# 2026 National Survey of Victim Service Providers (NSVSP)
# [PLACEHOLDER SURVEY INSTRUCTIONS PAGES]

## Survey Background and Purpose

The National Survey of Victim Service Providers (NSVSP) collects the most comprehensive national data available on organizations that serve victims or survivors of crime or abuse. The NSVSP results help policymakers, funders, practitioners, and their communities understand gaps in services and knowledge, resource limitations, staffing, and the stability of victim service providers. Your insights will contribute to data-informed decision-making at the federal, state, and local level. The NSVSP is sponsored by the U.S. Department of Justice's Bureau of Justice Statistics (BJS) and Office for Victims of Crime (OVC). ICF (an independent research company) collects the NSVSP data.

On average, it will take 25 minutes to complete this survey, including time for reviewing instructions, gathering the data needed for a few specific questions, and answering the survey questions.

The following link provides an overview of the type of data needed to respond to the survey: [insert hyperlink].

Victim service providers may need to check case management systems or other records to answer some of the questions in the NSVSP. ICF is here to help if you need some assistance accessing and reporting this information! We offer several free options for support based on your needs: [insert hyperlink].

**If possible, please review your data or records to answer survey questions. Providing an estimate or "best guess" is also acceptable.**

## Important Definitions

***The survey will use the term "victim" to mean both victim or survivor of crime or abuse from this point forward.***

- **CRIME** – An illegal act, which if done by a competent adult or juvenile, would be a criminal offense.

- **ABUSE** – Includes physical, sexual, emotional, psychological, or economic actions or threats to harm or control another.

- **VICTIM –** Any person who has experienced past, ongoing, or suspected crimes and abuse (e.g., crimes that are not reported to law enforcement or not prosecuted). Victims include (1) primary victims (persons directly harmed or threatened by crimes or abuse) and (2) secondary victims (family, friends, or household members of the person who also experienced harm due to a crime).

- **SERVICE** - Efforts that…
    - respond to the emotional and physical needs of victims;
    - assist victims with their safety and security;
    - assist victims to understand and participate in the criminal justice or other legal process;
    - assist victims in stabilizing their lives; or

- respond to other needs of victims.

## Survey Navigation Instructions

**Please do not use your browser's "Forward" and "Back" buttons to go through this form. This may cause your responses to be lost.** Instead, please use the following buttons at the bottom of each page:

- **Back**: save answer(s) and go to the previous screen.
- **Next**: save answer(s) and go to the next screen.
- **Save & Exit**: save answer(s) and sign out of the survey. You may resume at any time.

*Please select "next" to continue.*

- To select or de-select a response, use your mouse or space bar.

- If you have any questions related to the survey or have any technical issues, please contact us by calling 227-248-9484 or emailing Support@NSVSP.org. You may also find this information by clicking the "Help" link at the top-right corner of any page of the survey.

- If you are inactive for longer than 25 minutes, you will be logged out of the survey and any response(s) on the current page will be lost. Any response(s) entered on previous pages will be saved.

- If you need to exit the survey prior to completion, please click on the **Save & Exit** button at the bottom of any screen. All responses that you have provided to that point are saved. To resume your survey, log back into the website with your unique PIN and the survey will start from where you left off.

- For a quick view of what has already been completed in the survey, click on the "Survey Progress" link at the top-right corner of the page. The survey with responses will appear in a new browser window for your review.

## Frequently Asked Questions

- [PLACEHOLDER]
- Survey sponsors
- Confidentiality statement

**Burden Statement**

Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 1121-0363 (approval expires [DATE]). On average, it will take 25 minutes to complete this survey, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. This study is voluntary; you may discontinue participation at any time and decline to answer any questions. Send comments regarding any aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 999 N. Capitol Street NE, Washington, DC 20531. Although this survey is voluntary, we need and appreciate your

cooperation to make the results comprehensive, accurate, and timely. BJS is conducting this data collection under Title 34 United States Code, Section 10132. By law, BJS will only use the information for statistical or research purposes and must protect the confidentiality of information identifiable to a private person against unauthorized disclosure or misuse [Title 34 U.S.C. Sections 10134 and 10231].

## ABOUT YOUR ORGANIZATION (Section A)

*[SKIP QUESTIONS IF THE SCREENER HAS BEEN COMPLETED AND AUTOPUNCH SCREENER RESPONSES. PARTICIPANTS WILL BE PROVIDED WITH THE ABILITY TO CONFIRM/UPDATE SCREENER RESPONSES, IF NEEDED.]*

**[ASK ALL]**

**This section is filled with information gathered during previous surveys. Please review and update or complete.**

**A1. Which of the following best describes the structure of your organization?**

- ❍ I work at a standalone victim service organization (i.e., the primary mission of the organization is to provide services or programming for victims).
- ❍ I work at an organization whose focus is not victim services, but we have embedded programs, staff, or volunteers whose purpose is to provide services to victims (e.g., a victim service program or department within a hospital, university, community center, large non-profit, church/temple/mosque, tribal government).

**[For remainder of survey, INSERT "organization" IF A1=standalone and INSERT "program, division, or department" IF A1=embedded]**

**[ASK ALL]**

**A2. [Organization; Program, Division, or Department] Name:**

**[Organization; Program, Division, or Department] Address**
Address, line 1:
Address, line 2:
City:
State:
ZIP:

[Organization; Program, Division, or Department] Phone Number:
[Organization; Program, Division, or Department] Email Address:
[Organization; Program, Division, or Department] Website:

**[ASK ALL]**

**A3. Please confirm or enter the main point of contact at your [organization; program, division, or department] responsible for completing this survey.** *We will only contact you if we want to better understand some of your survey responses. Your contact information will not be shared outside of this research study.*

Job Title:

First Name:
Last Name:
Work Telephone Number:
Work Email Address:

**[ASK ALL]**

**A4. In the past six months, has your [organization; program, division, or department] provided <u>direct services to victims</u>?** *"Direct services" include helping victims with emotional and physical needs; safety and security; understanding and participating in the criminal justice or other legal process; stabilizing their lives; or other needs. This includes in-person, phone, and virtual services; direct referrals; and prevention activities. Direct services <u>do not</u> include general outreach to raise awareness about availability of services.*

- ❍ Yes
- ❍ No

**[ASK ALL]**

**A4a. In the past six months, has your [organization; program, division, or department] provided direct referrals to other victim services?** *A direct referral is a formal reference to a specific service or organization. It does not include providing lists or directories of programs <u>without</u> specific recommendations or directed reference using a warm handoff.*

- ❍ Yes
- ❍ No

**[ASK ALL]**

**A4b. In the past six months, has your [organization; program, division, or department] conducted prevention activities?** *Prevention is a proactive and comprehensive approach to providing individuals with the knowledge, skills, and tools they need to navigate challenges, make informed decisions, minimize risks before they occur, and foster healthier behaviors.*

- ❍ Yes
- ❍ No

**[ASK IF A4= No AND A4a= No AND A4b=No]**

**A5. Does your [organization; program, division, or department] plan to provide services to victims 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.*

**[TERMINATE IF A5= Yes OR No]**

**[ASK ALL]**

**A6. Which of the following <u>best</u> describes your organization?** *In the next question, you will be asked to identify the specific type of organization (e.g., mental health, law enforcement, multi-agency).*

- ❍ Tribal government, tribal coalition, or other tribal organization
- ❍ Campus organization or other educational institution *(public or private)*
- ❍ Hospital, medical, or emergency facility *(public or private)*
- ❍ Government agency *(e.g., federal, state, or local departments such as law enforcement, social services, or public health agencies)*
- ❍ Nonprofit or faith-based organization *(501(c)(3) status)*
- ❍ For-profit organization
- ❍ Informal organization *(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)*

**[TERMINATE IF A6= For-profit organization OR Informal organization]**

**[ASK IF A6= Tribal government, tribal coalition, or other tribal organization]**

**A6a. Which designation <u>best</u> describes your <u>tribal agency or organization</u>?**

- ❍ Law enforcement agency
- ❍ Prosecutor's office
- ❍ Public defender's office
- ❍ Court
- ❍ Offender custody and supervision agency *(e.g., probation, parole, or corrections)*
- ❍ Juvenile justice agency
- ❍ Public health, health services, or mental health agency
- ❍ Social services
- ❍ Child or adult protective services agency
- ❍ Advocacy program
- ❍ Victim compensation program
- ❍ Victim funding administrator
- ❍ Tribal coalition
- ❍ Multi-agency *(e.g., task force, response team, Family Justice Center)*
- ❍ Other *(Please specify):* [TEXT BOX]

**[ASK IF A6= Campus organization or other educational institution]**

**A6b. Which designation <u>best</u> describes your <u>campus organization</u>?**

- ❍ Law enforcement or campus security department
- ❍ 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*): [TEXT BOX]

**[ASK IF A6= Government agency]**

**A6c. Which designation <u>best</u> describes your <u>government agency</u>?**

- ❍ Law enforcement agency
- ❍ Prosecutor's office *(e.g., District Attorney, County Attorney)*

- ❍ Public defender's office
- ❍ Court
- ❍ Offender custody and supervision agency *(e.g., probation, parole, or corrections)*
- ❍ Juvenile justice agency
- ❍ Public health, health services, or mental health agency
- ❍ Social services
- ❍ Child or adult protective services agency
- ❍ State victim compensation program
- ❍ State victim funding administrator
- ❍ Multi-agency *(e.g., task force, response team, Family Justice Center)*
- ❍ Other government agency *(Please specify)*: [TEXT BOX]

**[ASK ALL]**

**A7. Are your victim services activities fully virtual?** *This means no direct victim services are offered from a physical location connected to the [organization; program, division, or department].*

- ❍ Yes
- ❍ No

**[ASK IF A7= No]**

**A8. Some [organizations; programs, divisions, or departments] have multiple physical locations that provide victim services, such as branch offices, satellite locations, chapters, or field offices. We recognize that staff may work remotely or in a space that is not considered an official location for your [organization; program, division, or department]. Please do not count a home office or unofficial location as a separate site.**

**Please select the most appropriate description of your victim service [organization; program, division, or department].**

- ❍ [Organization; program, division, or department] operating through one single physical location
- ❍ [Organization; program, division, or department] operating through multiple physical locations *(e.g., branch or satellite locations, chapters, or field offices)*

**[ASK IF A8= multiple physical locations]**

**A9. What is the <u>best</u> description of <u>your</u> physical location, compared to your [organization's; program, division, or department's] other physical locations?**

- ❍ The main office
- ❍ One location that reports to a main office (*e.g., branch or satellite locations, chapters, or field offices*)
- ❍ Other (*Please specify*): [TEXT BOX]

**[ASK ALL]**

**A10. For how long has your [organization; program, division, or department] been providing services to victims?**

- ❍ Less than 1 year
- ❍ 1 to less than 5 years
- ❍ 5 to less than 10 years
- ❍ 10 to less than 20 years
- ❍ 20 to less than 30 years
- ❍ 30 to less than 50 years
- ❍ 50 years or more

## VICTIMS SERVED (Section B)

**[ASK ALL]**
**Throughout this survey, please consider all aspects of your [organization; program, division, or department] that provide services to victims of crime and abuse. Questions will ask you to provide information about the victims who received any form of services or program support between 01/01/2026 and 12/31/2026.**

**[SHOW IF A8=multiple physical locations]**
**Please respond to these questions as they relate to activities at your physical location only.**

**B1. Did your [organization; program, division, or department] operate a hotline, helpline, or crisis line (via phone, chat, or other methods) between 01/01/2026 and 12/31/2026?**

- ❍ Yes
- ❍ No

**[ASK IF B1= Yes]**

**B2. How many hotline, helpline, or crisis line calls/messages did your [organization; program, division, or department] receive from victims or someone acting on behalf of a victim between 01/01/2026 and 12/31/2026?** *Estimates are acceptable.*

[NUMBER BOX] hotline, helpline, or crisis line calls/messages

This is an estimate □

**[ASK ALL]**

**B3. [IF B1=Yes INSERT "Excluding hotline, helpline, and crisis line calls/messages, how"; IF B1=No INSERT "How"] many victims received direct services from your [organization; program, division, or department] between 01/01/2026 and 12/31/2026?** *This includes new and existing clients; in-person, phone, and virtual services; direct referrals; and prevention activities. Direct services do not include general outreach to raise awareness about availability of services. Estimates are acceptable.*

[NUMBER BOX] victims

This is an estimate □

**[ASK ALL]**

**B4. [IF B1=Yes INSERT "Excluding hotline, helpline, and crisis line calls/messages, how"; IF B1=No INSERT "How"], many victims received ongoing services from your [organization; program, division, or department] that lasted for <u>1 month or more</u> between 01/01/2026 and 12/31/2026?**

- ❍ All or nearly all
- ❍ More than half
- ❍ About half
- ❍ Less than half
- ❍ None or nearly none

## CRIME AND ABUSE TYPES (Section C)

**[ASK ALL]**

**C1. Please report whether your [organization; program, division, or department] provided services for victims of the following types of crime or abuse between 01/01/2026 and 12/31/2026.**

*Include any crime types for which your [organization; program, division, or department] provided services regardless of whether it was a crime for which the victim first sought services or a crime that was identified later and for which your [organization; program, division, or department] also provided services to the victim.*

**[SHOW IF A8=multiple physical locations]**

**Please respond to these questions as they relate to activities at your physical location only.**

| ***CRIME TYPE*** | **Yes** | **No** |
|---|---|---|
| Child physical abuse or neglect ……..... | ❍ | ❍ |
| Child sexual abuse/assault or rape …… | ❍ | ❍ |
| Child sexual abuse materials (child pornography)…….. | ❍ | ❍ |
| Child marriage or forced marriage …… | ❍ | ❍ |
| Teen dating violence ……..... | ❍ | ❍ |
| Kidnapping (noncustodial) …… | ❍ | ❍ |
| Kidnapping (custodial) …… | ❍ | ❍ |
| Adult physical assault (includes aggravated and simple assault, attempted homicide/murder, and physical altercations between non-family members or non-intimate partners)…… | ❍ | ❍ |
| Adult sexual assault or rape ..... | ❍ | ❍ |
| Adult domestic and/or family violence (includes intimate partner/dating violence, violation of domestic violence protective orders) ..... | ❍ | ❍ |
| Stalking/harassment (includes cyber stalking, cyber harassment, and violation of stalking protective orders) ……..... | ❍ | ❍ |
| Survivors of homicide victims ……..... | ❍ | ❍ |
| Bullying (verbal, cyber, or physical) ……..... | ❍ | ❍ |
| Hate crimes ……..... | ❍ | ❍ |
| Elder abuse (includes physical, emotional, or sexual abuse; neglect; financial exploitation; or fraud) ……..... | ❍ | ❍ |
| Adults sexually abused or assaulted as children……..... | ❍ | ❍ |

| ***CRIME TYPE*** | **Yes** | **No** |
|---|---|---|
| Human trafficking (sex) ……..... | ❍ | ❍ |
| Human trafficking (labor) ……..... | ❍ | ❍ |
| Technology-facilitated abuse (use of technology to violate an individual's privacy and cause them emotional, physical, or social harm)……..... | ❍ | ❍ |
| Community violence (violence that happens between unrelated individuals, who may or may not know each other, generally outside the home) or gang violence …….. | ❍ | ❍ |
| Terrorism……..... | ❍ | ❍ |
| Mass violence……..... | ❍ | ❍ |
| Identity theft (stealing personal or financial information) ……..... | ❍ | ❍ |
| Financial fraud (deceiving someone for financial gain, including scams) or financial exploitation (illegal or improper use of resources by someone in a trusted relationship) other than identity theft…… | ❍ | ❍ |
| DUI or DWI crashes……..... | ❍ | ❍ |
| Robbery (taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear) ……..... | ❍ | ❍ |
| Burglary (unlawful entry of a structure to commit a felony or theft) ……..... | ❍ | ❍ |
| Motor vehicle theft……..... | ❍ | ❍ |
| Victim witness intimidation……..... | ❍ | ❍ |
| Witness of violence …… | ❍ | ❍ |
| Other *(Please specify)*: [TEXT BOX] ……..... | ❍ | ❍ |

## VICTIM CHARACTERISTICS (Section D)

**[ASK ALL]**

**In this section, please indicate if your [organization; program, division, or department] provided services to individuals of the following characteristics between 01/01/2026 and 12/31/2026.** *This includes in-person, phone, and virtual services; direct referrals; and prevention activities. Direct services do not include general outreach to raise awareness about availability of services.*

**[SHOW IF A8=multiple physical locations]**

**Please respond to these questions as they relate to activities at your physical location only.**

**D1. Which of the following sexes did your [organization; program, division, or department] provide services to between 01/01/2026 and 12/31/2026?** *Select all that apply. Please answer this question to the best of your ability even if your [organization; program, division, or department] does not formally track this information.*

- ❑ Females
- ❑ Males

**[ASK ALL]**

**D2. Which of the following age groups did your [organization; program, division, or department] provide services to between 01/01/2026 and 12/31/2026?** *Select all that apply. Please answer this question to the best of your ability even if your [organization; program, division, or department] does not formally track this information.*

- ❑ Youth (0-17)
- ❑ Young adults (18-24)
- ❑ Adults (25-59)
- ❑ Older adults (60 or over)

**[ASK ALL]**

**D3. Which of the following races and/or ethnicities did your [organization; program, division, or department] provide services to between 01/01/2026 and 12/31/2026?** *Select all that apply. Please answer this question to the best of your ability even if your [organization; program, division, or department] does not formally track this information.*

- ❑ American Indian or Alaska Native, non-Hispanic
- ❑ Asian, non-Hispanic
- ❑ 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)

## SERVICES FOR VICTIMS (Section E)

**[ASK ALL]**

**In this section, please indicate whether your [organization; program, division, or department] directly provided any of the following services between 01/01/2026 and 12/31/2026.** *This includes in-person, phone, and virtual services; direct referrals; and prevention activities. Direct services do not include general outreach to raise awareness about availability of services.*

*We recognize that victim service [organizations; programs, divisions, or departments] provide a wide array of services to victims. Do your best to place the services your [organization; program, division, or department] provided within the categories.*

**[SHOW IF A8=multiple physical locations]**

**Please respond to these questions as they relate to activities at your physical location only.**

### E1. Information and referral services

| Did your [organization; program, division, or department] provide… | Yes | No |
|---|---|---|
| Information on victim rights/how to obtain notifications | ❍ | ❍ |
| Information about the criminal justice process | ❍ | ❍ |
| Information on how to report crimes or abuse to law enforcement | ❍ | ❍ |
| Updates on case status (e.g., investigation and other case processing updates that are not tied to court proceedings) | ❍ | ❍ |
| Referrals or assistance with reentry-related needs, terms and conditions of probation, expungement, or vacatur for victims with a criminal history | ❍ | ❍ |
| Referrals for basic needs other than housing (e.g., food, clothing, hygiene) | ❍ | ❍ |
| Referrals to other services, supports, and resources (e.g., legal, medical, faith-based organizations, address-confidentiality programs) | ❍ | ❍ |
| Other information and referral services | ❍ | ❍ |

**[ASK ALL]**

### E2. Monetary assistance

| Did your [organization; program, division, or department] provide… | Yes | No |
|---|---|---|
| Victim compensation assistance, including filing and appealing claims | ❍ | ❍ |
| Restitution claim or collection assistance | ❍ | ❍ |
| Emergency financial assistance (e.g., emergency loans, petty cash, payment for or assistance in procuring items such as food and clothing, changing windows and/or locks, taxis, medications, durable medical equipment) | ❍ | ❍ |
| Public benefits assistance (e.g., TANF/welfare/SNAP, housing, social services, disability) | ❍ | ❍ |
| Other compensation/monetary assistance services | ❍ | ❍ |

**[ASK ALL]**

### E3. Material assistance

| Did your [organization; program, division, or department] provide… | Yes | No |
|---|---|---|
| Emergency, transitional, or relocation housing (e.g., shelter, hotel, safe house) | ❍ | ❍ |
| Housing assistance (e.g., long-term/stable housing, rental assistance) | ❍ | ❍ |
| Childcare or dependent care services (including coordination of services) | ❍ | ❍ |
| Employment or educational services (including job training, financial literacy, career services, or employment assistance) | ❍ | ❍ |
| Intervention with employer, creditor, landlord, or academic institution | ❍ | ❍ |
| Transportation services (including direct transportation, bus/cab/train fare, ride-share fare or arrangement) | ❍ | ❍ |
| Assistance meeting other basic needs (e.g., food, clothing, hygiene) | ❍ | ❍ |
| Assistance with the return or replacement of personal effects or property | ❍ | ❍ |
| Assistance with obtaining or replacing documents (e.g., birth certificate, driver's license, social security card, identification card) | ❍ | ❍ |
| Other material or financial advocacy/support assistance services | ❍ | ❍ |

**[ASK ALL]**

**E4. Mental health treatment or support services**

| Did your [organization; program, division, or department] provide… | Yes | No |
|---|---|---|
| Crisis counseling (by a licensed professional) | ❍ | ❍ |
| Emotional support services (e.g., peer- or advocate-led support groups, social programming for children) | ❍ | ❍ |
| Mental health services provided by a clinician (e.g., individual or group counseling or other therapy services provided by a licensed professional) | ❍ | ❍ |
| Substance use treatment (including assessment, prevention, or treatment) | ❍ | ❍ |
| Traditional or cultural services (e.g., specialized support or services that often incorporate cultural teachings, traditional healing practices, and community-based, grassroots approaches to facilitate healing) | ❍ | ❍ |
| Alternative healing (e.g., therapeutic mind and body practices like meditation, breathing exercises, movement education, yoga, tai chi, acupuncture, art, music, dance, canine or equine therapy) | ❍ | ❍ |
| Other mental health treatment or support services | ❍ | ❍ |

**[ASK ALL]**

**E5. Safety services**

| Did your [organization; program, division, or department] provide… | Yes | No |
|---|---|---|
| General information about crime and victimization prevention or risk reduction | ❍ | ❍ |
| Immediate or emergency safety planning | ❍ | ❍ |
| Long-term safety planning | ❍ | ❍ |

| | | |
|---|---|---|
| Risk assessments | ❍ | ❍ |
| Crisis intervention (i.e., communicating among professionals and victims regarding activities resulting from the victimization) | ❍ | ❍ |
| Conflict resolution, mediation, negotiation | ❍ | ❍ |
| Crime/violence de-escalation support (i.e., using violence interrupter techniques to prevent retaliation, reduce the intensity of a volatile situation, promote safety, and reach a peaceful resolution) | ❍ | ❍ |
| Assistance with applying to an address-confidentiality program (e.g., obtaining a substitute address, mail forwarding) | ❍ | ❍ |
| Self-defense instruction (e.g., learning to physically protect yourself through classes like martial arts, Rape Aggression Defense [RAD], tactical skills) | ❍ | ❍ |
| Other safety services | ❍ | ❍ |

**[ASK ALL]**

**E6. Medical and physical health assistance**

| **Did your [organization; program, division, or department] provide…** | **Yes** | **No** |
|---|---|---|
| Accompaniment to medical care or forensic medical examinations | ❍ | ❍ |
| Medical care (emergency or follow-up) | ❍ | ❍ |
| Forensic medical examinations or medical evidence collection | ❍ | ❍ |
| STD or HIV testing, prophylaxis, or treatment | ❍ | ❍ |
| Victim advocacy in navigating the health care system | ❍ | ❍ |
| Assistance with rehabilitation and physical recovery from violence-related injuries | ❍ | ❍ |
| Other medical and physical health assistance or advocacy services | ❍ | ❍ |

**[ASK ALL]**

**E7. Legal and victims' rights assistance**

| **Did your [organization; program, division, or department] provide…** | **Yes** | **No** |
|---|---|---|
| Information to guide the victim through the justice system and legal process (e.g., staff who serve as a navigator) | ❍ | ❍ |
| Criminal legal assistance to victims who are defendants, including representation | ❍ | ❍ |
| Civil legal assistance for a victim (e.g., family law such as custody, visitation, or support; housing; landlord or tenant; consumer protection; or employment matters) | ❍ | ❍ |
| Legal assistance with protective, restraining, or no-contact orders | ❍ | ❍ |
| Court accompaniment – civil or criminal court | ❍ | ❍ |
| Parole board accompaniment/parole board-related services | ❍ | ❍ |
| Victim/witness support (e.g., witness preparation, impact statement assistance, prosecution accompaniment) | ❍ | ❍ |
| Law enforcement interview accompaniment/advocacy | ❍ | ❍ |
| Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release) | ❍ | ❍ |
| Other legal and victims' rights assistance | ❍ | ❍ |

**[ASK ALL]**

**E8. Other types of services**

| Did your [organization; program, division, or department] provide… | Yes | No |
|---|---|---|
| Case management (e.g., working individually with victims to assess their needs and create a service plan and then support them in that plan) | ❍ | ❍ |
| Supervised child visitation/safe exchange | ❍ | ❍ |
| On-scene crisis response (e.g., community crisis response, where immediate, in-person crisis intervention is provided at the crime scene) | ❍ | ❍ |
| Education about victimization dynamics (one on one or in group settings) | ❍ | ❍ |
| Language and accessibility services (e.g., providing or arranging translation or interpretation services, use of language line, hiring bilingual staff, services for the deaf and hard of hearing) | ❍ | ❍ |
| Assistance making funeral, burial, cremation, memorial, or other related arrangements for people who died because of violence | ❍ | ❍ |
| Services designed and targeted specifically to meet the needs of culturally or ethnically specific populations (***not*** *including language services*) | ❍ | ❍ |
| Nonmedical forensic interviews | ❍ | ❍ |
| Restorative justice/victim offender dialogue | ❍ | ❍ |
| Other services | ❍ | ❍ |

**[ASK IF MORE THAN FIVE SERVICES ARE MARKED AS YES IN E1-E8]**

**E9. Between 01/01/2026 and 12/31/2026, what were the five types of direct victim services your [organization; program, division, or department] provided <u>to the most number of victims</u>?** *Estimates are acceptable.*

*[NOTE: This item will display a multi-select drop down list of all items marked as "yes" in E1-E8.]*

**Choose your top 5 victim services:**

Response #1

Response #2

Response #3

Response #4

Response #5

**[ASK ALL]**

**E10. Was your [organization; program, division, or department] part of a <u>multi-disciplinary team (MDT)</u> focused on crime victimization or victim services between 01/01/2026 and 12/31/2026?** *An MDT is a formalized group of people from three or more fields who collaborate; have a common purpose, goal, and shared definition of the problem they are addressing; and provide a coordinated response to a client or patient (e.g., task forces, Sexual Assault Response Teams [SARTs], Coordinated Community Response Teams [CCRTs], fatality review teams).*

- ❍ Yes
- ❍ No
- ❍ Not sure

**[ASK ALL]**

**E11. To the best of your knowledge, with how many different entities, if any, did your [organization; program, division, or department] have a formal agreement to assist victims between 01/01/2026 and 12/31/2026?** *A formal agreement is an official document like a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) that outlines the details of the partnership.*

- ❍ None
- ❍ 1
- ❍ 2 to 3
- ❍ 4 to 5
- ❍ 6 to 10
- ❍ 11 to 15
- ❍ More than 15

**[ASK ALL]**

**E12. Between 01/01/2026 and 12/31/2026, did staff from your [organization; program, division, or department] ever provide services <u>off site</u> at any of the following locations?**

| Location | Yes | No |
|---|---|---|
| Courthouses or court-related settings (e.g., prosecutor's office, public defender's office) | ❍ | ❍ |
| Hospitals or community-based health clinics | ❍ | ❍ |
| Law enforcement agencies | ❍ | ❍ |
| Prisons, jails, or juvenile facilities | ❍ | ❍ |
| Public spaces (e.g., coffee shops, libraries, grocery stores, shopping malls) | ❍ | ❍ |
| School/college/university buildings | ❍ | ❍ |
| Victims' homes | ❍ | ❍ |
| On site of the victimization | ❍ | ❍ |

**[ASK ALL]**

**E13. Between 01/01/2026 and 12/31/2026, did your [organization; program, division, or department] offer services remotely or virtually to victims?** *(e.g., online, over the phone, or texting)*

- ❍ Yes
- ❍ No

**[ASK ALL]**

**E14. Between 01/01/2026 and 12/31/2026, did your [organization; program, division, or department] provide 24-hours-a-day, 7-days-per-week crisis response coverage/services?**

- ❍ Yes
- ❍ No

**[ASK ALL]**

**E15. Between 01/01/2026 and 12/31/2026, from which sources did your [organization; program, division, or department] receive the most referrals?** *Select up to three responses.*

- ❑ Adult protective services
- ❑ Child protective services
- ❑ Community-based victim service provider/organization
- ❑ Corrections (e.g., probation, parole, or correctional facility staff)
- ❑ Court
- ❑ Educational institution/organization or campus-based services
- ❑ 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
- ❑ Public defender's office
- ❑ Victim self-referrals or referrals from victims' family or friends
- ❑ TANF/welfare/SNAP/public benefits agencies
- ❑ Other *(Please specify)*: [TEXT BOX]

**[ASK ALL]**

**E16. Between 01/01/2026 and 12/31/2026, what was the primary reason, if any, that victims seeking services could not be served by your [organization; program, division, or department]?**

- ❍ Program at capacity (e.g., insufficient funding, staffing, or resources)
- ❍ Victim unable to attend/participate (e.g., unable to access transportation, childcare, internet, phone)
- ❍ Services inappropriate (e.g., needs unmet, victim ineligible)
- ❍ Other *(Please specify)*: [TEXT BOX]
- ❍ Not applicable, all victims seeking services were served

**[ASK ALL]**

**E17. Between 01/01/2026 and 12/31/2026, which, if any, services that victims needed were the most difficult to obtain in your local area?** *Select up to three responses.*

- ❑ Shelter or housing
- ❑ Monetary or material assistance
- ❑ Mental health services
- ❑ Safety services
- ❑ Medical or physical health assistance
- ❑ Transportation
- ❑ Criminal legal assistance
- ❑ Civil legal assistance
- ❑ Other *(Please specify)*: [TEXT BOX]
- ❍ Not applicable, there were no services that victims needed that were difficult to obtain in our local area

**[ASK ALL]**

**E18. Between 01/01/2026 and 12/31/2026, which, if any, methods did your [organization; program, division, or department] use to measure victim outcomes or the impact of your services?** *Select all that apply.*

- ❑ Case management records/documentation
- ❑ Victim exit survey
- ❑ Satisfaction survey of victims who have received services
- ❑ External program evaluation
- ❑ Follow-up surveys or interviews of victims who have received services (e.g., 3 months after services)
- ❑ Pre/post assessments of victims who have received services
- ❑ Stakeholder/partner survey on services implementation
- ❑ Examination of other data sources (e.g., legal outcomes of victims who have received services)
- ❑ Other *(Please specify)*: [TEXT BOX]
- ❍ Not applicable, we did not measure victim outcomes or the impact of our services

## STAFFING AND RESOURCES (Section F)

**[ASK ALL]**

**This section asks questions about staffing and resources at your [organization; program, division, or department]. [IF A1=EMBEDDED *Please answer these questions about staff working at your victim services [program, division, or department] only.]***

**[SHOW IF A8=multiple physical locations]**

**Please respond to these questions as they relate to activities at <u>your physical location only</u>.**

**F1. How many of the following types of staff members worked for your [organization; program, division, or department] on or around 12/31/2026?** *Count each person only once. Estimates are acceptable. Please include staff at all levels, such as victim compensation specialists, directors of victim service programs, and intake specialists. This question is estimating a snapshot of the size of the victim service provider workforce on or around 12/31/2026.*

**F1a. Paid staff working full time for your victim service [organization; program, division, or department]** *(at least 35 hours per week)*

[NUMBER BOX]

This is an estimate □

**F1b. Paid staff working part time for your victim service [organization; program, division, or department]** *(less than 35 hours per week)*

[NUMBER BOX]

This is an estimate □

**F1c. Unpaid individuals (e.g., volunteers or interns) working for your victim service [organization; program, division, or department]**

[NUMBER BOX]

This is an estimate □

**F1d. Subcontractor, subgrantee, or contractor staff working for your victim service [organization; program, division, or department]**

[NUMBER BOX]

This is an estimate □

**[ASK IF F1c >0]**

**F2. Approximately what portion of all work at your [organization; program, division, or department] was <u>performed by unpaid individuals</u> (as opposed to paid staff members) on or around 12/31/2026?**

- ❍ All or nearly all
- ❍ More than half
- ❍ About half
- ❍ Less than half
- ❍ None or nearly none

**[ASK ALL]**

**F3. Between 01/01/2026 and 12/31/2026, how many hours, if any, of training (e.g., continuing education units) or professional development for victim services were required for paid staff members in direct service positions at your [organization; program, division, or department]?** *Select one response in each row.*

| Timeframe | Hours required | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 0 | 1-5 | 6-10 | 11-20 | 21-40 | 41-60 | 61-80 | 81-100 | More than 100 |
| **A. Within the first year of service** | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| **B. Annually in subsequent years** | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

**[ASK ALL]**

**F4. Compared to your 2025 victim services funding levels, did your 2026 victim services funding levels at your [organization; program, division, or department] increase, decrease, or stay about the same?**

- ❍ Increased
- ❍ Decreased
- ❍ Stayed about the same

**[ASK ALL]**

**F5. How concerned or not concerned are you about the amount of victim services funding that you expect will be available for your [organization; program, division, or department] in the future?**

- ❍ Very concerned
- ❍ Somewhat concerned
- ❍ Not too concerned
- ❍ Not concerned at all

## MASS VIOLENCE INCIDENTS (Section G)

**[ASK ALL]**

**This section asks about your [organization's; program, division, or department's] current preparedness and response activities related to mass violence incidents.**

**[SHOW IF A8=multiple physical locations]**

**Please respond to these questions as they relate to activities at <u>your physical location only</u>.**

***SUPPORT FOR VICTIMS AND RESPONSE TO MASS VIOLENCE INCIDENTS***

**G1. Does your [organization; program, division, or department] conduct trauma-informed care training for individuals outside of your [organization; program, division, or department]?** *Exclude training for <u>your internal staff, volunteers, or contractors</u>.*

- ❍ Yes
- ❍ No

**[ASK IF G1= Yes]**

**G2. For which of the following types of individuals or entities does your [organization; program, division, or department] conduct trauma-informed care training?** *Exclude training for <u>your internal staff, volunteers, or contractors</u>. Select all that apply.*

- ❑ Behavioral health providers
- ❑ Primary care providers
- ❑ Emergency department health care providers
- ❑ Emergency medical technicians (EMTs), paramedics, or firefighters
- ❑ Emergency management personnel
- ❑ Victim service providers
- ❑ Courts (e.g., judges, clerks)
- ❑ Law enforcement (e.g., officers/deputies, dispatchers)
- ❑ Lawyers and other legal assistance providers
- ❑ Child protective services
- ❑ Adult protective services
- ❑ Military personnel
- ❑ Community members
- ❑ Volunteers
- ❑ Faith-based organizations
- ❑ Media/news staff or organizations
- ❑ School staff or educational providers
- ❑ Hospitality staff (e.g., restaurant and hotel staff)
- ❑ Other *(Please specify)*: [TEXT BOX]

**[ASK ALL]**

**G3. Is your [organization; program, division, or department] prepared to provide victim services in response to mass violence incidents should they occur in your jurisdiction?**

- ❍ Yes

❍ No → Do not ask G4-G7

***RESPONSE PLAN FOR MASS VIOLENCE INCIDENTS***

**[ASK IF G3= Yes]**

**G4. Which, if any, of the following criteria does your [organization; program, division, or department] use to identify an incident as mass violence?** *Select all that apply.*

- ❑ Number of people killed and/or injured
- ❑ Incident is related to terrorism
- ❑ Incident is related to drugs
- ❑ Incident is related to crime (e.g., domestic violence, robbery)
- ❑ Incident is related to gangs or organized crime
- ❑ Location of incident (e.g., public or private setting)
- ❑ Duration of incident
- ❑ Number of perpetrators/criminals involved
- ❑ Volume of resources needed for response/recovery
- ❑ Type of weapon used
- ❑ Other *(Please specify)*: [TEXT BOX]
- ❍ Not applicable, we do not use any specific criteria to identify mass violence incidents

**[ASK IF G3= Yes]**

**G5. Does your [organization; program, division, or department] have a documented plan in place to specifically respond to mass violence incidents should they occur in your jurisdiction?**

- ❍ Yes
- ❍ No
- ❍ Not sure

**[ASK IF G3= Yes]**

**G6. Does your local authority (e.g., town, city, county) have a communications plan for mass violence incidents?**

- ❍ Yes
- ❍ No
- ❍ Not sure

**[ASK IF G6=Yes]**

**G6a. Is your [organization; program, division, or department] formally included in this communications plan?** *This might involve specific roles and responsibilities for your [organization; program, division, or department], such as being listed as a key responder, participating in regular coordination meetings, or having designated tasks during a mass violence incident.*

- ❍ Yes
- ❍ No

❍ Not sure

**[ASK IF G3= Yes]**

**G7. Which of the following communication methods, if any, does <u>your</u> [organization; program, division, or department] use to provide the public information about mass violence incidents that have occurred in your jurisdiction?** *Select all that apply.*

❑ Bulletin or press release
❑ Email, listserv, or eBlast distribution
❑ Information center (e.g., centralized incident response center, Family Assistance Center, Resiliency Center)
❑ Social media (e.g., Facebook, X)
❑ Telephone outreach (e.g., calls, text alerts)
❑ Website
❑ Other *(Please specify)*: [TEXT BOX]
❍ Not applicable, <u>we do not provide information to the public about mass violence incidents</u>

**[ASK ALL]**

**Thank you for completing this survey. If you have any additional comments, please use the space below.**