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 <u>indirectly</u> 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 <u>best</u> 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 <u>best</u> 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 <u>best</u> 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

G3. Did your organization provide (…)	Yes	No
Justice related information and referrals? (e.g., information about the justice system and the victim's role; notification of events and proceedings; justice referrals; etc.)	☐	☐
Service or victimization information and referrals? (e.g., information about crime and victimization; medical referrals; legal referrals; financial counseling referrals; other referrals; etc.)	☐	☐

Financial and material assistance services

G4. Did your organization provide (…)	Yes	No
Monetary assistance? (e.g., providing funds or offering assistance in seeking victim compensation; public benefits assistance; other emergency funds assistance; etc.)	☐	☐
Shelter or housing assistance (emergency or transitional)	☐	☐
Other material assistance (e.g., food, clothing, utility, public assistance, employment assistance)	☐	☐

Mental health support and safety

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

Medical and health assistance

G6. Did your organization provide (…)	Yes	No
Accompaniment to medical care or forensic examinations?	☐	☐
Emergency or follow-up medical care? (provision of care)	☐	☐
Forensic examinations? (provision of care)	☐	☐
STD/HIV testing?	☐	☐

Legal and victims' rights assistance

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

Other services

G8. Did your organization provide (…)	Yes	No
Case management?	☐	☐
Supervised child visitation?	☐	☐

On-scene coordinated response?	☐	☐
Education classes for survivors regarding victimization dynamics?	☐	☐
Transportation services?	☐	☐
Language access? (e.g., translation or interpretation services, or bilingual staff)	☐	☐
Services designed to meet the needs of culturally or ethnically-specific populations?	☐	☐

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.)*

Youth (under age 18)	Yes	No
Child physical abuse or neglect	☐	☐
Child rape/sexual assault/sexual abuse	☐	☐
Child witness of violence	☐	☐
Child marriage or forced marriage	☐	☐
Adults molested/abused as children	☐	☐
Adults		
Domestic violence/dating violence/violation of DV protective orders	☐	☐
Stalking/violation of stalking protective orders	☐	☐
Rape/sexual assault/sexual abuse (other than against children)	☐	☐
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.)	☐	☐
Robbery	☐	☐
Elder physical abuse or neglect	☐	☐
Survivors of homicide (including murder, non-negligent manslaughter)	☐	☐
Targeted crime types		
Hate crimes (racial/religious/ethnic or national origin/disability/gender/sexual orientation)	☐	☐
Honor related violence (physical violence/threats/retaliation in the name of family honor, female genital mutilation)	☐	☐
Human trafficking (labor)	☐	☐
Human trafficking (sex)	☐	☐
Victim witness intimidation	☐	☐
DUI/DWI crashes	☐	☐
Community violence/gang violence	☐	☐
Terrorism/mass violence	☐	☐
Financial crimes		
Identity theft	☐	☐
Financial fraud and exploitation (other than identity theft)	☐	☐
Property crimes	☐	☐
Motor vehicle theft	☐	☐
Burglary		
Other specify categories		
Other violent crimes – specify _____	☐	☐
Other property crimes – specify _____	☐	☐
Other – specify _____	☐	☐

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.)*

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

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.)*

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

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 <u>paid part-time</u> staff (less than 35 hours/week) designated to working with victims worked at your organization at the <u>beginning of the past calendar/fiscal year?</u> *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 <u>paid full-time</u> staff (35 hours or more/week) dedicated to working with victims did your organization <u>hire</u> 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 <u>paid part-time</u> staff (less than 35 hours/week) designated to working with victims did your organization <u>hire</u> 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 <u>paid full-time</u> staff (35 hours or more/week) dedicated to working with victims <u>left</u> 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 <u>paid part-time</u> staff (less than 35 hours/week) designated to working with victims <u>left</u> 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).

I4. Local government funding specifically for victim services?

    ☐   **Yes**

    ☐   **No**

Amount) $_____   ☐ **Check box if estimate**

I5. Tribal government funding specifically for victim services?

    ☐   **Yes**

    ☐   **No**

Amount $_____   ☐ **Check box if estimate**

I6. Foundations, private donations, and other fundraising specifically for victim services?

    ☐   **Yes**

    ☐   **No**

Amount $ _____   ☐ **Check box if estimate**

I7. 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

I8. Do you receive victim services funding from any additional sources in the past calendar/fiscal year?

    ☐   Yes

☐   No

Amount $ _____   ☐ **Check box if estimate**

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

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!