

# 2023 National Census of Victim Service Providers (NCVSP)

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ATTACHMENT A: DRAFT 2023 NCVSP SURVEY INSTRUMENT

# DRAFT 2023 NCVSP SURVEY INSTRUMENT

**S1. Before you begin, please complete the following pieces of information for your organization. If your organization is part of a multisite organization, please use the physical address of your location and not the address of your main or headquarters office.**

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Organization email address: \_\_\_\_\_

Organization web site: \_\_\_\_\_

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

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**S2. Has your organization or any programs/staff within your organization intentionally provided services to victims/survivors of crime or abuse in the past six months? By 'services to victims/survivors of crime or abuse' we mean direct assistance, including - but not limited to - referrals, counseling, notices of court proceedings, legal assistance, shelter, medical response, etc. This survey will use the term victim to mean victim or survivor from this point forward.**

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

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

- Yes → Skip to A1
- No → Proceed to S2a.5

**S2a.5. To help us update our records, please answer a few additional questions:**

**a. Has your organization ever provided services to victims of crime or abuse?**

- Yes
- No

**b. Does your organization plan to provide services to victims of crime or abuse in the future?**

- Yes
- No

**c. Does your organization indirectly support victims of crime or abuse in any of the following ways?**

**A. Contracting out all direct services to another organization.**

- Yes
- No

**B. Providing grants or funding to support direct services to victims of crime or abuse.**

- Yes
- No

**C. Providing training and technical assistance for direct service providers or engaging in issue advocacy.**

- Yes
- No

**D. Other**

- Yes
- No

**[if yes] Please specify \_\_\_\_\_**

**S2b. Which of the following best describes your organization? *Select one response.***

- Tribal government or other tribal organization or entity**
- Campus organization or other educational institution** (*public or private*)
- Hospital, medical, or emergency facility** (*public or private*)
- Government agency**
- Nonprofit or faith-based entity** (*501c3 status*)
- For-profit entity**
- Informal entity** (*e.g., 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*)

**Thank you!**

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

## SECTION A

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

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

**A1a. Does your organization have a specific program(s) or staff that are designated to work with victims of crime or abuse?**

- Yes → **Proceed to A1.5**
- No → **"Thank you. You do not need to complete the rest of this survey."**

**A1.5. Please check the most appropriate description of your organization.**

- Organization operating through one single location → **Skip to A1.6**
- One sublocation of a multi-site organization (*such as a branch or satellite office, or a local chapter of a larger organization*) → **Proceed to A1.5a**
- The headquarters or main office of a multi-site organization (*i.e., an office that exercises operational control over other sites, not merely a membership organization*)  
→ **Skip to A 1.5b**

**A1.5a. Please provide the following contact information for your organization's headquarters or main office:**

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

→ **Skip to A1.6**

**A1.5b. Please provide the following contact information for each of your organization's sublocations:**

Sublocation Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

*Add location?*

- Yes [Repeat prompts for org name, address, city/state/zip]
- No → **Proceed to A1.7**

**A1.6. Is your organization physically located at the site of another organization (such as a nonprofit program operating out of the courthouse or a law enforcement agency; or a law enforcement victim service program operating out of a Family Justice Center; or a nonprofit with space in a commercial establishment)?**

- 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.” Skip to A2**
- No → **Skip to A2**

**A1.7. In addition to support you provide to your sublocations, do you offer any direct services to victims of crime or abuse at your location/headquarters level? (This can include a helpline or hotline.)**

- Yes → **Proceed to A1.8**
- No → **Skip to A1.9**

**A1.8. This survey includes questions about services, persons served, staffing, and funding. Please indicate what your responses will encompass:**

- Responses relate ONLY to the main or headquarters location → **Skip to A2**
- Responses relate to all locations of this organization (headquarters plus all sublocations) → **Skip to A2**

**A1.9. Are you able to answer questions about services, persons served, staffing, and funding for all your organization’s sublocations?**

- Yes → “Please respond to the remainder of the survey as the questions relate to all of your organization’s sublocations” → **Proceed to A2**
- No → **“Thank you. You may exit the survey.”**

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

- Tribal government or other tribal organization** → Go to Section B [Tribal]
- Campus organization or other educational institution** (*public or private*) → Go to Section C [Campus]
- Hospital, medical, or emergency facility** (*public or private*) → Go to Section G [Services for Victims]
- Government agency** → Go to Section D [Government]
- Nonprofit or faith-based organization** (*501c3 status*) → Go to Section E [Nonprofit or faith-based]
- For profit organization** → Go to Section F [For profit]
- Informal entity** (*e.g., 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*) → Go to Section G [Services for Victims]

## SECTION B

### Tribal Agencies and Organizations Only

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

- Law enforcement
- Prosecutor's Office
- Court
- Juvenile justice
- Offender custody and supervision (such as probation, parole, corrections)
- Multi-agency (such as task forces, response teams, etc.)
- Social services or child/adult protective services
- Health services
- Advocacy program
- Coalition
- Other (please specify) \_\_\_\_\_

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

## SECTION C

### Campus Organizations Only

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

- Law enforcement/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 → Go to section G [SERVICES FOR VICTIMS]**

## SECTION D

### Government Agencies Only

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

- Law enforcement → **Skip to D2**
- Prosecutor's Office (such as District Attorney, County Attorney, etc.) → **Skip to D2**
- Courts → **Skip to D2**
- Juvenile justice → **Skip to D2**
- Social services or child/adult protective services → **Skip to D2**
- Offender custody and supervision (such as probation, parole, corrections) → **Skip to D2**
- Multi-agency (such as task forces, response teams, etc.) → **Skip to D2**
- State or territory victim compensation program → **Skip to D2**
- State or territory victim funding administrator → **Proceed to D1a**
- 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 service activities, not the grant-making and related functions." → Go to section G [SERVICES FOR VICTIMS]**
- No → "Thank you. You may exit the survey."**

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

- Nationwide → **Skip to G2**
- Statewide → **Skip to G2**
- Regional/Multi-county/Multi-city → **Proceed to G1**
- Countywide only → **Proceed to G1**
- Citywide only → **Proceed to G1**

- Specific neighborhood only → **Proceed to G1**
- Other (please specify) \_\_\_\_\_ → **Proceed to G1**

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

## SECTION E

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

**E1. In what service area/jurisdiction does your non-profit organization operate? *Select one response.***

- Nationwide → **Skip to G2**
- Statewide → **Skip to G2**
- Regional/Multi-county/Multi-city → **Proceed to G1**
- Countywide only → **Proceed to G1**
- Citywide only → **Proceed to G1**
- Specific neighborhood only → **Proceed to G1**
- Other (please specify) \_\_\_\_\_ → **Proceed to G1**

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

## SECTION F

### For-Profit Organizations Only

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

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

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

## SECTION G

### Services for Victims

**G1. How would you best describe your service area? (An **urban** area is within a principal city of a Metropolitan Statistical Area (MSA). A **suburban** area is within an MSA but not within the principal city of that MSA and a **rural** area is outside of an MSA. An MSA can generally be defined as an area with a city and surrounding communities closely linked to one another by social and economic factors.)**

- Urban**



- Suburban
- Rural

**G2. Does your organization operate/report data on a calendar year or fiscal year?**

- Calendar year → Skip to G3
- Fiscal year → Proceed to G2.1
- Both → Proceed to G2.1

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

*For the remainder of the survey, unless indicated otherwise, provide your answers based on the most recent 12 months of data – calendar year or fiscal year, depending on how your organization operates as answered in Question G2.*

**Did your organization provide any of the following services to victims within the past calendar/fiscal year?** *We recognize that victim service organizations provide a wide array of services to victims. For the purposes of this survey, we are asking about general categories of services 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**

<b>G3. Did your organization provide (...)</b>	<b>Yes</b>	<b>No</b>
<b>Justice related information and referrals?</b> (e.g., information about the justice system and the victim’s role; notification of events and proceedings; justice referrals; etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Service or victimization information and referrals?</b> (e.g., information about crime and victimization; medical referrals; legal referrals; financial counseling referrals; other referrals; etc.)	<input type="checkbox"/>	<input type="checkbox"/>

**Financial and material assistance services**

<b>G4. Did your organization provide (...)</b>	<b>Yes</b>	<b>No</b>
<b>Monetary assistance?</b> (e.g., providing funds or offering assistance in seeking victim compensation; public benefits assistance; other emergency funds assistance; etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Shelter or housing assistance</b> (emergency or transitional)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other material assistance</b> (e.g., food, clothing, utility, public assistance, employment assistance)	<input type="checkbox"/>	<input type="checkbox"/>

### Mental health support and safety

<b>G5. Did your organization provide (...)</b>	<b>Yes</b>	<b>No</b>
<b>Mental health services?</b> (e.g., individual or group counseling; support groups; other therapy; social programming for children; etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Crisis Counseling?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance abuse treatment?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safety services?</b> (Safety planning; witness protection; address confidentiality; self-defense; etc.) (Does NOT include protective orders)	<input type="checkbox"/>	<input type="checkbox"/>

### Medical and health assistance

<b>G6. Did your organization provide (...)</b>	<b>Yes</b>	<b>No</b>
<b>Accompaniment to medical care or forensic examinations?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency or follow-up medical care?</b> (provision of care)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Forensic examinations?</b> (provision of care)	<input type="checkbox"/>	<input type="checkbox"/>
<b>STD/HIV testing?</b>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal and victims' rights assistance

<b>G7. Did your organization provide (...)</b>	<b>Yes</b>	<b>No</b>
<b>Criminal/juvenile/military/tribal justice-related assistance?</b> (e.g., representation; advocacy; accompaniment; assistance in exercising victims' rights; etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Civil justice-related assistance?</b> (e.g., protective or restraining order; assistance with family law matters; assistance with landlord/tenant matters; etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Immigration assistance?</b> (e.g., assistance seeking special visas; continued presence applications; other immigration relief; etc.)	<input type="checkbox"/>	<input type="checkbox"/>

### Other services

<b>G8. Did your organization provide (...)</b>	<b>Yes</b>	<b>No</b>
<b>Case management?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supervised child visitation?</b>	<input type="checkbox"/>	<input type="checkbox"/>

<b>On-scene coordinated response?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education classes for survivors regarding victimization dynamics?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation services?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Language access?</b> (e.g., translation or interpretation services, or bilingual staff)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Services designed to meet the needs of culturally or ethnically-specific populations?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**G9. Did your organization operate a hotline/helpline or crisis line at any time during the past calendar/fiscal year?**

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

**G9a. How many hotline/helpline or crisis line calls did your organization receive from victims in the past calendar/fiscal year? Estimates are acceptable.**

\_\_\_\_\_ Check box if estimate

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

\_\_\_\_\_ Check box if estimate

**G 11. Please report whether your organization provided services for victims of the following types of crime or abuse during the past calendar/fiscal year. (Include any crime types for which your organization provided services regardless of whether it was the presenting or a secondary crime type.)**

<b>Youth (under age 18)</b>	<b>Yes</b>	<b>No</b>
Child physical abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>
Child rape/sexual assault/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/abused as children	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adults</b>		
Domestic violence/dating violence/violation of DV protective orders	<input type="checkbox"/>	<input type="checkbox"/>
Stalking/violation of stalking protective orders	<input type="checkbox"/>	<input type="checkbox"/>
Rape/sexual assault/sexual abuse (other than against children)	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault (other than domestic/dating violence, child/elder abuse, or rape/sexual assault/sexual abuse) (including attempted homicide; gun violence; strangulation; threat with a weapon, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Elder physical abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>
Survivors of homicide (including murder, non-negligent manslaughter)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Targeted crime types</b>		
Hate crimes (racial/religious/ethnic or national origin/disability/gender/sexual orientation)	<input type="checkbox"/>	<input type="checkbox"/>
Honor related violence (physical violence/threats/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/DWI crashes	<input type="checkbox"/>	<input type="checkbox"/>
Community violence/gang violence	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism/mass violence	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financial crimes</b>		
Identity theft	<input type="checkbox"/>	<input type="checkbox"/>
Financial fraud and exploitation (other than identity theft)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Property crimes</b>	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle theft	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other specify categories</b>		
Other violent crimes – specify _____	<input type="checkbox"/>	<input type="checkbox"/>
Other property crimes – specify _____	<input type="checkbox"/>	<input type="checkbox"/>
Other – specify _____	<input type="checkbox"/>	<input type="checkbox"/>

Organizations restricted to serving certain groups of victims or victims of certain crimes.

**G12. Do any of the following statements describe the types of victims or survivors your organization serves? (select only one)**

- We only provide services to victims of particular types of crimes (such as domestic violence, trafficking, identity theft, etc.) → Proceed to G12.1**
- We only provide services to specific populations of victims, regardless of the type of crime (such as children, immigrants, etc.) → Skip to G12.2]**
- We only provide services to specific populations who have experienced specific types of crime or abuse (such as child victims of sexual abuse, older adults who experienced identity theft, etc.) → Proceed to G12.1 and G12.2**
- None of the above → Skip to Section H [staffing]**

**G12.1 Indicate the specific type(s) of crime or abuse you are able to serve: (i.e., you could provide services to a victim of this crime, even if they had not suffered any other type of crime) Please do your best to fit your organization within the general categories provided.)**

<b>Check all that apply</b>	<b>Yes</b>	<b>No</b>
Any/all felonies	<input type="checkbox"/>	<input type="checkbox"/>
Any/all violent crime	<input type="checkbox"/>	<input type="checkbox"/>
Community violence/gang violence	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence/dating violence	<input type="checkbox"/>	<input type="checkbox"/>
DUI/DWI crashes	<input type="checkbox"/>	<input type="checkbox"/>
Financial exploitation/identity theft/fraud	<input type="checkbox"/>	<input type="checkbox"/>
Hate crimes	<input type="checkbox"/>	<input type="checkbox"/>
Human trafficking (sex)	<input type="checkbox"/>	<input type="checkbox"/>
Human trafficking (labor)	<input type="checkbox"/>	<input type="checkbox"/>
Physical abuse/neglect	<input type="checkbox"/>	<input type="checkbox"/>
Physical assault (including attempted homicide; gun violence; strangulation; threat with a weapon, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Rape/sexual assault/sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>
Survivors of homicide (including murder, non-negligent manslaughter)	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism/mass violence	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

**G12.2** Indicate the specific populations of victims you are able to serve: (i.e., you could provide services to a victim who was within this population) Please do your best to fit your organization within the general categories provided.)

<b>Check all that apply</b>	<b>Yes</b>	<b>No</b>
Child victims	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent/teen victims	<input type="checkbox"/>	<input type="checkbox"/>
Elder victims/dependent adult victims	<input type="checkbox"/>	<input type="checkbox"/>
Female victims	<input type="checkbox"/>	<input type="checkbox"/>
Male victims	<input type="checkbox"/>	<input type="checkbox"/>
Victims of color OR victims of specific racial or ethnic groups please specify?	<input type="checkbox"/>	<input type="checkbox"/>
Indigenous victims, including Native American or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Immigrant/refugee/limited English proficiency victims	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ victims	<input type="checkbox"/>	<input type="checkbox"/>
Victims with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Deaf or hard-of-hearing victims	<input type="checkbox"/>	<input type="checkbox"/>
Formerly incarcerated victims	<input type="checkbox"/>	<input type="checkbox"/>
Incarcerated victims	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION H

### Staffing

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

Staff at the beginning of the previous completed calendar/fiscal year

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

\_\_\_\_\_ Check box if estimate

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

\_\_\_\_\_ Check box if estimate

New staff hired during the previous completed calendar/fiscal year

**H3. How many paid full-time staff (35 hours or more/week) dedicated to working with victims did your organization hire in the past calendar/ fiscal year, whether to fill new positions or to fill vacancies? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. *Estimates are acceptable.***

\_\_\_\_\_ Check box if estimate

**H4. How many paid part-time staff (less than 35 hours/week) designated to working with victims did your organization hire in the past calendar/fiscal year, whether to fill new positions or to fill vacancies? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. *Estimates are acceptable.***

\_\_\_\_\_ Check box if estimate

Staff that left during the previous completed calendar/fiscal year

**H5. How many paid full-time staff (35 hours or more/week) dedicated to working with victims left their position with your organization during the past calendar/ fiscal year, whether dismissed, resigned, retired, transferred to a non-direct services position, etc.? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. *Estimates are acceptable.***

\_\_\_\_\_ Check box if estimate

**H6. How many paid part-time staff (less than 35 hours/week) designated to working with victims left their position with your organization during the past calendar/fiscal year whether dismissed, resigned, retired, transferred to a non-direct services position, etc.? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. *Estimates are acceptable.***

\_\_\_\_\_ Check box if estimate

“Based on your previous responses, the number of full-time staff you had at the beginning of the current fiscal/calendar year was \_\_\_\_\_[auto calculate] – is that correct?”

“Based on your previous responses, the number of part-time staff you had at the beginning of the current fiscal/calendar year was \_\_\_\_\_[auto calculate] - is that correct?”

**H8. Does your organization use volunteers (i.e., staff that are not paid) to provide direct services to victims?**

- Yes
- No

## SECTION I

### Funding

[programming: remind people who are Parent/HQ organizations that they previously indicated they were responding either

a) for just their location OR

b) across all locations]

**I1. What was your organization's total annual budget for the past calendar/fiscal year?**

Amount \$ \_\_\_\_\_  Check box if estimate

[For embedded programs other than nonprofits:]

**I2. Was all or part of your victim services programming supported by your organization's internal budget in the past calendar/fiscal year?**

- Yes
- No

Amount \$ \_\_\_\_\_  check box if estimate

**I3. What was your organization's total budget for victim-related programming and services during the past calendar/fiscal year? \$ \_\_\_\_\_  Check box if estimate**

The following questions ask about external sources of funding and will help us better understand the mix of funding supporting victim service programming.

Please indicate whether your victim services budget in the past calendar/fiscal year included funding from any of the following. If so, please provide an amount (estimates acceptable).



**14. Local government funding specifically for victim services?**

- Yes
- No

Amount) \$ \_\_\_\_\_  Check box if estimate

**15. Tribal government funding specifically for victim services?**

- Yes
- No

Amount \$ \_\_\_\_\_  Check box if estimate

**16. Foundations, private donations, and other fundraising specifically for victim services?**

- Yes
- No

Amount \$ \_\_\_\_\_  Check box if estimate

**17. Which of the following federal and state sources support your victim services budget, if any?**

**Federal funding, including funding passed through a state administrator as a subgrant**

- Victims of Crime Act (VOCA) Funding  Yes  No
- Other funding from the Office for Victims of Crime  Yes  No
- Services, Training, Officers, and Prosecutors (STOP) grant  Yes  No
- Sexual Assault Services Program funding  Yes  No
- Other funding from the Office on Violence Against Women  Yes  No
- Family Violence Prevention Services Act (FVPSA) funding  Yes  No
- Other federal funding  Yes  No

If yes, please specify \_\_\_\_\_

State funding  Yes  No

**18. Do you receive victim services funding from any additional sources in the past calendar/fiscal year?**

- Yes

No

Amount \$ \_\_\_\_\_  Check box if estimate

**19. Did your organization receive any federal funding for victim programming or services within the past 5 years?** (This could include funding from VOCA grants; OVC grants; a STOP, SASP, or other VAWA grant; or some other funding coming from a federal agency.)

Yes

No

## SECTION J

### Record Keeping

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

Yes

No → Skip to Section K

**J2. Does your organization's electronic records system track individual cases?**

Yes

No

## SECTION K

### Current Issues of Concern to Victim Service Providers

**K1. How concerned are you about vicarious trauma and staff burnout at your organization?** (“Vicarious trauma” refers to exposure to the trauma of others that puts people 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 your organization’s ability to reach and serve all people equally?** (This includes but is not limited to racial equity, gender identity/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

**K3. How concerned are you about the amount of victim service funding that your organization received in the past year?**

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

**K4. How concerned are you about the predictability of future funding for your organization?**

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

**K5. How concerned are you about the burden of grant reporting?**

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

**K6. How concerned are you about your organization’s ability to access technology?**

- Very concerned
- Somewhat concerned
- A little concerned

- Not concerned at all

### COVID-Related Organizational Impacts

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

#### K.7 Have you made or experienced any changes in your organization or the way you deliver services because of the COVID-19 pandemic?

- YES [Complete table]
- NO

	This change did not happen	This change happened temporarily	This change has continued through the present
Staff resigned			
Staff were laid-off			
Staff worked partially or fully remote			
In-person meetings with victims were suspended			
Virtual and phone meetings with victims increased			
Psychological services or support groups were conducted via phone or online video platform			
Shelters were partially or fully closed			
Court-services were partially or fully suspended			
Court proceedings were held virtually			

Service needs changed as some crimes increased or decreased			
Service needs changed due to increased levels or severity of violence			
Other changes			

**K.7a. If you had other changes in your services or service delivery, what were they?**

\_\_\_\_\_

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

DRAFT

## ATTACHMENT B: COGNITIVE & USABILITY TEST INVITATION EMAILS

### *Cognitive interview invitation email*

Dear \_\_\_\_\_

We are reaching out to invite you to participate in a cognitive test of the 2023 National Census of Victim Service Providers (NCVSP). I am participating as a subject matter advisor on this project and am helping to make sure that this NCVSP works for the wide range of victim service providers in our part of the field. Your participation is completely voluntary, but I think that your perspective would be important to include in this test.

The NCVSP is a data collection of the Bureau of Justice Statistics in the U.S. Department of Justice, and an important part of its Victim Services Statistical Research Program. The work is being carried out under cooperative agreement #15PBJS-21-GK-02597-RESS with the Justice Research and Statistics Association (JRSA), Westat, and the National Organization for Victim Assistance. This data collection will help to inform state and federal planners, funders, and others. That is why we are working to make sure the survey works for all types of providers.

If you are able to participate, please let me know and I will connect you to Lindsay Bostwick at JRSA, who will schedule the interview, which should take no more than an hour and will take place via video call. In the meantime, if you have any questions about the NCVSP or plans for testing, please don't hesitate to reach out to Susan Howley, the project director at JRSA, at [showley@jrsa.org](mailto:showley@jrsa.org).

-Name of SME

### *Usability test invitation email*

Dear \_\_\_\_\_

We are reaching out to invite you to participate in a usability test of the online version of the 2023 National Census of Victim Service Providers (NCVSP). I am participating as a subject matter advisor on this project and am helping to make sure that accessing and completing the survey online is clear and manageable. Your participation is completely voluntary, but I think that your perspective would be important to include in this test.

The NCVSP is a data collection of the Bureau of Justice Statistics in the U.S. Department of Justice, and an important part of its Victim Services Statistical Research Program. The work is being carried out under cooperative agreement #15PBJS-21-GK-02597-RESS with the Justice Research and Statistics Association (JRSA), Westat, and the National Organization for Victim Assistance. This data collection will help to inform state and federal planners, funders, and others. That is why we are working to make sure the survey works for all types of providers and through various methods of completion.

If you are able to participate, please let me know and I will connect you to Lindsay Bostwick at JRSA, who will schedule the interview, which should take no more than 30 minutes. In the meantime, if you have any questions about the NCVSP or plans for testing, please don't hesitate to reach out to Susan Howley, the project director at JRSA, at [showley@jrsa.org](mailto:showley@jrsa.org).

-Name of SME

**ATTACHMENT C: NCVSP COGNITIVE TESTING PROTOCOL**

**NCVSP 2023  
Cognitive Testing Protocol**

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Protocol Note: These questions will be presented one at a time on slides. The skip logic instructions will not appear on the slides but is provided here for review purposes. .... 5

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## Prior to the interview

1. Send recruitment email
2. Schedule interview
3. Send confirmation email with copy of the informed consent
4. Send reminder email the morning of the interview with another copy of informed consent
5. Once you log on to interview with the participant, go through the informed consent form with them and request permission to record the interview:

## Obtaining Informed Consent

Hello. My name is [NAME] and I work for [AGENCY]. Thank you for agreeing to participate in this interview. Before we begin, I am going to discuss some details about the interview. This is all information that was included in the e-mail you received, but I want to go over the key points together.

- This interview will last about 1 hour.
- Taking part in the interview is up to you. You can ask to skip any questions you do not want to answer. If you decide at any point you do not want to finish, you can ask to stop.
- To keep your information private, we will not use your names in notes or reports. The information provided in the interview will only be used in summary form. Nothing that you say will be directly shared outside of the project team.
- We would like to request to record the audio and video of the interview to ensure our notes are accurate. You can say yes or no. All recordings and notes will be stored safely and then destroyed at the end of the study.
- During the conversation, we will be discussing what you think about the questions on the survey itself and if you think we are asking the right questions in the right way.

If you have questions as we go, please feel free to ask.

Do you wish to continue with this interview? [Wait for response.]

Yes- great! If you have any questions about the study after we are done, I will provide you with contact information for Susan S. Howley in the chat ([showley@jrsa.org](mailto:showley@jrsa.org); (202) 503-3524). Her information is also provided in the email.



Verbal Consent Certification and Signature

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this interview have been explained to the below-named individual and that I fully and accurately answered their questions.

\_\_\_\_\_

First name of participant

\_\_\_\_\_

**Signature** of Person Obtaining Verbal Consent

\_\_\_\_\_

Date

\_\_\_\_\_

**Printed** Name of Person Obtaining Verbal Consent

We would like to record the audio of the interview to help us make sure our notes are accurate. You can say yes or no. Is it okay if I audio record this interview? [*Wait for response.*]

Verbal Consent for Recording and Signature

\_\_\_\_\_

First name of participant

\_\_\_\_\_

**Signature** of Person Obtaining Verbal Consent

\_\_\_\_\_

Date

\_\_\_\_\_

**Printed** Name of Person Obtaining Verbal Consent

If you do not have any questions, we can begin. [*Wait for response.*]

## Introduction to purpose and procedures of interview

On behalf of the [AGENCY/PROJECT PARTNERS], I would like to thank you for taking the time to speak with me today. I greatly appreciate it.

**Purpose:** The purpose of this interview is to get your feedback on some survey questions for our upcoming National Census of Victim Service Providers (NCVSP). 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, the types of victims served and services provided, and staffing and resources available for the provision of services.

This project is a joint effort between the Justice Research and Statistics Association (JRSA), Westat, and the National Organization for Victim Assistance (NOVA) on behalf of the U.S. Bureau of Justice Statistics. This survey was previously administered in 2017 and before we conduct it again, we would like to test some of the additions and changes we have made since the prior iteration. We want to understand what the questions mean to you. Your feedback will help us improve the questions and make them as clear as possible.

**Procedure:** I would like you to please answer these questions to the best of your knowledge and to know that there are no right or wrong answers. After some of the survey questions, I may stop and ask you follow-up questions to better understand your answer and the way you thought about the question. Most of my follow-up questions will ask what you thought about certain words or phrases or what you think a question is trying to ask.

As we are going through the survey, please feel free to tell me anything that comes to mind or to ask me anything you are unclear about. Feel free to tell me what you are thinking as you are answering these questions. We want your honest opinions about what you like and dislike and what you do and don't understand so we can improve this survey. I also want to remind you that you do not have to answer any questions you do not want to, and you can end the interview at any time. If I ask you a question you do not want to answer, you can just say "Pass."

I will share my screen and pull up the survey questions for us to review. I ask that you read it on your own and then verbally tell me which of the response options you select. After you read the question in your head and tell me your response, I will likely follow up with a few questions about how you came to your answer or what a specific word means to you and then we will move on to the next question.

**Do you have any questions before we begin? [LAUNCH SCREEN SHARE, AND CONFIRM PARTICIPANT CAN SEE THE SCREEN]**

Protocol Note: These questions will be presented one at a time on slides. The skip logic instructions will not appear on the slides but is provided here for review purposes.

## Section S: Screening

**S2. Has your organization or any programs/staff within your organization intentionally provided services to victims/survivors of crime or abuse in the past six months?** By *'services to victims/survivors of crime or abuse'* we mean direct assistance, including - but not limited to - referrals, counseling, notices of court proceedings, legal assistance, shelter, medical response, etc. This survey will use the term victim to mean victim/survivor from this point forward.

- Yes [proceed to A1]
- No [proceed to S2a]

*PROBE 1: If we had asked if you had provided services in the past 12 months, would that change your answer?*

*PROBE 2: What do you think is meant by "intentionally"?*

*PROBE: Did you read the information in italics?*

*FOLLOW UP: If yes, was there anything confusing about it? Are there any examples that should be added to this list?*

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

- Yes [proceed to A1]
- No [Screen out questions: Go to S2a.5.]

*PROBE: How did you interpret "active victim service referral program"?*

*IF ANSWER IS YES, PROBE: How did you decide to answer yes to this question?*

**S2a.5. To help us update our records, please answer a few additional questions:**

**a. Has your organization ever provided services to victims of crime or abuse?**

- Yes
- No

**b. Does your organization plan to provide services to victims of crime or abuse in the future?**

- Yes
- No

**c. Does your organization indirectly support victims of crime or abuse in any of the following ways?**

**A. Contracting out all direct services to another organization.**

- Yes
- No

**B. Providing grants or funding to support direct services to victims of crime or abuse.**

- Yes
- No

**C. Training and technical assistance for direct service providers or issue advocacy.**

- Yes
- No

**D. Other**

- Yes
- No

**[if yes] Please specify \_\_\_\_\_**

*PROBE: Was there anything confusing about any of these questions?*

**S2b. Which of the following best describes your organization?** *Select one response.*

- Tribal government or other tribal organization or entity**
- Campus organization or other educational institution** *(public or private)*
- Hospital, medical, or emergency facility** *(public or private)*
- Government agency**
- Nonprofit or faith-based entity** *(501c3 status)*
- For-profit entity**
- Informal entity** *(e.g., 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)*

**PROBE 1:** *Did you have any trouble selecting a response?*

**PROBE 2:** *Was there anything confusing about the definition of “informal entity” provided here?*

## SECTION A

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

- The primary function of the organization as a whole is to provide services or programming for victims of crime.** [Skip to A1.5]
- Victim services or programming are one component of the larger organization’s activities** *(e.g., a hospital, university, community center, law enforcement agency or prosecutors’ office)*  
[Proceed to A1a]

**PROBE 1:** *How easy or difficult was this to answer? Why?*

**PROBE 2:** *What were you considering when answering this question?*

**OPTIONAL PROBE A if they had difficulty:** *Can you describe how your organization is structured?*

**A1a. Does your organization have a specific program(s) or staff that are designated to work with victims of crime or abuse?**

- Yes [Proceed to A1.5]
- No [Skip to thank you slide]

**IF ANSWER IS NO, CLICK ON “NO” TO GO TO THANK YOU SLIDE**

*PROBE 1: How do you interpret “specific program(s)”?*

*PROBE 2: How do you interpret “designated staff”?*

*OPTIONAL PROBE: How easy or difficult is this question to answer?*

*OPTIONAL PROBE 2: What do you think this question is asking?*

**A1.5. Please check the most appropriate description of your organization.**

- Organization operating through one single location** [Skip to A1.6]
- One (sub)location of a multi-site organization** (such as a branch or satellite office, or a local chapter of a larger organization) [Proceed to A1.5a]
- The headquarters or main office of a multi-site organization** (i.e., an office that exercises operational control over other sites, not merely a membership organization) [Skip to A 1.5b]

**TEST WITH ALL TYPES OF PROVIDERS**

*PROBE 1: How easy or difficult was it to select a response?*

*PROBE 2: How do you interpret “one sublocation of a multi-site organization”?*

*PROBE 3: Do you have any other suggestions for how to make this question easier to answer?*

**AFTER PROBES SELECT ANSWER TO MOVE TO THE CORRECT SLIDE**

**A1.5a. Please provide the following contact information for your organization's headquarters or main office:**

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

***INSTRUCTION – THEY DO NOT NEED TO ANSWER WITH THIS INFORMATION. ASK:***

*How easy or difficult would this be for you to provide this information?*

**AFTER ANSWER SELECT “NEXT” ON SCREEN TO MOVE TO A1.6**

**A1.5b. Please provide the following contact information for each of your organization's sublocations:**

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

[Proceed to A1.7]

**INSTRUCTION – THEY DO NOT NEED TO ANSWER WITH THIS INFORMATION. ASK:**

*How easy or difficult would this be for you to provide this information?*

**AFTER ANSWER SELECT “NEXT” ON SCREEN TO MOVE TO A1.7**

**A1.6. Is your organization physically located at the site of another organization (such as a nonprofit program operating out of the courthouse or a law enforcement agency; or a law enforcement victim service program operating out of a Family Justice Center; or a nonprofit with space in a commercial establishment)?**

- Yes [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]

**PROBE 1:** *In your own words, what is this question asking?*

**PROBE 2:** *IF YES, how did you decide to answer yes to this question?*

**A1.7. In addition to support you provide to your sublocations, do you offer any direct services to victims of crime or abuse at your location/headquarters level? (This can include a helpline or hotline.)**

- Yes [Proceed to A1.8]
- No [Proceed to A1.9]

**PROBE 1:** *How easy or difficult is this question to answer?*

**OPTIONAL PROBE:** *Would you like to have seen another response option (e.g., unknown; previously but no longer, etc.)?*

**A1.8. This survey includes questions about services, persons served, staffing, and funding. Please indicate what your responses will encompass:**

- Responses relate **ONLY** to the main or headquarters location [Skip to A2]
- Responses relate to **all locations of this organization** (headquarters plus all sublocations) [Skip to A2]

**PROBE 1:** *How easy or difficult is this question to answer?*

*PROBE 2: Which approach would be easier for you to take when answering questions about services, staffing and funding?*

**A1.9. Are you able to answer questions about services, persons served, staffing, and funding for all your organization’s sublocations?**

- Yes** [Please respond to the remainder of the survey as the questions relate to all of your organization's sublocations] [Proceed to A2]
- No** [Move to “Thank you. You may exit the survey” slide]

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

- Tribal government or other tribal organization** [Go to Section B [Tribal], page XX]
- Campus organization or other educational institution** (*public or private*) [Go to Section C [Campus], page XX]
- Hospital, medical, or emergency facility** (*public or private*) [Go to Section G [Services for Victims], page XX]
- Government agency** [Go to Section D [Government], page XX]
- Nonprofit or faith-based organization** (*501c3 status*) [Go to Section E [Nonprofit or faith-based], page XX]
- For profit organization** [Go to Section F [For profit], page XX]
- Informal entity** (*e.g., 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*) [Go to Section G [Services for Victims], page XX]

*PROBE 1: How easy or difficult was it to choose between the different options?*

*PROBE 2: In the context of this question, what does the term “best” mean to you?*

*OPTIONAL PROBE 1: [For organizations that are co-located as indicated in A1.6] how did you decide how to answer?*

*PROBE 3: Is there anything confusing about the definition of “informal entity” provided here?*

**AFTER PROBES SELECT ANSWER TO MOVE TO THE CORRECT SLIDE**

## SECTION D

### Government Agencies Only

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

- Law enforcement [proceed to D2]
- Prosecutor’s Office (such as District Attorney, County Attorney, etc.) [proceed to D2]
- Courts [proceed to D2]



- Juvenile justice [proceed to D2]
- Social services or child/adult protective services [proceed to D2]
- Offender custody and supervision (such as probation, parole, corrections) [proceed to D2]
- Multi-agency (such as task forces, response teams, etc.) [proceed to D2]
- State or territory victim compensation program [proceed to D2]
- State or territory victim funding administrator [proceed to D1a]
- Other government agency (please specify) \_\_\_\_\_ [proceed to D2]

*PROBE 1: How did you decide on your answer?*

*PROBE 2: How easy or difficult was this question to answer?*

*IF ANSWERED OTHER: Why did you select other?*

*FOLLOW UP: How do you categorize yourself?*

*PROBE 3: If we included the term “agency”, such as law enforcement agency, would that make the options clearer?*

**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 service activities, not the grant-making and related functions.]
- No [Thank you. You may exit the survey.]

*PROBE 1: What type of services were you thinking about when you answered this question?*

*PROBE 2: If you are a funding administrator, do you understand how this question applies to your organization?*

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

- Nationwide [proceed to G5]
- Statewide [proceed to G5]
- Regional/Multi-county/Multi-city
- Countywide only
- Citywide only
- Specific neighborhood only
- Other (please specify) \_\_\_\_\_

[Go to section G [SERVICES FOR VICTIMS], page XX]

*PROBE 1: How easy or difficult was this question to answer?*

*PROBE 2: Was it difficult to select only one response? Why or why not?*

**OPTIONAL PROBE 1 [IF SELECTED OTHER]:** Why did you select this answer?

*FOLLOW UP: How would you define your jurisdiction or service area?*

## SECTION G

### Services for Victims

**G1. How would you best describe your service area?** (An **urban** area is within a principal city of a Metropolitan Statistical Area (MSA). A **suburban** area is within an MSA but not within the principal city of that MSA and a **rural** area is outside of an MSA. An MSA can generally be defined as an area with a city and surrounding communities closely linked to one another by social and economic factors.)

- Urban**
- Suburban**
- Rural**

*PROBE 1: How did you interpret the term “service area”?*

*PROBE 2: How easy or difficult was it to choose one response?*

*PROBE 3: If you were permitted to select more than one response, what would you select?*

[INSTRUCTION SCREEN] For the remainder of the survey, unless indicated otherwise, provide your answers based on the most recent 12 months of data – **calendar year or fiscal year**, depending on how your organization operates.

**Did your organization provide any of the following services to victims within the past calendar/fiscal year?** We recognize that victim service organizations provide a wide array of services to victims. For the purposes of this survey, we are asking about general categories of services 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.

#### Mental health support and safety

<b>G5. Did your organization provide (...)</b>	<b>Yes</b>	<b>No</b>
<b>Mental health services?</b> (e.g., individual or group counseling; support groups; other therapy; social programming for children; etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Crisis Counseling?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Substance abuse treatment?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safety services?</b> (e.g., safety planning; witness protection; address confidentiality; self-defense; etc.) (Does NOT include protective orders)	<input type="checkbox"/>	<input type="checkbox"/>

*PROBE 1: Do you have any feedback about the way the italicized instruction is worded? Was there anything confusing about it?*

*PROBE 1: How easy or difficult was it to answer this question?*

**Medical and health assistance**

<b>G6. Did your organization provide (...)</b>	<b>Yes</b>	<b>No</b>
<b>Accompaniment to medical care or forensic examinations?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency or follow-up medical care (provision of care)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Forensic examinations (provision of care)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STD/HIV testing?</b>	<input type="checkbox"/>	<input type="checkbox"/>

*PROBE 1: How easy or difficult was it to answer this question.*

*OPTIONAL PROBE 1 IF THEY SELECTED ACCOMPANIMENT. Please tell me about the service you included in your response.*

**Other services**

<b>G8. Did your organization provide (...)</b>	<b>Yes</b>	<b>No</b>
<b>Case management?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supervised child visitation?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>On-scene coordinated response?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education classes for survivors regarding victimization dynamics?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation services?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Language access (e.g., translation or interpretation services, or bilingual staff)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Services designed to meet the needs of culturally or ethnically-specific populations?</b>	<input type="checkbox"/>	<input type="checkbox"/>

***PROBE 1:** How do you define the option “language access”?*

***FOLLOW UP:** Are the examples we provided clear?*

***PROBE 2:** What do you think is meant by the last category, “Services designed to meet the needs of culturally or ethnically specific populations”?*

***OPTIONAL PROBE:** How easy or difficult was it to select your answers this question?*

**G11. Please report whether your organization provided services for victims of the following types of crime or abuse during the past calendar/fiscal year. (Include any crime types for which your organization provided services regardless of whether it was the presenting or a secondary crime type.)**

<b>Youth (under age 18)</b>	<b>Yes</b>	<b>No</b>
Child physical abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>
Child rape/sexual assault/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/abused as children	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adults</b>		
Domestic violence/dating violence/violation of DV protective orders	<input type="checkbox"/>	<input type="checkbox"/>
Stalking/violation of stalking protective orders	<input type="checkbox"/>	<input type="checkbox"/>
Rape/sexual assault/sexual abuse (other than against children)	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assault (other than domestic/dating violence, child/elder abuse, or rape/sexual assault/sexual abuse) (including attempted homicide; gun violence; strangulation; threat with a weapon, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Elder physical abuse or neglect	<input type="checkbox"/>	<input type="checkbox"/>
Survivors of homicide (including murder, non-negligent manslaughter)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Targeted crime types</b>		
Hate crimes (racial/religious/ethnic or national origin/disability/gender/sexual orientation)	<input type="checkbox"/>	<input type="checkbox"/>
Honor related violence (physical violence/threats/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/DWI crashes	<input type="checkbox"/>	<input type="checkbox"/>
Community violence/gang violence	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism/mass violence	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financial crimes</b>		
Identity theft	<input type="checkbox"/>	<input type="checkbox"/>
Financial fraud and exploitation (other than identity theft)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Property crimes</b>		
Motor vehicle theft	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other specify categories</b>		
Other violent crimes – specify _____	<input type="checkbox"/>	<input type="checkbox"/>
Other property crimes – specify _____	<input type="checkbox"/>	<input type="checkbox"/>
Other – specify _____	<input type="checkbox"/>	<input type="checkbox"/>

**PROBE 1:** *Is there anything confusing about the italicized instruction “Include any crime types for which your organization provided services regardless of whether it was the presenting or a secondary crime type”?*

*PROBE 2: How easy or difficult was this to answer?*

*PROBE 3: Does this question seem too long?*

*PROBE 4: How well do the response options capture the crime types of the victims your agency serves?*

Organizations restricted to serving certain groups of victims or victims of certain crimes.

**G12. Do any of the following statements describe the types of victims or survivors your organization serves? (select only one)**

- We only provide services to victims of particular types of crimes** (such as domestic violence, trafficking, identity theft, etc.) [receive question G12.1, list of crimes]
- We only provide services to specific populations of victims, regardless of the type of crime** (such as children, immigrants, etc.) [receive question G12.2, list of populations]
- We only provide services to specific populations who have experienced specific types of crime or abuse** (such as child victims of sexual abuse, older adults who experienced identity theft, etc.) [receive both questions G12.1 and G12.2]
- None of the above** [Proceed to Section H]

*PROBE 1: How easy or difficult was this question to answer?*

*PROBE 2: How did you decide on your answer? What, in your own words, is the response option you chose getting at?*

**G12.1** Indicate the specific **type(s)** of crime or abuse: (e.g., you could provide services to a victim of this crime, even if they had not suffered any other type of crime). Please do your best to fit your organization within the general categories provided.

<b>Check all that apply</b>	<b>Yes</b>	<b>No</b>
Any/all felonies	<input type="checkbox"/>	<input type="checkbox"/>
Any/all violent crime	<input type="checkbox"/>	<input type="checkbox"/>
Community violence/gang violence	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence/dating violence	<input type="checkbox"/>	<input type="checkbox"/>
DUI/DWI crashes	<input type="checkbox"/>	<input type="checkbox"/>
Financial exploitation/identity theft/fraud	<input type="checkbox"/>	<input type="checkbox"/>
Hate crimes	<input type="checkbox"/>	<input type="checkbox"/>
Human trafficking (sex)	<input type="checkbox"/>	<input type="checkbox"/>
Human trafficking (labor)	<input type="checkbox"/>	<input type="checkbox"/>
Physical abuse/neglect	<input type="checkbox"/>	<input type="checkbox"/>
Physical assault (including attempted homicide; gun violence; strangulation; threat with a weapon, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Rape/sexual assault/sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>
Survivors of homicide (including murder, non-negligent manslaughter)	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism/mass violence	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

**PROBE 1:** How easy or difficult was it to answer this question?

**PROBE 2:** Would this question be easier or more difficult if we asked you to check no more than 3?

**OPTIONAL PROBE FOR THOSE WHO SPECIFY "OTHER":** Is there any other category of response that might have fit?

**OPTIONAL PROBES FOR THOSE WHO CHECK MORE THAN 3:**

Can you tell me more about your thought process in selecting these categories?

Are some of those crime types more central to your work? Do you serve victims of some of these crime types more than others?

**G12.2** Indicate the specific populations of victims you serve: (e.g., you could provide services to a victim as long as they were within this population). Please do your best to fit your organization within the general categories provided.

<b>Check all that apply</b>	<b>Yes</b>	<b>No</b>
Child victims	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent/teen victims	<input type="checkbox"/>	<input type="checkbox"/>
Elder victims/dependent adult victims	<input type="checkbox"/>	<input type="checkbox"/>
Female victims	<input type="checkbox"/>	<input type="checkbox"/>
Male victims	<input type="checkbox"/>	<input type="checkbox"/>
Indigenous victims, including Native American or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Victims of color OR victims of specific racial or ethnic groups (OTHER THAN Native American or Alaska Native victims) (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
Immigrant/refugee/limited English proficiency victims	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ victims	<input type="checkbox"/>	<input type="checkbox"/>
Victims with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Deaf or hard-of-hearing victims	<input type="checkbox"/>	<input type="checkbox"/>
Formerly incarcerated victims	<input type="checkbox"/>	<input type="checkbox"/>
Incarcerated victims	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

**PROBE 1:** How easy or difficult was it to answer this question?

**PROBE 2:** Would this question be easier or more difficult if we asked you to check no more than 3?

**OPTIONAL PROBE FOR THOSE WHO SPECIFY “OTHER”:** Is there any other category of response that might have fit?

**OPTIONAL PROBE FOR ANYONE WHO SELECTED INDIGENOUS VICTIMS, OR WHO IDENTIFIED AS A TRIBAL SERVICE PROVIDER:** Would your answer change if this question asked about “Tribal victims”?

**OPTIONAL PROBE FOR ANYONE THAT JUST SERVES ADULTS:** Were you able to select a response option?

**OPTIONAL PROBES FOR THOSE WHO CHECK MORE THAN 3:**

Can you tell me more about your thought process in selecting these categories?

Are some of those crime types more central to your work? Do you serve victims of some of these crime types more than others?



**OPTIONAL PROBE FOR THOSE WHO RESPONDED THAT THEY SERVE SPECIFIC POPULATIONS WHO SUFFER SPECIFIC VICTIMIZATIONS: How easy or difficult was it to answer G12.1 and G12.2?**

## SECTION H

### Staffing

*[INSTRUCTION SCREEN] The following questions concern staff dedicated to working with victims of crime or abuse during the past **calendar/ fiscal year**.*

**H5. How many paid full-time staff (35 hours or more/week) dedicated to working with victims left their position with your organization during the past calendar/ fiscal year, whether dismissed, resigned, retired, transferred to a non-direct services position, etc.? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.****

\_\_\_\_\_ Check box if estimate

*PROBE 1: How easy/difficult was this question to answer?*

*PROBE 2: What, in your own words, is this question asking?*

*PROBE 3: How do you understand full-time staff who left their position?*

**FOLLOW UP PROBE:** *How are you defining "left their position"?*

**OPTIONAL PROBE:** *How did you interpret what is meant by "your organization"? Were you answering just about this location, or across all locations?*

**H6. How many paid part-time staff (less than 35 hours/week) designated to work with victims left their position with your organization during the past calendar/fiscal year whether dismissed, resigned, retired, transferred to a non-direct services position, etc.? Count each person only once. Enter '0' if there are no paid staff of that type. Include contractual workers in your counts. **Estimates are acceptable.****

\_\_\_\_\_ Check box if estimate

*PROBE 1: How easy or difficult was it to answer this question?*

*PROBE 2: How did you interpret "paid part-time staff designated to work with victims"?*

## SECTION I

### FUNDING

[programming: remind people who are Parent/HQ organizations that they previously indicated they were responding either

a) for just their location OR

b) across all locations]

**11. What was your organization's total annual budget for the past calendar/fiscal year?**

Amount \$ \_\_\_\_\_  Check box if estimate

*PROBE 1: How easy or difficult would it be for you to get ahold of this information?*

*PROBE 2: Would you have any concerns about reporting this on a survey?*

*OPTIONAL PROBE: How confident are you in your estimate?*

[For embedded programs other than nonprofits:]

**12. Was all or part of your victim services programming supported by your organization's internal budget in the past calendar/fiscal year?**

Yes

No

Amount \$ \_\_\_\_\_  Check box if estimate

*PROBE 1: What do you think is meant by "organization's internal budget"?*

*PROBE 2: Would this question be easier or more difficult to answer if it asked for the percentage of victim services funding supported by the organization's internal budget?*

*PROBE 3: Would you have any concerns about reporting this on a survey? If so, what are those concerns?*

*OPTIONAL PROBE: How confident are you in your estimate?*

**13. What was your organization's total budget for victim-related programming and services during the past calendar/fiscal year?** (Victim-related programming and services includes direct services, prevention, outreach, training, and education efforts.) \$ \_\_\_\_\_  Check box if estimate

*PROBE 1: How easy or difficult would it be for you to get ahold of this information?*

*PROBE 2: Would you have any concerns about reporting this on a survey?*

**OPTIONAL PROBES FOR EMBEDDED PROGRAMS:**

*Does your organization maintain a separate line in your budget for victim services?*

*Would this question be easier to answer if it asked What percentage of your organization's total budget supports victim-related programming and services?*

**The following questions ask about external sources of funding, and will help us better understand the mix of funding supporting victim-related programming and services.**

**Please indicate whether your victim services budget in the past calendar/fiscal year included funding from any of the following. If so, please provide an amount (estimates are acceptable).**

**14. Local government funding specifically for victim services?**

- Yes
- No

Amount \$ \_\_\_\_\_  Check box if estimate

*PROBE 1: What do you think is meant by the term "local government funding"?*

*PROBE 2: Would this question be easier or more difficult if it asked for the percentage of the VS budget supported by local government funding?*

**OPTIONAL PROBE 1 [FOR EMBEDDED RESPONDENTS IN LOCAL LEVEL GOVERNMENT ORGANIZATIONS]:** For your organization, is "local government funding" different from funding through your organization's internal budget?

**15. Tribal government funding specifically for victim services?**

- Yes
- No

Amount \$ \_\_\_\_\_  Check box if estimate

*PROBE 1: What do you think is meant by the term "Tribal government funding"?*

*PROBE 2: Would this question be easier or more difficult if it asked for the percentage of the VS budget supported by Tribal funding?*

**OPTIONAL PROBE 1 [FOR EMBEDDED TRIBAL RESPONDENTS]:** For your organization, is "Tribal government funding" different from funding through your organization's internal budget?

**16. Foundations, private donations, and other fundraising specifically for victim services?**

- Yes
- No

Amount \$ \_\_\_\_\_  Check box if estimate

*PROBE 1: How easy or difficult would it be for you to get ahold of this information?*

*PROBE 2: Would this question be easier or more difficult if it asked for the percentage of the VS budget supported by foundations, private donations, and other fundraising?*

*PROBE 3: Would you have any concerns about reporting this on a survey?*

*PROBE 4: How easy or difficult would it be for you to provide separate figures for funding related to “foundations and private grants” and “private donations and other fundraising”?*

*OPTIONAL PROBE: How confident are you in your estimate?*

**17. Which of the following federal and state sources supported your victim services budget in the past calendar/fiscal year, if any?**

**Federal funding, including funding passed through a state administrator as a subgrant**

- |  |  |
|--|--|
| Victims of Crime Act (VOCA) Funding                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other funding from the Office for Victims of Crime         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Services, Training, Officers, and Prosecutors (STOP) grant | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sexual Assault Services Program funding                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other funding from the Office on Violence Against Women    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Violence Prevention Services Act (FVPSA) funding    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other federal funding                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, please specify \_\_\_\_\_

State funding  Yes  No

*PROBE 1: How easy or difficult was it for you to answer these questions?*

*PROBE 2: What do you think is meant by the term “state funding”?*

**18. Did you receive victim services funding from any additional sources in the past calendar/fiscal year?**

Yes

Please specify: \_\_\_\_\_

No

Amount \$ \_\_\_\_\_  Check box if estimate

*PROBE 1: What other sources were you considering?*

*PROBE 2: Would this question be easier or more difficult if it asked for the percentage of the VS budget supported by other sources*

**I9. Did your organization receive any federal funding for victim programming or services within the past 5 years?** (This could include funding from VOCA grants; OVC grants; a STOP, SASP, or other VAWA grant; or some other funding coming from a federal agency.)

- Yes
- No

*PROBE 1: How easy or difficult was this to answer?*

## SECTION K

### Current Issues of Concern to Victim Service Providers

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

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

*PROBE 1: How easy or difficult was this question to answer?*

*PROBE 2: Does the definition provided for “vicarious trauma” make sense to you? Do you define this term differently?*

*PROBE 3: What does “staff burnout” mean to you, in this context?*

**K2. How concerned are you about your organization’s ability to reach and serve all people equally?** (This includes but is not limited to racial equity, gender identity/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

*PROBE 1: How easy or difficult was this question to answer?*

*PROBE 2: What does the term “reach and serve all people equally” mean to you in this context?*

## COVID-Related Organizational Impacts

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

### K7. Have you made or experienced any changes in your organization or the way you deliver services because of the COVID-19 pandemic?

YES [Complete table]

NO

	This change did not happen	This change happened temporarily	This change has continued through the present
Staff resigned			
Staff were laid-off			
Staff worked partially or fully remote			
In-person meetings with victims were suspended			
Virtual and phone meetings with victims increased			
Psychological services or support groups were conducted via phone or online video platform			
Shelters were partially or fully closed			
Court-services were partially or fully suspended			
Court proceedings were held virtually			
Service needs changed as some crimes increased or decreased			
Service needs changed due to increased levels or severity of violence			
Other changes			

**K7a. If you had other changes in your services or service delivery, what were they?**

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*PROBE 1: How easy or difficult was this question to answer?*

*IF THE RESPONDENT SELECTED ANY ONGOING CHANGES: Tell me more about the changes you said are still ongoing?*

## **ATTACHMENT D: USABILITY TEST DEBRIEF**

Thank you for testing the 2023 NCVSP. Please let us know a little bit about your experience so that we can make any additional adjustments before we start collecting information from victim service providers.

1. About how long did it take you to complete the survey?
2. Did you skip any questions? If so, tell us why?
3. Were there questions that did not apply to you? If so, did you have the option to indicate it did not apply?
4. Overall, how would you rate this survey for ease of completion?



5. Any additional observations or suggestions you can share with us?



## Institutional Review Board

November 7, 2022

Susan Howley  
Project Director  
Justice Research and Statistics Association

Title of Project: National Census of Victim Service Providers (BJS Cooperative Agreement #15PBJS-21-GK-02597-RESS)

This letter is to officially notify you of the approval of the Application for Exemption for the above referenced project by the JRSA Institutional Review Board (IRB) for the Protection of Human Subjects.

It is the Board's opinion that the activities to be undertaken in this data collection effort are not research. Your proposal is in compliance with JRSA's Federalwide Assurance #FWA00009685 and the DOJ Regulations for the Protection of Human Subjects (28 CFR Part 46).

Sincerely yours,



William D. Bales, Ph.D.  
Professor  
College of Criminology and Criminal Justice  
Florida State University  
Eppes Hall, 145 Convocation Way  
Tallahassee, FL 32306-1273