National Survey of Victim Service Providers (NSVSP)

Background and Purpose

The National Survey of Victim Service Providers is a nationwide data collection effort to address major gaps in knowledge about the availability and use of services to support victims of crime or abuse. This survey asks about topics such as organization characteristics, characteristics of victims served, including the types of victimization experienced, services for victims, and staffing characteristics. The NSVSP is designed to gain a rich understanding of how VSPs are structured and resourced to provide services to victims and will gather detailed information about VSPs and the victims they serve. The data will be used to better understand the type and scope of victim services nationwide.

(NOTE: Frequently Asked Questions, Confidentiality Assurances, Burden Statement, and Important Definitions will be available in a side bar on the web survey screen)

ABOUT YOUR ORGANIZATION

A1. Please [complete/confirm] the following pieces of information for your organization.

Agency Name:
Address:
Address:
City, State, ZIP:
Main business phone number:
Agency email address:
Agency web site:

A1a. Please provide your information as the point of contact for this organization. *This information will be used only if we have follow-up questions and will not be shared outside of this research study.*

Title:
Name:
Telephone Number:
Email:

A2. Has your organization or any programs or staff within your organization provided services to victims of crime or abuse in the past six months? *By 'service to victims of crime or abuse' we mean direct assistance, including - but not limited to - referrals, counseling, notices of court proceedings, legal assistance, shelter, medical response, etc.*

- ❑ Yes →Skip to A3
- ❑ No

A2a. To help us update our records, does your organization plan to provide services to victims of crime or abuse in the future?

- ❑ Yes – YOU ARE NOW FINISHED WITH THE SURVEY. THANK YOU FOR YOUR PARTICIPATION.
- ❑ No – YOU ARE NOW FINISHED WITH THE SURVEY. THANK YOU FOR YOUR PARTICIPATION.

A3. [Please confirm] Which of the following best describes your organization? *Select one response.*

- ❑ Tribal government or other organization or entity serving tribal, Native American, or Alaskan Native populations → Skip to A3a
- ❑ Campus organization or other educational institution (public or private) → Skip to A3b
- ❑ Hospital, medical, or emergency facility (public or private) → Skip to A4
- ❑ Government agency → Skip to A3c
- ❑ Nonprofit or faith-based entity (501c3 status) → Skip to A3d
- ❑ For profit entity -> YOU ARE NOW FINISHED WITH THE SURVEY. THANK YOU FOR YOUR PARTICIPATION.
- ❑ Informal entity (e.g., some other type of program or group, not formally a part of an agency, registered nonprofit, or business; Independent survivor advocacy and support groups; volunteer, grassroots, or survivor network) -> YOU ARE NOW FINISHED WITH THE SURVEY. THANK YOU FOR YOUR PARTICIPATION.

A3a. [Please confirm] What designation best describes your tribal agency or organization? *Select one response.*

- ❑ Law enforcement
- ❑ Prosecutor
- ❑ Court
- ❑ Juvenile justice
- ❑ Offender custody and supervision
- ❑ Advocacy program
- ❑ Coalition
- ❑ Other justice-based agency (*please specify*): _____
- ❑ Other agency that is NOT justice-based (*e.g., human services, health, education, etc.*) (*please specify*): _____

(ALL RESPONDERS TO A3a, GO TO A4)

A3b. [Please confirm] What designation best describes your campus organization? *Select one response.*

- ❑ Law enforcement/campus security
- ❑ Campus disciplinary body or student conduct body
- ❑ Physical or mental health service program
- ❑ Victim services or advocacy group
- ❑ Coalition
- ❑ Other campus-based program (*please specify*): _____

(ALL RESPONDERS TO A3b, GO TO A4)

A3c. [Please confirm] What designation best describes your government agency? *Select one response.*

- ❑ Law enforcement
- ❑ Prosecution
- ❑ Courts
- ❑ Juvenile justice
- ❑ Social services or child/adult protective services
- ❑ Offender custody and supervision
- ❑ Multi-agency (e.g., task forces, response teams, etc.)
- ❑ Other government agency (*please specify*): _____

(ALL RESPONDERS TO A3c, GO TO A4)

A3d. [Please confirm] What designation best describes your non-profit organization? *Select one response.*

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

A4. [Please confirm] Which of the following best describes how your organization is structured to provide services to victims of crime or abuse?

- ❑ The primary function of the organization is to provide services or programming for victims of crime. → Skip to A6
- ❑ Victim services or programming are one component of the larger organization (e.g., a hospital, university, community center, law enforcement agency, prosecutors' office, or corrections)

A4a. Does your organization have a specific program(s) or staff that are dedicated to working with crime victims?

- ❑ Yes → Skip to A4b
- ❑ No – YOU ARE NOW FINISHED WITH THE SURVEY. THANK YOU FOR YOUR PARTICIPATION.

A4b. Please list the program name(s), if applicable.

Program name #1 _____
Program name #2 _____
Program name #3 _____
Program name #4 _____
Program name #5 _____

A5. How many years has your [organization/program] been providing services to victims of crime or abuse?

Years: _____ ☐ Check here if less than 1 year

A6. Does your [organization/program] operate/report data on calendar year or fiscal year?

- ❑ Calendar year (→Skip to #1)
- ❑ Fiscal year
- ❑ Both

A6a. What is the date of the beginning of the fiscal year for your [organization/program]?

____/____
MM/DD

For the remainder of the survey, unless indicated otherwise, provide your answers based on the most recent 12 months of calendar year or fiscal year data, depending on how this [organization/program] operates, as answered in Question A6a.

VICTIMS SERVED

[IF A4 = VICTIM SERVICES OR PROGRAMMING ARE ONE COMPONENT OF THE LARGER ORGANIZATION: Throughout this survey, please think about the component of your organization that serves victims of crime and abuse and about the victims who received services during the past <[calendar/fiscal]> year. If your organization served crime victims through a specific program, think about that program when answering the questions.]

1. Did your [organization/program] operate a hotline, helpline, or chat line at any time during the past [calendar/fiscal] year?

- ❑ Yes
- ❑ No →Skip to #2

1a. [IF YES IN #1] How many contacts did you receive through the hotline, helpline, or chat line during the past [calendar/fiscal] year? *Estimates are acceptable.*

Number of contacts _____ ☐ Check here if this is an estimate.

2. Did your [organization/program] provide notification services through mail or email during the past [calendar/fiscal] year?

- ❑ Yes
- ❑ No

3. Did your [organization/program] provide any direct services to victims during the past [calendar/fiscal] year? *(Exclude hotline/helpline or crisis line calls and victims who only received notifications through mail or email)*

- ❑ Yes
- ❑ No →Skip to #5a

3a. [IF YES IN #3] How many unique* victims received these direct services from your [organization/program] during the past [calendar/fiscal] year? *Estimates are acceptable. (Exclude hotline/helpline or crisis line calls and victims who only received notifications through mail or email)*

☐ Check here if your agency does not track **unique victims (skip to 7a)**.

Number of unique victims _____ ☐ Check here if this is an estimate.

**Pop-up box on programmed instrument: Unique persons means each person is counted only 1 time for the year, regardless of how many services they received or victimizations they experienced.*

3b. Does your [organization/program] collect any demographic information about these unique victims?

- ❑ Yes
- ❑ No →Skip to #5a

VICTIM CHARACTERISTICS

Thinking about these <u>unique victims</u> of crime or abuse served by your organization, please complete the following tables on the demographic characteristics of these victims. *Estimates are acceptable. Enter "0" if you did not serve any victims in a particular category.*

4a. Describe the victims your [organization/program] served during the last [calendar/fiscal] year by race and Hispanic origin.

Race/Hispanic origin	Number of victims	Check the box if the number given is an estimate
❑ Check here if race and Hispanic origin were not tracked, or were not tracked at the individual level then go to question #4b.		
American Indian or Alaska Native, non-Hispanic	_____	❑
Asian, Native Hawaiian or other Pacific Islander, non-Hispanic	_____	❑
Black or African American, non-Hispanic	_____	❑
Hispanic or Latino	_____	❑
White, non-Hispanic	_____	❑
Two or more races (excluding Hispanic/Latino)	_____	❑
Other……	_____	❑
Unknown/not specified	_____	❑

4b. Describe the victims your [organization/program] served during the last [calendar/fiscal] year by sex:

Sex	Number of victims	Check the box if the number given is an estimate
❑ Check here if sex was not tracked, or was not tracked at the individual level, then go to question #4c.		
Female	_____	❑
Male	_____	❑

4c. Describe the victims your [organization/program] served during the last [calendar/fiscal] year by age category:

Age	Number of victims	Check the box if the number given is an estimate
❑ Check here if age was not tracked, or was not tracked at the individual level, then go to question #4d.		
0-12	_____	❑
13-17	_____	❑
18-24	_____	❑
25-59	_____	❑
60 or over	_____	❑
Unknown/not specified	_____	❑

4d. Describe the victims your [organization/program] served during the last [calendar/fiscal] year by the following characteristics:

Characteristic:	Number of victims	Number is an estimate	Not Tracked
Limited English proficiency	_____	❑	❑
Indigenous or tribal affiliation	_____	❑	❑
Incarcerated at the time of receiving services	_____	❑	❑

The next 4 survey items ask about the number of unique victims served by the type of presenting victimization for which they received services.

5a. During the last [calendar/fiscal] year, how many unique victims received services for the following presenting type(s) of victimization? *Do not count an individual more than once for the **same** victimization type. An individual MAY be counted in **more than one** victimization type. Please enter '0' if no victims sought services for that victimization type.*

☐ Check here if your agency does not track **unique victims (skip to 7a)** .

Presenting victimization for which victims received services:	**Number of victims served**	**Check the box if the number given is an estimate**
Partner/dating violence or family violence	_____	❑
Rape/sexual assault against adults	_____	❑
Child physical abuse/neglect	_____	❑
Child sexual abuse/sexual assault	_____	❑
Stalking (*including cyber stalking*)	_____	❑
Elder physical abuse/neglect	_____	❑

5b. During the last [calendar/fiscal] year, how many unique victims received services for the following presenting type(s) of victimization? *Do not count an individual more than once for the **same** victimization type. An individual MAY be counted in **more than one** victimization type. Please enter '0' if no victims sought services for that victimization type.*

Presenting victimization for which victims received services:	**Number of victims served**	**Check the box if the number given is an estimate**
Assault, physical (*including aggravated assault, shootings, stabbings*)	_____	❑
Homicide or murder (*for surviving friends and family*)	_____	❑
Human trafficking *(sex)*	_____	❑
Human trafficking *(labor)*	_____	❑
Robbery	_____	❑
Mass violence	_____	❑
Kidnapping	_____	❑
DUI/DWI crashes	_____	❑
Victim witness intimidation	_____	❑

5c. During the last [calendar/fiscal] year, how many unique victims received services for the following presenting type(s) of victimization? *Do not count an individual more than once for the **same** victimization type. An individual MAY be counted in **more than one** victimization type. Please enter '0' if no victims sought services for that victimization type.*

Presenting victimization for which victims received services:	**Number of victims served**	**Check the box if the number given is an estimate**
Bullying/Cyberbullying	_____	❑
Child marriage or forced marriage	_____	❑
Hate crimes	_____	❑
Honor related violence (*physical violence/threats/ retaliation in the name of family honor, female genital mutilation*)	_____	❑

5d. During the last [calendar/fiscal] year, how many unique victims received services for the following presenting type(s) of victimization? *Do not count an individual more than once for the **same** victimization type. An individual MAY be counted in **more than one** victimization type. Please enter '0' if no victims sought services for that victimization type.*

Presenting victimization for which victims received services:	**Number of victims served**	**Check the box if the number given is an estimate**
Burglary	_____	❑
Motor vehicle theft	_____	❑
Identity theft	_____	❑
Financial fraud or exploitation (*other than identity theft*)	_____	❑

IF Q5b Human trafficking *(sex) < 5 OR no other categories in Q5a-d are reported, Skip to #7.*

SEX TRAFFICKING VICTIM CHARACTERISTICS

The next questions pertain only to the sex trafficking victims served by your [organization/program] during the last [calendar/fiscal] year.

6a. Describe the sex trafficking victims your [organization/program] served during the last [calendar/fiscal] year by race and Hispanic origin.

Race/Hispanic origin	Number of sex trafficking victims	Check the box if the number given is an estimate
❑ If race and Hispanic origin were not tracked, or were not tracked at the individual level → Skip to #6b.		
American Indian or Alaska Native, non-Hispanic	_____	❑
Asian, Native Hawaiian or other Pacific Islander, non-Hispanic	_____	❑
Black or African American, non-Hispanic	_____	❑
Hispanic or Latino	_____	❑
White, non-Hispanic	_____	❑
Two or more races (excluding Hispanic/Latino)	_____	❑
Other……	_____	❑
Unknown/not specified	_____	❑

6b. Describe the sex trafficking victims your [organization/program] served during the last [calendar/fiscal] year by sex:

Victim Sex	Number of sex trafficking victims	Check the box if the number given is an estimate
❑ If victim sex was not tracked, or was not tracked at the individual level → Skip to #6c.		
Female	_____	❑
Male	_____	❑

6c. Describe the sex trafficking victims your [organization/program] served during the last [calendar/fiscal] year by age category:

Age	Number of sex trafficking victims	Check the box if the number given is an estimate
❑ If age was not tracked, or was not tracked at the individual level → Skip to note before #7		
0-17	_____	❑
18 or older	_____	❑
Unknown/not specified	_____	❑

SERVICES FOR VICTIMS

The questions in this section pertain to the types of services this [organization/program] provided to victims of crime or abuse in the past [calendar/fiscal] year.

7a. Please indicate whether your [organization/program] directly provided each of the following information and referral services for victims of crime or abuse during the past [calendar/fiscal] year.

Type of direct service provided by your organization or program	Yes, provided by your organization/program	No
INFORMATION AND REFERRALS		
Service or victimization-related		
Online, phone, or program referral		
General information about crime and victimization, prevention, or risk reduction		
Justice-related information		
Notification of legal rights		
Notification of case events or proceedings		
Case status update (investigation, etc., not tied to court proceeding)		
Notification of offender release/status change		
Assistance with reentry-related needs and/or terms and conditions of probation for victims with a criminal history		
Assistance with expungement or vacatur of criminal record for victims with a criminal history		

7b. Please indicate whether your [organization/program] directly provided each of the following legal or victims' rights assistance services for victims of crime or abuse during the past [calendar/fiscal] year.

LEGAL AND VICTIMS' RIGHTS ASSISTANCE		
Legal/victim rights implementation or enforcement assistance		
Civil legal services (including with family law issues such as custody, visitation, or support)		
Court accompaniment – civil court		
Court accompaniment – criminal court		
Assistance in filing for a restraining, protection, or no-contact order		
Parole board accompaniment/parole board related services		

Victim/witness preparation		
Law enforcement interview accompaniment /advocacy		
Victim impact statement assistance		
Crime victim compensation legal assistance (including filing and appealing claims)		
Immigration Assistance (including Continued Presence, U and T visas, etc.)		
Services for refugees or asylum seekers		

7c. Please indicate whether your [organization/program] directly provided each of the following financial and material assistance services for victims of crime or abuse during the past [calendar/fiscal] year.

FINANCIAL AND MATERIAL ASSISTANCE SERVICES		
Compensation/Monetary		
Assistance in filing for victim compensation (other than legal assistance)		
Restitution claim assistance		
Restitution collection assistance		
Emergency financial assistance (includes emergency loans, petty cash, payment for or assistance in procuring items such as food, clothing, etc.)		
Material or Financial Advocacy/Support		
Emergency, transitional, or relocation housing (shelter, hotel, safe house, etc.)		
Long-term/stable housing		
Rental assistance		
Assistance meeting other basic needs (e.g., clothing, food, etc.)		
Intervention with employer, creditor, landlord, or academic institution		
Employment or educational services (including job training)		
Transportation assistance		
Child care assistance		
Public benefits assistance (TANF/Welfare, housing, social services, etc.)		
Assistance with return of personal property/effects		
Assistance with obtaining or replacing documents (e.g., birth certificate, Driver's license, SSN card, identification card)		

7d. Please indicate whether your [organization/program] directly provided each of the following emotional support and safety services for victims of crime or abuse during the past [calendar/fiscal] year.

EMOTIONAL SUPPORT AND SAFETY		
Safety		
Conflict resolution, mediation, negotiation		
Crime/Violence de-escalation support (e.g., calming the victim, family members, or witnesses down on scene or during intervention, preventing retaliation)		
Immediate or emergency safety planning		
Long term safety planning		
Conduct or coordinate risk assessments		
Crisis intervention		
Treatment or support services		
Hotline, helpline, or crisis line intervention or counseling		
Support groups		
Peer, family, or group counseling		
Individual counseling, including mental health assessment		
Therapy other than counseling (e.g. traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)		
Social/recreational activities for victims/witnesses		
Substance abuse services (assessment, prevention or treatment)		

7e. Please indicate whether your [organization/program] directly provided each of the following medical or physical health assistance services for victims of crime or abuse during the past [calendar/fiscal] year.

MEDICAL AND PHYSICAL HEALTH ASSISTANCE		
Medical/hospital/clinic treatment		
Conduct or coordinate forensic exams or collection of evidence		
Conduct HIV/STI testing		
Health advocacy services		
Victim advocacy/accompaniment to medical forensic exam		
Victim advocacy in navigating the health care system		

7f. Please indicate whether your [organization/program] directly provided each of the following other types of services for victims of crime or abuse during the past [calendar/fiscal] year.

OTHER SERVICES		
Case management		
On-scene coordinated response (e.g., community crisis response; helping assist at the crime scene)		
Supervised child visitation/safe exchange		
Language services (including interpretation and translation services)		
Services for deaf and hard of hearing		
Culturally or ethnically specific services (***not*** *including language services*)		
Education classes for survivors regarding victimization dynamics		
Forensic interviews		
Restorative justice/victim offender dialogue		

IF MORE THAN FIVE ITEMS ARE MARKED IN #7, CONTINUE TO #8. OTHERWISE, GO TO #9.

8. What were the five most common types of direct victim services your [organization/program] provided in the past [calendar/fiscal] year, in terms of the number of victims who were served? Choose 5: (NOTE: This item will display a drop down list of all items marked as "yes" in #7.)

Response #1
Response #2
Response #3
Response #4
Response #5

9. Does your [organization/program] have a practice of vetting the agencies where you refer victims?

- ❑ Yes
- ▱ No
- ❑ Don't know

10. Does your [organization/program] have a practice of evaluating the success of referrals?

- ❑ Yes
- ❑ No
- ❑ Don't know

11. In the past year, how many different entities did your [organization/program] have an active working relationship in order to provide victims with services?

- ❑ None
- ❑ 1 to 5
- ❑ 6 to 15
- ❑ More than 15

12. Please indicate whether staff in your [organization/program] go <u>offsite</u> to provide services in any of the following locations.

Service	**Yes**	**No**
In courthouses or in court-related settings (e.g., DA office, public defender's office)		
In hospitals or community-based health clinics		
In police departments		
In prisons, jails, or juvenile facilities		
a. If no, does your organization offer online, phone, or texting services to victims in prison, jail, or juvenile facilities?		
In a public space such as a coffee shop or library		
In a school/college/university building		
In victims' homes		
On site of the victimization		

13. In the past year, what percent of victims received ongoing services for each of the following time periods?
Estimates are acceptable.

❑ If this information is not tracked or is not available → Skip to #14

Less than 1 month _____%
1 month or more _____%
100%

14. Are staff and/or volunteers available 24 hours a day to respond to victims in crisis?

- ❑ Yes
- ❑ No

15. What 3 types of organizations did your [organization/program] receive the most referrals from in the past [calendar/fiscal] year? *(Check up to three responses.)*

- ❑ Child protection
- ❑ Community-based victim service provider/organization
- ❑ Corrections (i.e., probation, parole, or correctional facility staff)
- ❑ Court
- ❑ Educational institution/organization
- ❑ Faith-based organization
- ❑ Hospital/Healthcare provider
- ❑ Law enforcement agency (e.g., FBI, police or sheriff's department)
- ❑ Legal services agency
- ❑ Mental healthcare provider
- ❑ Prosecutor's office
- ❑ TANF/Welfare/Public benefits agencies
- ❑ Other, specify _____

16. What was the primary reason that victims seeking services could not be served by your [organization/ program] in the past year?

- ❑ Program reached capacity
- ❑ Services were inappropriate for the victim
- ❑ Victims' situation or the crime type did not meet requirements (statutory or otherwise) for receiving services
- ❑ Victims' service needs did not fall within the organization's/program's mission
- ❑ Victim could not attend services, e.g., due to transportation needs, childcare needs, or some other need
- ❑ Other (specify _____)

17. Are there any services that your clients need that are difficult to obtain in your local area?

- ❑ Yes
- ❑ No → Skip to #18

17a. What are the top 3 services that your clients need that are difficult to obtain in your local area?

RESPONSE OPTIONS FOR SERVICE 1, 2, AND 3:

- ❑ Shelter or housing, specify:_
- ❑ Financial or material assistance, specify:
- ❑ Mental health services, specify:
- ❑ Safety services, specify:
- ❑ Medical or physical health assistance, specify:
- ❑ Criminal, juvenile, military, or tribal justice related assistance, specify:
- ❑ Civil justice related assistance, specify:
- ❑ Immigration assistance, specify:
- ❑ Other, specify:

18. Does your [organization/program] measure client outcomes or the impact of your service?

- ❑ Yes
- ❑ No → Skip to #19

18a. Which of the following approaches do you use to measure client outcomes or the impact of your service? *Check all that apply.*

- ❑ Client exit survey
- ❑ Client satisfaction survey
- ❑ External program evaluation
- ❑ Follow-up surveys or interviews of clients (e.g., 3 months after services)
- ❑ Pre/post assessments of clients
- ❑ Other _____

19. Please indicate whether your electronic case management system (CMS) includes any of the following features. *Check all that apply.*

- ❑ Does not apply, we do not track individual case data or do not have an electronic system → Skip to #20

- ❑ Ability to enter or review CMS data from a smart phone or other mobile device
- ❑ Ability to export data to Excel or other spreadsheet program
- ❑ Ability to output the data needed for grant reporting
- ❑ Compatibility with at least some other organizational software (e.g., accounting software, Project management software, and/or outlook or other email/calendar system)
- ❑ Double-entry recognition (such as entering the victim's name, or crime type, or something in more than one place)

HUMAN RESOURCES

20. How many full-time (35 hours or more/week) paid staff currently work at your [organization/program]? [IF A PROGRAM WITHIN A LARGER ORGANIZATION: *Please answer these questions thinking about staff currently working with your victim services program only.] Include full-time contractual workers in your counts.* *Enter '0' if there are no full-time paid staff.*

_____ full-time paid staff/contractual workers. → *If 0, skip to #21.*

20a. Thinking of the [*fill-in number*] full-time paid staff or contractual employees that currently work at your organization, how many are in each of the following job types? ***Count each person only once. If a person fills more than one position, assign him/her to the position to which they devote the most time.***

Job type	Full-Time paid staff/contractual workers (35 hour or more/week)
Executive/Managerial Positions (e.g., Director, CFO, program director, medical director, education and/or outreach coordinator, etc.; Do not include volunteer board members in your counts)	_____
Attorneys Providing Direct Services (either on staff or on retainer)	_____
Other Direct Service Positions (e.g., counselor, advocate, facilitator/ trainer, etc.)	_____
Administrative Positions (e.g., IT, bookkeeping, secretarial, facilities, other support, etc.)	_____
Other (Describe)_____	_____
Summed Total	_____

21. How many part-time (less than 35 hours/week) paid staff currently work at your [organization/program]? [IF A PROGRAM WITHIN A LARGER ORGANIZATION: *Please answer these questions thinking about staff currently working with your victim services program only.] Include part-time contractual workers in your counts.* *Enter '0' if there are no part-time paid staff.*

_____ part-time paid staff/contractual workers. → *If 0, skip to #22.*

21a. Thinking of the [*fill-in number*] part-time paid staff/contractual employees that currently work at your organization, how many are in each of the following job types? ***Count each person only once. If a person fills more than one position, assign him/her to the position to which they devote the most time.***

Job Type	Part-Time paid staff/contractual workers (Less than 35 hours/week)
Executive/Managerial Positions (e.g., Director, CFO, program director, medical director, education and/or outreach coordinator, etc.; Do not include volunteer board members in your counts)	_____
Attorneys Providing Direct Services (either on staff or on retainer)	_____
Other Direct Service Positions (e.g., counselor, advocate, facilitator/ trainer, etc.)	_____
Administrative Positions (e.g., IT, bookkeeping, secretarial, facilities, other support, etc.)	_____
Other (Describe)_____	_____
Total	_____

Highest Executive or Management Position

[IF A4=PROGRAM WITHIN LARGER ORGANIZATION AND SUM OF #20 & 21 COLUMNS 1 & 2=1, SKIP TO #32.]

Thinking about your organization's specific program(s) or staff dedicated to working with crime victims, please think about the person in the highest executive or management position at your [organization/program] (e.g., director of your [organization/program]) when answering Questions 22 through 30. *Remember all information you provide will be used to generate aggregate statistics, and your organization's name will not be linked to the information you provide.*

❑ Check here if your [organization/program] does not have a highest executive or manager -> Skip to #32

22. What is the current position title of the highest executive or manager in your [organization/program]?

_____

23. What month and year did this person begin working at your [organization/program]?

Month _____ Year _____

❑ Unknown

24. What is the highest level of education attained by this person?

- ❑ Less than a high school degree
- ❑ High school or equivalent degree
- ❑ Some college
- ❑ College degree
- ❑ Some post graduate
- ❑ Graduate degree (e.g., M.A., M.S., J.D., Ph.D.)
- ❑ Unknown

25. What is the age of this person?

- ❑ Less than 18
- ❑ 18-24
- ❑ 25-39
- ❑ 40-59
- ❑ 60 or over
- ❑ Unknown

26. Is this person employed full time (i.e., 35 hours or more per week) or part time (i.e., less than 35 hours per week) at this [organization/program]?

- ❑ Full time
- ❑ Part time

27. Still thinking about the person in the highest executive or management position, approximately what proportion of time did that person spend performing each of the following job functions in the past year? ***Estimates are acceptable. Enter '0' if the employee did not serve the listed function.***

Job Function	**% of Executive's time**
❑ Unknown → Skip to #28	
Administrative or supervisory functions (including staff or volunteer management, budget and grant management, report writing/paperwork, etc.)	_____**%**
Direct service functions (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____**%**

Job Function	% of Executive's time
Education/outreach functions (including community activities/events/presentations, community awareness, trainings, etc.)	_____%
Fundraising and grant writing	_____%
Other functions (specify) _____	_____%
TOTAL	**100%**

28. What is the current salary of this person?

- ❑ <$30,000 per year
- ❑ $30,000-$49,999 per year
- ❑ $50,000-79,999 per year
- ❑ $80,000-$99,999 per year
- ❑ $100,000-$149,999 per year
- ❑ Greater than $150,000 per year
- ❑ Unknown

29. Does this employee receive or were they offered health insurance benefits?

- ❑ Yes
- ❑ No
- ❑ Unknown

30. Does this employee receive or were they offered any of the following additional benefits?

Benefit type	Yes	No	Unknown
Ten days or more paid sick leave	❑	❑	❑
Ten days or more paid vacation days	❑	❑	❑
Pension/retirement contribution	❑	❑	❑
Tuition reimbursement	❑	❑	❑
Paid family and medical leave	❑	❑	❑
Wellness days, wellness time off, or other wellness benefits	❑	❑	❑

Most Recent Direct Service Position Hire

Thinking about your organization's specific program(s) or staff dedicated to working with crime victims, please think about the person most recently hired for a direct service position at your [organization/program] when answering Questions 31 through 41. *This person must be a paid employee (full time or part time). Remember all information you provide will be used to generate aggregate statistics, and your organizations name will not be linked to the information you provide.*

31. What is the current position title of the person most recently hired into a direct service position?

_____

32. What month and year did this employee begin working at your [organization/program]?

Month _____ Year _____

❑ Unknown

33. Is this person a full-time or a part-time employee?

❑ Full-time employee (35 hours per week or more)
❑ Part-time employee (less than 35 hours per week)
❑ Unknown

34. What is the highest level of education attained by this employee?

❑ Less than a high school degree
❑ High school or equivalent degree
❑ Some college
❑ College degree
❑ Some post graduate
❑ Graduate degree (e.g., M.A., M.S., J.D.)
❑ Unknown

35. Still thinking about the most recent direct service person who was hired, approximately what proportion of time did that employee spend performing each of the following job functions in the past year? *Estimates are acceptable. Enter '0' if the employee did not serve the listed function.*

Job Function	**% of direct service employee's time**
❑ Unknown → Skip to #36	
Administrative or supervisory functions (including staff or volunteer management, budget and grant management, report writing/paperwork, etc.)	_____**%**
Direct service functions (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)	_____**%**

Job Function	% of direct service employee's time
Education/outreach functions (including community activities/events/presentations, community awareness, trainings, etc.)	_____%
Fundraising and grant writing	_____%
Other functions (specify) _____	_____%
TOTAL……	**100%**

36. What is the current salary of this direct service person?

- ❑ <$30,000 per year
- ❑ $30,000-$49,999 per year
- ❑ $50,000-79,999 per year
- ❑ $80,000-$99,999 per year
- ❑ $100,000-$149,999 per year
- ❑ Greater than $150,000 per year
- ❑ Unknown

37. Does this direct service person receive or was he/she offered health insurance benefits?

- ❑ Yes
- ❑ No
- ❑ Unknown

38. Does this employee receive or were they offered any of the following additional benefits?

Benefit type	Yes	No	Unknown
Ten days or more paid sick leave?	❑	❑	❑
Ten days or more paid vacation days?	❑	❑	❑
Pension/retirement contribution?	❑	❑	❑
Tuition reimbursement?	❑	❑	❑
Paid family and medical leave?	❑	❑	❑
Wellness days, wellness time off, or other wellness benefits?	❑	❑	❑

39. Still thinking about the last direct service person you hired, did you require this employee to have a minimum number of hours of pre-service training?

- ❑ Yes
- ❑ No → Skip to #40
- ❑ Unknown → Skip to #40

39a. How many total hours of pre-service training did this employee receive?

_____ hours

40. Was this employee required to complete a specified number of hours of training within the first calendar year of service at this [organization/program]?

- ❑ Yes
- ❑ No → Skip to #41
- ❑ Unknown → Skip to #41

40a. How many hours of training were required in the first year of service?

_____ hours

41. Is this employee required to have a minimum number of hours of ongoing professional development during each calendar year of service at this [organization/program]?

- ❑ Yes
- ❑ No → Skip to #4
- ❑ Unknown → Skip to #432

41a. How many hours of professional development are required each year?

_____ hours

All Active Volunteers/Interns

42. How many active volunteers or interns currently work at your [organization/program]? [IF A PROGRAM WITHIN A LARGER ORGANIZATION: *Please answer these questions thinking about staff currently working with your victim services program only.]* *Enter '0' if there are none.*

_____ Active volunteers/interns

43. Thinking of the [*fill-in number*] active volunteers or interns that currently work at your organization, how many are in each of the following job types? ***Count each person only once. If a person fills more than one position, assign him/her to the position to which they devote the most time.***

Job type	Active volunteers/Interns
Executive/Managerial Positions (e.g., Director, CFO, program director, medical director, education and/or outreach coordinator, etc.; Do not include volunteer board members in your counts)	_____
Attorneys Providing Direct Services (either on staff or on retainer)	_____
Other Direct Service Positions (e.g., counselor, advocate, facilitator/ trainer, etc.)	_____
Administrative Positions (e.g., IT, bookkeeping, secretarial, facilities, other support, etc.)	_____
Other (Describe:)_____	_____

44. In the past year, what percent of all direct service activities were performed by active volunteers/interns as opposed to paid employees?

Job Function		% of work performed by volunteers/interns	% of work performed by paid employees	TOTAL
Direct service activities (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat)		_____%	_____%	__100_%

Thank you for completing this survey.