. Department of Justice’s Bureau of Justice Statistics.

Important Definitions

- 1) **CRIME** – An illegal 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.
- 3) **VICTIM** – Any person who comes to the attention of your organization because of concerns over past, ongoing, or potential future crimes and other abuse(s). This includes victims or 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.
- 4) **SERVICE** - Efforts that...
 - a) assist victims with their safety and security;
 - b) assist victims to understand and participate in the criminal justice or other legal process;
 - c) assist victims in recovering from victimization and stabilizing their lives; or
 - d) respond to other needs of victims.

General Instructions
(Including who should complete this survey)

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

- **This survey is best completed by someone with knowledge about the available services for victims of crime or abuse, victim service funding, and staffing for victim services within your organization.** Some organizations have specific programs or staff dedicated to working with victims of crime or abuse. In these instances, the survey is best completed by someone with direct knowledge of these programs or activities.
- **This survey will ask for information about your organization's operations. Unless otherwise noted, please answer questions using January 1, 2023 as a reference.** These questions will cover:
 - The services your organization provided to victims
 - The types of crimes for which victims sought services
 - The number of staff providing victim services
 - Your organization's victim services annual budget, funding sources, and estimated percentage of the budget covered by federal grants

Burden Statement

On average, it will take 30 minutes to complete this survey, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. This study is voluntary, you may discontinue participation at any time and decline to answer any questions. Send comments regarding any aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531. Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

Information about Your Organization
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S1. Before you begin, please complete the following for your organization. If your organization is part of a multisite organization, please use the physical address of your site. If the physical address of your site or main office is confidential, please provide a mailing address.

Organization Name: _____

Organization Address: _____

City: _____

State: _____

ZIP: _____

Business Phone Number: _____

Organization Website: _____

S1a. Please provide information about the individual who is completing this survey.

First Name: _____

Last Name: _____

Job Title: _____

Work Phone Number: _____

Email Address: _____

S2. Has your organization provided services to victims or survivors of crime or abuse through specific program(s) or designated staff in the past six months? By 'services to victims or survivors of crime or abuse' we mean direct assistance, including - but not limited to - referrals, counseling, notices of court proceedings, legal assistance, shelter, and medical response.

- Yes → Skip to A1
- No → Proceed to S2a

<i>The survey will use the term victim to mean victim or survivor from this point forward.</i>

S2a. Does your organization maintain an active victim services referral program? *This includes, but is not limited to, hotlines.*

- Yes → Skip to A1
- No → Proceed to S2b

S2b. Has your organization ever provided services to victims of crime or abuse through specific program(s) or designated staff?

- Yes
- No

S2c. Does your organization plan to provide services to victims of crime or abuse in the future, through specific program(s) or designated staff?

- Yes
- No

Indirect support

S2d. Does your organization <u>indirectly</u> support victims of crime or abuse in any of the following ways?	Yes	No
Providing grants or funding to support direct services to victims of crime or abuse.	<input type="checkbox"/>	<input type="checkbox"/>
Formally contracting out all direct services to another organization.	<input type="checkbox"/>	<input type="checkbox"/>
Providing training and technical assistance for direct service providers or engaging in issue advocacy.	<input type="checkbox"/>	<input type="checkbox"/>
Other indirect support <i>(please specify)</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

S3. Which of the following best describes your organization? *Select one response.*

- Tribal government, tribal coalition, or other tribal organization
- Campus organization or other educational institution *(public or private)*
- Hospital, medical, or emergency facility *(public or private)*
- Government agency
- Nonprofit or faith-based organization *(501c3 status)*
- For-profit organization
- Informal organization *(for example, some other type of program or group, not formally a part of an organization, registered nonprofit, or business; independent survivor advocacy and support groups; volunteer, grassroots, or survivor network)*

If web/CATI → Skip to END

If paper, display:

Thank you!

You do not need to complete the rest of this survey.

A. Organizational Structure

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

- The victim services program(s) is one component of the larger organization's activities (*for example, victim services program functions within a hospital, university, community center, multiservice agency, law enforcement agency, or prosecutor's office*) → **Proceed to A1a**
- The primary function of the organization as a whole is to provide services or programming for victims of crime → **Skip to A1.5**

A1a. Does your organization have a specific program(s) or staff that is designated to provide services to victims of crime or abuse?

- Yes → **Proceed to A1.5**
- No → **IF paper, display: "Thank you. You do not need to complete the rest of this survey." IF web/CATI, skip to END.**

A1.5. Are your victim services activities fully virtual? (*This means no direct victim services are offered from a physical location connected to the organization.*)

- Yes → **Skip to A2**
- No → **IF A1=2 (PRIMARY), proceed to A1.6a. IF A1=1 (EMBEDDED), skip to A1.6c.**

[IF A1=2 (PRIMARY)]

A1.6a. An important goal of the National Census of Victim Service Providers is to create a total count of organizations that provide services to victims. Some organizations may have multiple sites providing victim services that are part of a larger umbrella organization (such as branch or satellite locations, chapters, or field offices; this does NOT refer to staff working from home or hybrid).

Please select the most appropriate description of your victim services organization.

- Organization operating through one single site → **Skip to A1.10**
- Organization operating through multiple sites (*for example, branch or satellite locations, chapters, or field offices*) → **Proceed to A1.6b**

A1.6b. What is the best description of your site, in relation to your organization’s other sites? Select one response.

- The main office → **Skip to A1.8**
- One site or location that reports to a main office (*for example, branch or satellite locations, chapters, or field offices*) → **Skip to A1.7a**
- Other (*please specify*) _____ → **Skip to A1.10**

[IF A1 = 1 (EMBEDDED)]

A1.6c. An important goal of the National Census of Victim Service Providers is to create a total count of organizations that provide services to victims. Some organizations may have multiple sites providing victim services that are part of a larger umbrella organization (such as branch or satellite locations, chapters, or field offices; this does NOT refer to staff working from home or hybrid).

Please select the most appropriate description of your victim services program(s).

- Victim services program(s) operating through one single site → **Skip to A1.10**
- Victim services program(s) operating through multiple sites (*for example, branch or satellite locations, chapters, or field offices*) → **Proceed to A1.6d**

A1.6d. What is the best description of your victim services site, in relation to your organization’s other victim services sites:

- The main office for the victim services program(s) → **Skip to A1.8**
- One victim services site or location that reports to a main victim services program office (*for example, branch or satellite locations, chapters, or field offices*) → **Proceed to A1.7a**
- Other (*please specify*) _____ → **Skip to A1.10**

A1.7a. Please provide the following contact information for your victim service program’s main office. Use the physical address unless that is confidential. If so, provide a mailing address.

Organization Name: _____

Organization Address: _____

City: _____

State: _____

ZIP: _____

→ Skip to A1.10

[IF A1.6b=1 OR A1.6d=1 (MAIN)] A1.8. Please enter or upload a list of all the victim services locations for your organization that you would list in a directory or on your website. If the street address is confidential, please enter mailing address.

If you have a web link to current site information, please paste the link here: _____

If you prefer to upload a list, please do so here (*only Excel and CSV files accepted*): _____

Otherwise, please enter:

Location or Site Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Add location?

- Yes [Repeat prompts for org name, address, city or state or zip]
- No → **Proceed to A1.9**

A1.9. This survey includes questions about the number of victims served, staffing, and basic funding information. Are you able to provide this information for all of your locations that provide direct victim services?

- Yes → **Skip to A2**
- No → **Proceed to A1.9.5**

A1.9.5. Do you offer direct services to victims of crime or abuse through your main office?

- Yes → **“Please respond to the remainder of the survey as the questions relate to activities at your main office” → Proceed to A2**
- No → **IF paper, display: “Thank you. You do not need to complete the rest of this survey.” IF web/CATI, skip to END**

A1.10. Is your victim services site physically located at the site of a different organization (for example, a nonprofit program operating out of the courthouse or a law enforcement agency, or a law enforcement victim services program operating out of a Family Justice Center)?

- Yes → Display a message “For the next question, regarding organization type, please select the answer that best describes your own organization rather than the type of organization where you are physically located.” → Proceed to A2
- No → Proceed to A2

A2. Which of the following best describes your victim services organization? Select one response.

- Tribal government, tribal coalition, or other tribal organization → Proceed to Section B [Tribal]
- Campus organization or other educational institution (*public or private*) → Proceed to Section C [Campus]
- Hospital, medical, or emergency facility (*public or private*) → Proceed to Section G [Services for Victims]
- Government agency → Proceed to Section D [Government]
- Nonprofit or faith-based organization (*501c3 status*) → Proceed to Section E [Nonprofit or faith-based]
- For-profit organization → Proceed to Section F [For-profit]
- Informal organization (*for example, some other type of program or group, not formally a part of an organization, registered nonprofit, or business; independent survivor advocacy and support groups; volunteer, grassroots, or survivor network*) → Proceed to Section G [Services for Victims]

B. Tribal Agencies and Organizations Only
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B1. Which designation best describes your tribal agency or organization? Select one response.

- Law enforcement agency
- Prosecutor’s Office
- Court
- Offender custody and supervision (*for example, probation, parole, or corrections*)
- Juvenile justice agency
- Social services or child or adult protective services agency
- Health services agency
- Advocacy program
- Tribal Coalition
- Multi-agency (*for example, task force, responses team, Family Justice Center*)
- Other (*please specify*) _____

B2. In what service area or jurisdiction does your agency primarily operate in terms of victims served or services delivered? Select one response.

- Nationwide → Skip to G2
- Reservation wide → Skip to G2
- Statewide → Skip to G2
- Regional or Multi-state or Multi-county or Multi-city → Skip to G1
- Multi-Tribe or Reservation and surrounding area → Skip to G1
- Countywide only → Skip to G1
- City-wide only → Skip to G1
- Village-wide only → Skip to G1
- Specific neighborhood(s) only → Skip to G1
- Other (please specify) _____ → Skip to G1

C. Campus Organizations Only

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

- Law enforcement or campus security
- Campus disciplinary body or student conduct body (including Title IX office)
- Physical or mental health service program
- Victim services or advocacy group
- Other campus-based program (please specify) _____

All responses → Proceed to section G [SERVICES FOR VICTIMS]

D. Government Agencies Only

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

- Law enforcement agency → Skip to D2
- Prosecutor's Office (for example, District Attorney, County Attorney) → Skip to D2
- Public defender → Skip to D2
- Court → Skip to D2
- Offender custody and supervision agency (for example, probation, parole, corrections) → Skip to D2
- Juvenile justice agency → Skip to D2
- Social services or child or adult protective services agency → Skip to D2
- State or territory victim compensation program → Skip to D2
- State or territory victim funding administrator → Proceed to D1a
- Multi-agency (for example, task force, response team, Family Justice Center) → Skip to D2
- Other government agency (please specify) _____ → Skip to D2

D1a. Does your organization provide any direct victim services itself, in addition to grantmaking?

- Yes → [In completing the remainder of the survey, please confine your responses to your own direct victim services activities, not the grant-making and related functions.]
- No → IF paper, display: "Thank you. You do not need to complete the rest of this survey." IF web/CATI, skip to END

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

- Nationwide → Skip to G2
- Statewide → Skip to G2
- Regional or Multi-state or Multi-county or Multi-city → Skip to G1
- Countywide only → Skip to G1
- City-wide only → Skip to G1
- Specific neighborhood(s) only → Skip to G1
- Other (please specify) _____ → Skip to G1

E. Nonprofit or Faith-Based Organizations Only**E1. In what service area or jurisdiction does your nonprofit organization primarily operate? Select one response.**

- Nationwide → Skip to G2
- Statewide → Skip to G2
- Regional or Multi-state or Multi-county or Multi-city → Skip to G1
- Countywide only → Skip to G1
- City-wide only → Skip to G1
- Specific neighborhood(s) only → Skip to G1
- Other (please specify) _____ → Skip to G1

F. For-Profit Organizations Only**F1. What designation best describes your for-profit organization? Select one response.**

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

F2. In what service area or jurisdiction does your for-profit organization primarily operate? Select one response.

- Nationwide → Skip to G2
- Statewide → Skip to G2

- Regional or Multi-state or Multi-county or Multi-city → Skip to G1
- Countywide only → Skip to G1
- Citywide only → Skip to G1
- Specific neighborhood(s) only → Skip to G1
- Other (please specify) _____ → Skip to G1

G. Services for Victims

G1. How would you describe your service area? Select all that apply.

- Urban
- Suburban
- Rural

G2. For the purposes of this survey, we would like our reference date to include January 1, 2023. Please let us know how you will answer questions with this reference date.

- By calendar year (January 1, 2023–December 31, 2023) → Skip to G3
- By fiscal year which includes January 1, 2023 → Proceed to G2.1

[For conditional displays, IF G2=1, display “calendar”. IF G2=2, display “fiscal”]

G2.1. What is the date of the beginning of the fiscal year at your organization? [MM and DD]

In this question series, please tell us whether your victim services activities included any of the following services. 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 your organization provided to victims, which may not capture your victim service offerings in detail. Do your best to place the services your organization provided within the general categories.

Information and referral services

G3. During the [fiscal/calendar] year that includes January 1, 2023, did your victim services include ...	Yes	No
Justice-related information and referrals? (for example, information about the justice system and the victim’s role, notification of events and proceedings, and justice referrals)	<input type="checkbox"/>	<input type="checkbox"/>
Service or victimization information and referrals? (for example, information about crime and victimization, medical referrals, legal referrals, financial counseling referral, and other referrals)	<input type="checkbox"/>	<input type="checkbox"/>

Financial and material assistance services

G4. During the [fiscal/calendar] year that includes January 1, 2023, did your victim services include ...	Yes	No
Monetary assistance? <i>(for example, providing funds or offering assistance in seeking victim compensation, public benefits assistance, and other emergency funds assistance)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter or housing assistance? <i>(emergency or transitional)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare services?	<input type="checkbox"/>	<input type="checkbox"/>
Job training, financial literacy, career services, or employment assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Other material assistance? <i>(for example, food, clothing, utility, public assistance)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Mental health support and safety

G5. During the [fiscal/calendar] year that includes January 1, 2023, did your victim services include ...	Yes	No
Crisis Counseling? <i>(whether by a licensed professional, advocate, or peer)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional support services? <i>(for example, peer or advocate-led support groups, and social programming for children)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services provided by a clinician? <i>(for example, individual or group counseling or other therapy services by a licensed professional counselor)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Safety services? <i>(for example, safety planning, witness protection, address confidentiality, and self-defense) (Does NOT include protective orders)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use treatment?	<input type="checkbox"/>	<input type="checkbox"/>

Medical and health assistance

G6. During the [fiscal/calendar] year that includes January 1, 2023, did your victim services include ...	Yes	No
Accompaniment to medical care or forensic medical examinations?	<input type="checkbox"/>	<input type="checkbox"/>
Providing medical care? <i>(emergency or follow-up)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Providing forensic medical examinations?	<input type="checkbox"/>	<input type="checkbox"/>
Providing STD or HIV testing, prophylaxis, or treatment?	<input type="checkbox"/>	<input type="checkbox"/>

Legal and victims' rights assistance

G7. During the [fiscal/calendar] year that includes January 1, 2023, did your victim services include ...	Yes	No
Assistance navigating the justice system from a victim's perspective? <i>(for example, representation, advocacy, accompaniment, assistance in exercising victims' rights)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal legal support to victims who are defendants, including defense services?	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance with protective or restraining orders?	<input type="checkbox"/>	<input type="checkbox"/>
Civil legal assistance in family law, landlord or tenant, or employment matters?	<input type="checkbox"/>	<input type="checkbox"/>
Immigration assistance? <i>(for example, assistance seeking special visas, continued presence application, other immigration relief)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Other services

G8. During the [fiscal/calendar] year that includes January 1, 2023, did your victim services include ...	Yes	No
Case management? <i>(working individually with victims to assess their needs and create a service plan, and then support them in that plan)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised child visitation?	<input type="checkbox"/>	<input type="checkbox"/>
Responding to the scene of the crime or abuse in coordination with other organizations?	<input type="checkbox"/>	<input type="checkbox"/>
Education of survivors regarding victimization dynamics? <i>(one-on-one or in group settings)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation services? <i>(including direct transportation, bus tokens, arranging for ride-share)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Language access? <i>(providing or arranging for translation or interpretation services, use of language line, or bilingual staff)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance making funeral, burial, cremation, memorial, or other related arrangements for people who died as a result of violence?	<input type="checkbox"/>	<input type="checkbox"/>
Services designed and targeted specifically to meet the needs of culturally or ethnically specific populations?	<input type="checkbox"/>	<input type="checkbox"/>

G9. Did your organization operate a hotline or helpline or crisis line at any time during the [calendar/fiscal] year that includes January 1, 2023?

- Yes → Proceed to G9a
- No → Skip to G10.1

G9a. How many hotline or helpline or crisis line calls did your organization receive from victims in the [calendar/fiscal] year that includes January 1, 2023? *Estimates are acceptable.*

_____ select box if estimate

G10. Excluding hotline or helpline or crisis line calls, how many unique victims received direct services from your organization during the [calendar/fiscal] year that includes January 1, 2023? *Estimates are acceptable. (Exclude victims who only received information through the mail.)*

_____ select box if estimate → Skip to G11

G10.1. How many unique victims received direct services from your organization during the [calendar/fiscal] year that includes January 1, 2023? *Estimates are acceptable. (Exclude victims who only received information through the mail.)*

_____ select box if estimate

G11. Please report whether your organization provided services for victims of the following types of crime or abuse during the [calendar/fiscal] year that includes January 1, 2023. (Include any crime types for which your organization provided services regardless of whether it was the crime for which the victim first sought services, or a crime that was identified later and for which your organization also provided services to the victim.)

Youth (under age 18; services to victim or nonoffending parent or caregiver)	Yes	No
Child physical abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>
Child rape or sexual assault or sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Child witness of violence	<input type="checkbox"/>	<input type="checkbox"/>
Child marriage or forced marriage	<input type="checkbox"/>	<input type="checkbox"/>
Adults molested or abused as children	<input type="checkbox"/>	<input type="checkbox"/>
Adults		
Domestic violence (DV) or dating violence or violation of DV protective orders	<input type="checkbox"/>	<input type="checkbox"/>
Stalking or violation of stalking protective orders	<input type="checkbox"/>	<input type="checkbox"/>
Rape or sexual assault or sexual abuse (other than against children)	<input type="checkbox"/>	<input type="checkbox"/>
Physical assault (other than domestic or dating violence, child or elder abuse, or rape or sexual assault or sexual abuse) (including attempted homicide, gun violence, strangulation, threat with a weapon)	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Elder physical abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>
Homicide (serving surviving family members) (including murder, non-negligent manslaughter)	<input type="checkbox"/>	<input type="checkbox"/>
Targeted crime types		
Hate crimes (based on race, gender or gender identity, religion, disability, sexual orientation, or ethnicity)	<input type="checkbox"/>	<input type="checkbox"/>
Honor-related violence (physical violence or threats or retaliation in the name of family honor, female genital mutilation)	<input type="checkbox"/>	<input type="checkbox"/>
Human trafficking (labor)	<input type="checkbox"/>	<input type="checkbox"/>
Human trafficking (sex)	<input type="checkbox"/>	<input type="checkbox"/>
Victim witness intimidation	<input type="checkbox"/>	<input type="checkbox"/>
DUI or DWI crashes	<input type="checkbox"/>	<input type="checkbox"/>
Community violence or gang violence	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism or mass violence	<input type="checkbox"/>	<input type="checkbox"/>
Financial crimes		
Identity theft	<input type="checkbox"/>	<input type="checkbox"/>
Financial fraud and exploitation (other than identity theft)	<input type="checkbox"/>	<input type="checkbox"/>
Property crimes	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle theft	<input type="checkbox"/>	<input type="checkbox"/>
Burglary		
Other specify categories		
Other violent crimes (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
Other property crimes (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

G12. Do your victim services focus on victims of particular types of crimes or abuse? For example, domestic violence, trafficking, family members of homicide victims.

- Yes, our services focus on particular types of crime or abuse → **Proceed to G12.1**
- No, our services do not focus on particular types of crime or abuse → **Skip to G12.2**

G12.1. Indicate the top type(s) of crime or abuse your victim services primarily target, though you may serve victims of other types of crimes as well. For example, you focus on victims who are seeking services because of domestic violence or sexual assault. Select up to 4. Please do your best to fit your response within the general categories provided.

	Select up to 4
Violent crimes	
Domestic violence (DV) or dating violence	<input type="checkbox"/>
Stalking	<input type="checkbox"/>
Rape or sexual assault or sexual abuse (<i>other than domestic or dating violence</i>)	<input type="checkbox"/>
Physical abuse or neglect (<i>other than domestic or dating violence</i>)	<input type="checkbox"/>
Physical assault (<i>other than domestic or dating violence, including attempted homicide, gun violence, strangulation, threat with a weapon</i>)	<input type="checkbox"/>
Survivors of homicide (<i>including murder, non-negligent manslaughter</i>)	<input type="checkbox"/>
Any or all violent crime	<input type="checkbox"/>
Targeted crime types	
Hate crimes (<i>based on race, gender or gender identity, religion, disability, sexual orientation, or ethnicity</i>)	<input type="checkbox"/>
Human trafficking (<i>labor</i>)	<input type="checkbox"/>
Human trafficking (<i>sex</i>)	<input type="checkbox"/>
DUI or DWI crashes	<input type="checkbox"/>
Community violence or gang violence	<input type="checkbox"/>
Terrorism or mass violence	<input type="checkbox"/>
Any or all felonies	<input type="checkbox"/>
Financial crimes	
Financial exploitation or identity theft or fraud (<i>other than domestic or dating violence</i>)	<input type="checkbox"/>
Other crime types	
Other (<i>please specify</i>) _____	<input type="checkbox"/>

G12.2. Do your victim services focus on specific populations of victims? *For example, such as certain racial or ethnic groups of victims, victims with disabilities, and victims who are LGBTQ, elder victims.*

- Yes, our services focus on specific populations of victims → **Proceed to G12.3**
- No, our services do not focus on specific populations of victims → **Skip to Section H**

G12.3. Indicate the top populations of victims your services primarily target, though you may serve victims from other groups as well. *For example, you make specific efforts to serve victims who are part of the LGBTQ population. Select up to 4. Please do your best to fit your responses within the general categories provided.*

	Select up to 4
Age-related populations	
Adolescent or teens	<input type="checkbox"/>
Children	<input type="checkbox"/>
Elderly or dependent adults	<input type="checkbox"/>
Gender or sexual orientation-related populations	
Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
LGBTQ	<input type="checkbox"/>
Race or ethnicity-related populations	
Indigenous, including Native American or Alaska Native	<input type="checkbox"/>
Another race or ethnicity	<input type="checkbox"/>
Other populations	
Deaf or hard-of-hearing	<input type="checkbox"/>
Formerly incarcerated	<input type="checkbox"/>
Incarcerated	<input type="checkbox"/>
Disabled	<input type="checkbox"/>
Immigrant or refugee or limited English proficiency	<input type="checkbox"/>
Other <i>(please specify)</i> _____	<input type="checkbox"/>

H. Staffing

[IF A1 = 2 (PRIMARY)]

H1.1 During the pay period that includes January 1, 2023, how many paid staff dedicated to working with victims work at your organization full-time (35 hours or more per week)? *Count each person only once. Include contractual workers in your counts. Estimates are acceptable.*

- No full-time staff
- 1 full-time staff person
- 2–3 full-time staff
- 4–10 full-time staff
- 11–20 full-time staff
- 21–30 full-time staff
- 31–100 full-time staff
- More than 100 full-time staff

→ Skip to H2.1

[IF A1 = 1 (EMBEDDED)]

H1.2 During the pay period that includes January 1, 2023, how many paid staff dedicated to working with victims work in your victim service program(s) full-time (35 hours or more per week)? *Count each person only once. Include contractual workers in your counts. Estimates are acceptable.*

- No full-time staff
- 1 full-time staff person
- 2–3 full-time staff
- 4–10 full-time staff
- 11–20 full-time staff
- 21–30 full-time staff
- 31–100 full-time staff
- More than 100 full-time staff

→ Skip to H2.2

[IF A1 = 2 (PRIMARY)]

H2.1 During the pay period that includes January 1, 2023, how many paid staff dedicated to working with victims work at your organization part-time (less than 35 hours per week)? *Count each person only once. Include contractual workers in your counts. Estimates are acceptable.*

- No part-time staff
- 1 part-time staff person
- 2–3 part-time staff
- 4–10 part-time staff
- 11–20 part-time staff
- 21–30 part-time staff
- 31–100 part-time staff
- More than 100 part-time staff

→ Skip to H3

[IF A1 = 1 (EMBEDDED)]

H2.2 During the pay period that includes January 1, 2023, how many paid staff dedicated to working with victims work in your program part-time (less than 35 hours per week)? *Count each person only once. Include contractual workers in your counts. Estimates are acceptable.*

- No part-time staff
- 1 part-time staff person
- 2–3 part-time staff
- 4–10 part-time staff
- 11–20 part-time staff
- 21–30 part-time staff
- 31–100 part-time staff
- More than 100 part-time staff

H3. Did your organization use volunteers (for example, staff that are not paid) to provide direct services to victims during the [calendar/fiscal] year that includes January 1, 2023?

- Yes
- No

I. Funding

[IF A1.6a or A1.6c = MULTISITE]

I1. These next questions refer to overall funding and funding sources during the [calendar/fiscal] year that includes January 1, 2023. Will you be answering the funding questions for your site or location only, or across the victim services programming for all locations?

- My location
- All victim services programming across the organization

I2. What was the estimated total annual funding for your victim services programming for the [calendar/fiscal] year that includes January 1, 2023? *Estimates are acceptable. NOTE: this includes all costs, not only personnel.*

- Less than \$100,000 per year
- \$100,000 to \$499,999 per year
- \$500,000 to \$999,999 per year
- \$1 million to \$4,999,999 per year
- More than \$5 million per year

I3. During the [calendar/fiscal] year that includes January 1, 2023, was your victim services programming supported by any grants?

- Yes → **Proceed to I4**
- No → **Skip to section J**
- Unsure → **Skip to section J**

I4. Which type of grant(s) supporting victim services did you receive during the [calendar/fiscal] year that includes January 1, 2023? Select all that apply.

- Federal grants passed through a state or local agency (*for example, Victims of Crime Act (VOCA); Sexual Assault Services Program (SASP); Services, Training, Officers, and Prosecutors (STOP); Family Violence Prevention and Services Act (FVPSA); and Community Development Block Grants (CDBG)*) → **Proceed to I5**
- Other federal grants (*directly from the Office for Victims of Crime, Office on Violence Against Women, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, or others*) → **Proceed to I5**
- State or local government grants that are NOT pass-through federal grants (*they are funded only with state or local dollars*) → **Skip to J1**
- Non-government grants, including from foundations, corporations, nonprofits, or other non-government source → **Skip to J1**

[IF I4=1 OR 2 (THOSE SELECTING FEDERAL GRANTS)]

I5. Please estimate the percentage of your victim services budget supported by federal grants including those passed through a state or local government office for the {IF G2=1: calendar/IF G2=2: fiscal} year that includes January 1, 2023.

- Less than 25%
- 25% to 49%
- 50% to 74%
- 75% to 100%

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 organization's electronic records system track individual cases?

- Yes
- No

K. Current Issues of Concern to Victim Service Providers

K1. How concerned are you about vicarious trauma and staff burnout among victim service staff at your organization? (*“Vicarious trauma” refers to staff exposure to the trauma of others that puts the staff at risk for a range of negative consequences.*)

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

K2. How concerned are you about the ability of your victim services program to reach and serve all victims equally? (*This includes but is not limited to racial equity, gender identity or sexual orientation equity, equity for those with disabilities, and equity for those with limited English proficiency.*)

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

COVID-Related Organizational Impacts

March 2020 is generally recognized as the start of the COVID-19 global pandemic. Many activities were affected, including victim services delivery.

K3. Did you make or experience any changes in your organization or the way you deliver services because of the COVID-19 pandemic?

- Yes → **Proceed to table K3.a**
- No → **Skip to End**
- Not Applicable—our organization started after the COVID-19 pandemic began → **Skip to End**

K3.a. Please indicate which of these organizational changes happened because of the COVID-19 pandemic.

FOR COVID-RELATED REASONS:	This change did not happen	This change happened temporarily	This change has continued through the present
Victim services staff resigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim services staff were laid-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim service staff worked partially or fully remote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some or all in-person meetings with victims were suspended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual and phone meetings with victims increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service needs changed as the numbers of some crimes went up or down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service needs changed as the levels or severity of violence used in crimes or abuse increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END.

Thank you for taking the time to complete this important survey!